

# 2016 Optional Insurance

Plans for Teams • Leagues • Associations • Clubs & Chapters

## **A** Directors & Officers Liability for Non-Profit Sports Organizations

This plan provides protection for lawsuits against the directors and officers of not-for-profit Sports Leagues and Associations, as well as their volunteers, for actual or alleged wrongful acts and errors and omissions. The policy provides protection for individuals or league officials in their collective capacity as officers of the League. The policy also provides coverage for suits brought against the league entity itself.

### Coverage Description:

#### Policy Limit

\$1,000,000 per claim / \$1 million per policy term

**Annual Premium: \$450.00**

--or--

\$2,000,000 per claim / \$2 million per policy term

**Annual Premium: \$875.00**

**Deductible: \$0 per claim**

Defense Costs: In addition to policy limits

This plan does not provide coverage for lawsuits involving **bodily injury or property damage**. These types of claims can be covered under the league's or association's General Liability policy.

Please note: This coverage is written on a "**claims made basis**." All claims under this policy must be reported to the insurance company within the policy term.

## **B** Crime Insurance Plan for Non-Profit Sports Organizations

This plan provides protection for Sports Leagues and Sports Associations against the financial loss caused by the dishonest disappearance of money, securities or negotiable instruments. This Crime Insurance Plan includes coverage for loss by theft or forgery by an officer or volunteer.

Employee Dishonesty:	\$25,000 per loss
Theft (inside/ outside):	\$10,000 per loss
Depositor's Forgery Coverage:	\$10,000 per loss
Computer Theft Coverage:	Not Covered
Deductible:	\$250 per claim
<b>Annual Premium:</b>	<b>\$185.00</b>

Examples of covered losses under this plan are the loss or dishonest disappearance of: moneys or securities in the league treasury; moneys collected from fund raising activities; or moneys set aside for the purchase of uniforms and equipment.

Please note that this policy does not cover the loss of equipment or other League property. Those exposures can be covered under the Equipment Insurance Plan.

## **C** D&O & Crime Package Plan for Non-Profit Sports Organizations

Now teams, leagues and chapters have the opportunity to purchase a package of the coverages they need most: Directors & Officers Liability combined with Crime Insurance.

This combination of coverages (described under Plan A and Plan B respectively) provides solid protection for a league or chapter against the most common causes of loss that can be sustained by a volunteer board or local sports association.

By purchasing these coverages as a package under one policy, you will receive a savings of \$40 to \$65 over the individual cost of these plans.

\$1 million D&O Liability:	\$430.00
Crime Insurance:	\$165.00
<b>Total Annual Premium:</b>	<b>\$595.00</b>
\$2 million D&O Liability:	\$830.00
Crime Insurance:	\$165.00
<b>Total Annual Premium:</b>	<b>\$995.00</b>

*\*Package rates apply to New Business only.*

### Additional Insurance Information

- These plans may be purchased by Teams, Leagues, Chapters, Clubs or local Sports Organizations. NOTE: Sports associations that are regional, state-wide or national in scope must be individually underwritten and priced. Please contact RPS Bollinger for more information.
- If your league or association is a for-profit entity, your league is not eligible for coverage under this program. Please contact RPS Bollinger for the appropriate Directors and Officers Liability application.
- To apply for coverage under this program, please complete the attached enrollment form and mail it to RPS Bollinger. Or you can purchase the coverage with a credit card from our web site, [RPSBollinger.com](http://RPSBollinger.com).

### Insurance Company Underwriters

The D&O policy & Crime policy are underwritten by the Chubb Group of Insurance Companies, Warren, NJ. Chubb is rated "A++" (Superior) but A.M. Best's rating service.

Contact us at: [SportService@RPSins.com](mailto:SportService@RPSins.com)

Insurance Plan Administrator:



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# Enrollment Form

## Optional Insurance Plans for Sports Associations

Association/League Name: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Must be an Officer of the League or Association)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Nature of Operations: \_\_\_\_\_

**Association/League is:** Not-for-Profit  For Profit\*

*\*For-Profit entities are not eligible to purchase the D&O Crime plans listed in this brochure, and must be individually underwritten and priced. Contact RPS Bollinger for appropriate application.*

### This enrollment form is for:

New Coverage  Renewal Coverage

Please list:

# of Employees \_\_\_\_\_

# of Board Members \_\_\_\_\_

# of Adult Volunteers \_\_\_\_\_

# of Players \_\_\_\_\_

Total # of Participants \_\_\_\_\_

### Financial Information:

Please attach a copy of Audited Financial Statement or

**Please List:** Gross Revenues \$ \_\_\_\_\_ Total Assets \$ \_\_\_\_\_

### This section must be completed for all NEW Chubb insureds (D&O or Crime)

Prior Acts Exclusion: No person proposed for this coverage is aware of facts or circumstances which he or she has reason to suppose might give rise to a future claim, with the exception of (choose one):

None (No known circumstances to report) or,

Describe circumstance(s) here: \_\_\_\_\_

*It is agreed that if such facts or circumstances exist, whether or not disclosed, any claim arising from such facts or circumstances is excluded from this proposed coverage.*

**Verification:** By signing this enrollment form, I hereby verify that all information provided is true and correct.

Signature of League/Association Officer: \_\_\_\_\_

Date: \_\_\_\_\_

RPS Bollinger is a licensed agent in all 50 states. Certain state insurance departments require that we post our license number in this brochure. California license number is: 0274666. Florida license number is: A296305

### Please check the plans that you are purchasing and add up all the premiums:

*Organizations in Washington, please contact us for a different application.  
Organizations in Vermont, Wyoming & Alaska are subject to surplus lines tax.*

