



RISK MANAGEMENT SERVICES

THE RISK PEOPLE

June 6, 2017

Capital City Summer League
Amanda Holmes
c/o Amanda Holmes
Austin, TX 78749

**RE: General Liability/Excess Medical-Accident Insurance
National Casualty Insurance Co/Gerber Life Insurance Co.
Policy #'s: KRO-69085-00 & 03-071691-17**

Dear Amanda:

Enclosed please find a Certificate of Insurance issued to "To Whom it May Concern," which verifies placement of your General Liability/Secondary Accident coverage effective 05/30/2016 to 05/30/2017.

Included in this attachment are:

1. Any Additional Insured certificates you requested.
2. An Insurance Summary for your careful review.
3. A current Report of Occurrence form to be used to report all incidents with the participants or spectators, this is not to report employee injuries, they go to your Work Comp carrier.
4. *Concussion awareness forms – Please read.*

With our new website we ask you process the following online, there is no login required:

Reports of Occurrence – Please complete all required information and submit to us online or use the form attached.

Audits – All audits can be processed online at any time throughout the year.

After your review of the enclosed material should you have any questions, please email me at dwilliams@theriskpeople.com or Kim Tate at kimberly.tate@theriskpeople.com. Thank you for allowing Risk Management Services, Inc. this opportunity to be of continued service.

Sincerely,

A handwritten signature in cursive script that reads "Debbie Williams".

Debbie Williams
Sr. Account Executive
800-777-4930 Ext. 13
Risk Management Services, Inc.
PO Box 32712
Phoenix, AZ 85064

COMMERCIAL LIABILITY PROGRAM

COVERAGE

LIMIT

General Aggregate	None
Products Completed Operations Aggregate	\$2,000,000
Each Occurrence Limit	\$2,000,000
Personal Injury and Advertising Injury	\$2,000,000
Damage to Premises Rented to You Limit	\$300,000
Premises Medical Payments	Excluded
Sexual Abuse and Molestation - Each Occurrence	\$250,000
Sexual Abuse and Molestation - Aggregate	\$250,000
Legal Liability to Participants	\$2,000,000
Crisis Response - Each Crisis Event / Aggregate	\$25,000
Cyber Privacy & Client Identity Theft Supplementary Payments	per person \$10,000 Aggregate \$100,000
Non-Owned & Hired Auto (Excludes transportation of participants and usage of 15 passenger vans)	\$1,000,000

Definition of Participant:

The term participant shall include players, coaches, managers, staff members, team workers, referees, officials, scorekeepers, and all other personnel including, but not limited to, media personnel permitted to enter any restricted areas which are defined as those areas restricting access to general public spectators.

Additional Insureds:

Owners and/or Lessors of Premises, Sponsors and Co-Promoters, Coaches, Officials and Volunteers are additional insureds but only while acting within the scope of their duties for the insured (others by request and endorsement, subject to underwriting approval).

Covered Activities:

Swim lessons, Swim School Competition teams, Water Aerobics, Adult Yoga and Core Training that does not involve weights, Day Camps/Clinics involving swimming and other non-athletic activities such as crafts, etc, If purchased - General facility maintenance, maintenance of proper pool water chemistry, and pool chemicals for facilities insured owns or has a lease agreement, scheduling of pool time for other organizations, lap swimming or open swims at leased facilities where insured is required by contract, Instructor/Lifeguard/CPR certifications that follow Red Cross training, Birthday parties, office premises, insured event set up and tear down periods, concession sales at insured events, ancillary events held in conjunction with insured events and customary ancillary activities such as occasional fund raising events such as lap swims, dinners, awards banquets, family swim days and planning sessions.

Ineligible Operations/Exclusions:

- Slides over 12'
- All Diving Board/Platform Activities
- Water trampolines
- Amusement Devices (including inflatables and dunk tanks)
- Sauna/Steam Rooms
- Tanning exposures
- Water sports such as water polo (unless intra club/squad non-competitive training exercise), water volleyball and similar energetic team games or high risk activities in which the participants are periodically submerged. This does not apply to swimming, swim racing, pool side/starting block dives and water aerobics

- Pool side and racing Starts for swim races in water depths of four (4) feet or less
- Lifeguarding Services at residential properties
- One on one lessons at private homes, this is insurable if there are 2 instructors
- Other sports besides the swimming/water aerobics exposures/adult yoga and core training that does not involve weights.
- Camps/Clinics involving overnight exposure. This may be submitted for underwriting review to potentially be rated for and quoted to be endorsed.
- Camps that include sports like football, soccer, basketball etc. A separate camp policy can be purchased.
- SCUBA Training.
- Construction/Renovation activities to facility
- Repair or Replacement of pool equipment
- 24/7 premises exposure for facilities that are not enclosed and locked to prevent unauthorized persons from entry.

EXCESS MEDICAL FOR PARTICIPANTS

(Excess of participant's primary health insurance, this coverage is included)

Accident Medical Expense – Hospital and Professional Services Benefits	\$25,000
Accident Death and Dismemberment Benefit	\$5,000

Insured Activities

Swim School registered participants of the activities sponsored and supervised by the Policyholder.

Some of the Major Exclusions Are:

- Suicide or intentionally or self-inflicted injury
- any kind of disease;
- Medical or surgical treatment (except surgical treatment required by the accident);
- War or any act of war;
- Injury sustained while in any of the armed forces (land, sea or air) of any country or International authority, except while on temporary domestic National Guard or Reserve duty for less than 30 days;
- Injury sustained while an Insured Person is riding in an aircraft other than as provided under
- Voluntarily taking any drug, chemical or controlled substance, unless taken as prescribed by a licensed physician;
- Committing or attempting to commit a felony;
- Operating any vehicle while legally intoxicated.

Coverage Outline:

When covered injuries result in treatment by a Legally Qualified Physician beginning with 90 days of the accident, the Medical Expense incurred, will be paid in full if there is no Health Insurance benefits. If Health Insurance are available, this coverage will pay for expenses not covered and/or the deductible if one applies. Benefits will not exceed a maximum of \$25,000.00. Benefits must be medically necessary and shall not exceed the usual and customary charges in the geographic area where treatment is performed. Only covered medical expenses incurred by the participant within 52 weeks from the date of the accident are covered.

A report of occurrence/claim form is included on the next page. All injuries or possible injuries that result in medical attention must be reported as soon as possible, this is for your protection.

REPORT OF OCCURRENCE

Name of Swim School/Club Business _____

Injured's name _____ **Age** _____

Address _____

City/State/Zip _____

Phone () _____ **Date of Accident** _____

Participant **Spectator**

Activity Taking Place at Time of Accident _____

Insured Location Where Accident Occurred _____

(Include City/State) _____

Describe the Accident: _____

Person in Charge of the Activity _____

Address _____

City/State/Zip _____

Phone () _____

Probable Nature of the Injury? _____

Who Determined the Nature of Injury? _____

What Was Done On-Site for Injured? _____

Where Taken for Treatment? _____

Who Provided Treatment (Name)? _____

Name and Address of Three Witnesses:

Additional Witnesses, List Names and Addresses on Reverse.

Remarks _____

Report Submitted By: _____ **Date** _____

Address _____

City/State/Zip _____

Phone () _____

Please attach any additional accident reports
(Facility report, newspaper, and witnesses' statements).

Fax or email this report to: dwilliams@theriskpeople.com

Or

ktate@theriskpeople.com

You must report all occurrences immediately. Thank you for your time and cooperation.