

Who is Covered?

All members of the camp organization, including campers, counselors, sponsors and other individuals participating in official camp activities.

Liability Insurance Program

The YBOA liability insurance plan for individual and league members provides a \$1,000,000 limit of liability per occurrence, with a policy aggregate limit of \$3,000,000. The policy provides coverage for Bodily Injury and Property Damage to spectators and participants arising out of sanctioned activities or the operations of YBOA and its members. Note: The liability policy provides coverage only for sanctioned activities of YBOA.

No liability coverage is provided to parents, coaches or volunteers while using any automobile to transport team members or volunteers to any practice, game or activity. Therefore, we strongly advise that teams or leagues who are transporting participants make certain that the vehicle and the driver(s) are properly licensed and fully insured.

Liability Insurance

Exclusions under the Liability Insurance Plan: In addition to the usual exclusions found in the standard commercial general liability policy, there is no coverage for Hired or Non-owned Auto; nor for the furnishing, serving or selling of any alcoholic beverage; nor for acts of an intoxicated person.

Liability Policy Limits

| | |
|-------------------------------------|-------------|
| Per Occurrence Limit: | \$1,000,000 |
| Aggregate Limit: | \$3,000,000 |
| Products and Completed Operations: | \$1,000,000 |
| Personal and Advertising Injury: | \$1,000,000 |
| Sexual Abuse/Molestation Liability: | \$1,000,000 |
| Sexual Abuse/Molestation Aggregate: | \$2,000,000 |
| Fire Legal Liability: | \$100,000 |
| Medical Payments: | \$5,000 |
| Liability Deductible: | \$0 |
| Participants Legal Liability | Included |

All coverages underwritten by Markel Insurance Company, Glen Allen, VA, rated "A" by A.M. Best's rating service.

Accident Insurance Plan

| | |
|---|----------------------|
| Accident Medical & Dental Expense Limit: | \$100,000 per injury |
| Accident Deductible: | \$100 per claim |
| Accidental Death and Dismemberment Benefit: | \$10,000 |
| Full Excess Coverage Benefit Period: | 52 weeks |

The YBOA accident insurance plan includes the Covered Persons during sanctioned and supervised activities of YBOA, such as tournaments, games and practices. In addition, group travel to and from a sanctioned activity is covered, provided the covered individuals are traveling with the camp, and are under the direct and immediate supervision of the camp. Coverage applies outside the United States only if travel has been approved by YBOA. Coverage applies within the United States without the issuance of travel approvals or permissions.

Accident Medical Insurance

This is a Full Excess Policy. The benefits are payable in excess of any other Health Care Plan, (as defined in the policy) regardless of any Coordination of Benefits provision contained in such Health Care Plan. The medical expenses must be incurred within 52 weeks (1 year) of the date of injury and be reported within 90 days of the date of injury. A deductible of \$100 will apply for each covered injury. Claims will be paid on a Usual and Customary Basis.

Accident Policy Exclusions:

Expenses for treatment on or to the teeth, except for treatment resulting from Injury to natural teeth;
Services normally provided without charge by you or your employees;
Eyeglasses, hearing aids, and examination for the prescription or fitting thereof;
Suicide, attempted suicide or intentionally self-inflicted Injury;
Injury due to participation in a riot;
Cosmetic surgery. Cosmetic surgery does not include reconstructive surgery made medically necessary due to a covered accident or Sickness which results in trauma, infection or other diseases of the involved part;
Loss resulting from air travel, except as a fare-paying passenger on a commercial airline;
Injury or Sickness resulting from any declared or undeclared war;
Injury or Sickness while in the armed forces of any country.
When an Insured enters such armed forces, we will refund the unearned pro rata premium to the Insured;
Injury or Sickness covered by any workers' compensation or occupational disease law;
Treatment provided in a governmental Hospital unless the Insured is legally obligated to pay such charges;
Infections except pyogenic or bacterial infections caused wholly by a covered Injury or Sickness;
Hernia, unless it results from a covered Injury;
The Insured's being intoxicated or under the influence of any narcotic unless administered on the advice of a Physician;
Claims occurring while parachuting or hang-gliding; or Injury sustained while traveling in or on any two or three-wheeled motor vehicle operated by a person who does not hold a valid operator's license;
Pre-existing Conditions as defined by the policy.

Youth Basketball of America is the fastest growing youth organization in the country. This flyer contains our basic YBOA Sports Camp Insurance program. However, Youth Basketball of America is unique in that it can devise programs to suit your needs and even further reduce your costs for coverage at your events. After reviewing this information, if you feel that your camp is unique or different, we suggest you contact our National Headquarters insurance department at 407-363-9262, Ext. 209. We will be more than happy to develop a program that will fit your needs with the broadest coverage and lowest rates in the industry.

General Information Program Administrator

Sports Insurance Specialists, Inc.
10325 Orangewood Blvd.
Orlando, FL 32821
Phone: (407) 351-2414, ext. 209
Fax: (407) 248-9195



The information contained in this brochure is a summary of the available insurance coverages. It is not an insurance policy. For a complete recitation of the terms, conditions, exclusions and coverages provided, please see the actual policies.

YBOA SPORTS CAMP INSURANCE APPLICATION

YBOA Association Name: _____ YBOA Assn # 10-_____

Camp Name: _____

Contact: _____ Email: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Day Phone: _____ Cell Phone: _____ Fax : _____

Type of Camp: _____

Day Camps: \$.63 per camper per day **Overnight Camps: \$1.26 per camper per day**
(\$100 minimum premium for day camps; \$200 minimum premium for overnight camps)

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|---|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|--|--|
| <u> </u> | X | <u> </u> | = | <u> </u> | X | <u> </u> | = | <input style="width: 90%;" type="text"/> | |
| Rate per Day | | Total # of Days | | Daily Premium | | # of Participants | | | |
| Additional Insured Certificates - \$25.00 Fee (Please list complete name & address) | | | | | | | | = | <input style="width: 90%;" type="text"/> |
| Administrative Fee | | | | | | | | = | <input style="width: 90%; text-align: center; value: 25.00;" type="text"/> |
| TOTAL DUE | | | | | | | | = | <input style="width: 90%;" type="text"/> |

CAMP DATES

| | | | |
|------------------|----------------|-----------------|-------------------------|
| Start Date _____ | End Date _____ | # of Days _____ | # of Participants _____ |
| Start Date _____ | End Date _____ | # of Days _____ | # of Participants _____ |
| Start Date _____ | End Date _____ | # of Days _____ | # of Participants _____ |
| Start Date _____ | End Date _____ | # of Days _____ | # of Participants _____ |
| Start Date _____ | End Date _____ | # of Days _____ | # of Participants _____ |
| Start Date _____ | End Date _____ | # of Days _____ | # of Participants _____ |
| Start Date _____ | End Date _____ | # of Days _____ | # of Participants _____ |

By signing this form, I hereby verify that the information provided herein is true and correct.

Signature _____ Date _____



2009-2010



Sports



Camp



Insurance
Program



Youth Basketball of America, Inc.

10325 Orangewood Blvd. * Orlando, FL 32821
 (407) 363-9262, Ext. 209 * Fax (407) 248-9195

www.yboa.org