#### A. D&O Liability

\$1 million Prem: \$450.00

\$2 million Prem: \$875.00

#### B. Crime Ins.

**Prem: \$185.00**

#### C. D&O/Crime Package

\$1 million D&O limit  
\$25,000 Crime limit Prem: \$595.00

\$2 million D&O limit  
\$25,000 Crime limit Prem: \$995.00

*\*Package rates apply to New Business only.*

**TOTAL PREMIUM ENCLOSED: \$ \_\_\_\_\_**

**Note:** *If you are a resident of New Jersey, or Kentucky, please be advised that state surcharges and/or taxes may apply to orders for Directors & Officers Liability Insurance. An invoice for any applicable surcharges, will be included with your policy.*

### How to apply or renew Optional Insurance

1) On-line with a credit card at:

RPSBollinger.com

*Please note: a \$25 processing fee applies to all credit card orders with the exception of ASA and Lacrosse.*

2) Or mail the completed enrollment form along with a check to Bollinger, Inc.

**Contact us at: [SportService@RPSins.com](mailto:SportService@RPSins.com)**

For Office Use Only:

Policy #: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Applied Code: \_\_\_\_\_

Please mail your enrollment form and check to the address below.



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# EQUIPMENT INSURANCE PLAN

Plans for Teams • Leagues • Associations • Clubs & Chapters

## Equipment Insurance Plan

Under the Equipment Insurance Plan, the Equipment owned by the League or Association is protected against loss, including fire and theft. Coverage applies up to the full replacement cost value of each piece of Equipment (subject to the policy limits).

Limit: Replacement cost value of your equipment

Deductible: \$250 per claim, Rate .0158

\$500 per claim, Rate .0150

**Minimum Premium: \$100.00**

To calculate the premium for the \$250 deductible, multiply the value of the equipment by .0158 (Subject to a minimum premium of \$100). Or call RPS Bollinger for a quote.

### Examples:

1) \$5,000 policy limit X .0158 = \$ 79.00 (Cost of policy– subject to \$100.00 minimum premium)

2) \$25,000 policy limit X .0158 = \$395.00

**A completed inventory list** (including each item type and its replacement cost value) must accompany this application in order for coverage to be bound. Please provide a detailed description (name, make, style or model, serial #, if applicable) of all individual items over \$2,500 in value.

**No coverage applies to items of equipment that are loaned or given out to players, volunteers, coaches or others.**

Standard exclusions on this policy include: unexplained disappearance, wear and tear, inventory shortage, loss of money or securities, flood. All Equipment must be insured to its full replacement cost value.

## Additional Insurance Information

- These plans may be purchased by Teams, Leagues, Chapters, Clubs or local Sports Organizations. NOTE: Sports associations that are regional, state-wide or national in scope must be individually underwritten and priced. Please contact RPS Bollinger for more information.
- To apply for coverage under this program, please complete the enrollment and equipment inventory forms and mail or email it to RPS Bollinger. Or, you can purchase the coverage with a credit card from our web site, [www.RPSBollinger.com](http://www.RPSBollinger.com).
- For Equipment policies, you must submit an inventory list of all equipment insured, along with your enrollment form and premium.

## Insurance Company Underwriters

The Equipment policy is underwritten by Markel Insurance Company, Glen Allen, VA. Markel is rated "A" (Excellent) by A.M. Best's rating service.

Contact us at: [SportService@RPSins.com](mailto:SportService@RPSins.com)

NOTE: This application provides a summary of available insurance. It is not an insurance policy. Please see the actual insurance policy with the declarations pages and endorsement for a complete recitation of the terms, conditions and exclusions of the insurance policy. This policy is subject to the laws of the jurisdiction in which it is issued.

## Enrollment Form

Association/League Name: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Must be an Officer of the League or Association)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Nature of Operations: \_\_\_\_\_

### This enrollment form is for:

New Coverage  Renewal Coverage

**Verification:** By signing this enrollment form, I hereby verify that all information provided is true and correct.

Signature of League/Association Officer: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

### Please fill-out the below information and add the premiums:

#### Equipment Insurance Premium: See below

Equip. Premium: \$ \_\_\_\_\_ x .0158 = \$ \_\_\_\_\_ (\$250 deductible)  
Total Value of Equip. (round to nearest whole dollar) Total Premium

Equip. Premium: \$ \_\_\_\_\_ x .0150 = \$ \_\_\_\_\_ (\$500 deductible)  
Total Value of Equip. (round to nearest whole dollar) Total Premium

Equipment coverage is subject to a \$100 Minimum Premium per policy. Please include an inventory list of all items insured, along with their replacement cost value.

**Note:** If you are a resident of New Jersey, Florida or Kentucky, please be advised that state surcharges and/or taxes may apply. An invoice for any applicable surcharges, will be included with your policy.

### How to apply or renew Optional Insurance

1) On-line with a credit card at:

[RPSBollinger.com](http://RPSBollinger.com)

Please note: a \$25 processing fee applies to all credit card orders with the exception of ASA and Lacrosse.

2) Or mail the completed enrollment form along with a check to Bollinger, Inc.

Insurance Plan Administrator:

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# EQUIPMENT INVENTORY

Association Name: \_\_\_\_\_

**Multiply the quantity & replacement value per item for total value of item**				
Manufacturer *Model/Serial #	Description	Quantity	x Replacement Value per Item	= Total Value
			Total Value:	\$

\*Required for all items valued at \$2500 or more  
 To calculate the premium, multiply the total replacement cost times the rate, and round off the cents to the nearest dollar.