

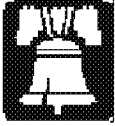
DAVID L. MURPHY INSURANCE AGENCY, INC.

Specializing in Sports Liability Insurance
216 Liberty Square
Danvers, MA 01923
PH 978-777-5930 FAX 978-777-3958

Insurance Programs for Camps, Clinics, Leagues & Tournaments

- Direct contact with David Murphy regarding any questions about your insurance program
- The most competitive insurance rates available for camps, clinics, leagues and tournaments
- 20 years experience in sports liability insurance
- A Rated insurance carriers as rated by A.M. Best
- Self audited policy / ease of administration
- Able to add coverage during the policy year for camps, clinics & leagues
- You pick the effective date - you are covered for 12 months from that date
- League Policies are issued to you, the named insured, not a certificate holder for a master policy

Philadelphia Insurance Companies



Hockey League or Camp Liability Coverage

General Aggregate	\$ 3,000,000
Products - Comp/Op Agg	\$ 3,000,000
Personal & Adv Injury	\$ 1,000,000
Each Occurrence	\$ 1,000,000
Fire Damage (any one fire)	\$ 100,000

Who Is Covered?

WHO IS AN INSURED is amended to include:

- Members of the governing body and/or their appointed officers (including volunteer workers)
- Association, League, Team, Camp or School Officers or Officials
- Coaches, Managers, Trainers and their Assistants, Game Officials, Referees, Statisticians and Scorers
 - If an on-ice official is an independent contractor who is paid a fee for his / her services, coverage would be provided under the Additional Insured – Sub-Contractor form, PI-AS-017. Under this form, the on-ice official would be given Additional Insured Status, and the policy would defend that individual for claims arising from their actions within the scope of their duties as an on-ice official for the first named insured.
- Groundskeepers and Ushers; Volunteer Workers; Concessions and Refreshment Stand Workers
- Lessor of Premises or Leased Equipment
- Sponsors or Co-Promoters

Coverage Includes Suits Arising Out Of:

- Injury/death of participants
- Consumption use of food and other products
- Property Damage Liability
- Cost of investigation & defense of claims, even if groundless
- Year round functions, meetings, banquets, and fundraisers
- All activities necessary or incidental to conduct of practices and games
- Liability assumed for work done by independent contractors
- Ownership use or maintenance of fields
- Spectator injury
- Products Liability Insurance

Notable Exclusions (see policy for complete listing)

Professional athletes, Employment related practices, Fraudulent or dishonest acts, Punitive or Exemplary damages, Aircraft, Watercraft; Owned, Leased or Borrowed Auto Liability, Worker's Compensation, Nuclear Energy Liability, abuse & molestation*, and liability for occurrence prior to the effective date of coverage.

* Coverage may be applied for at an additional cost and is subject to underwriting approval.

Hockey League or Camp Accident Medical Insurance Plan

Who Is Covered?

Each participant, coach, manager, trainer or on-ice official is covered while practicing or competing in a covered activity of the policyholder during the covered season or event.

Basic Medical Program for Leagues and Camps

\$25,000 Medical Expense Maximum

\$15,000 Accidental Death Benefit

\$1,000 Deductible (\$50 for camps)

Medical Benefits

If the first Eligible Expense is incurred within 26 weeks from the date of a covered Accident, we will pay up to the Total Maximum Benefit Amount as shown on the Schedule of Benefits, subject to the Deductible Amount, and that are in excess of expenses payable by any other health care plan.

Catastrophic Program for Leagues Only

\$1,000,000 Medical Expense Maximum

\$25,000 Deductible

Medical Benefits

If the first usual and customary charges for services or supplies which are incurred by the covered person for the medically necessary treatment of an injury are incurred within 26 weeks from the date of the covered accident and \$25,000 of eligible expenses are incurred within 2 years after the date of the accident, we will pay up to the maximum benefit amount as shown in the policies schedule of benefits, subject to the deductible amount and that are in excess of expenses payable by any other health care plan.

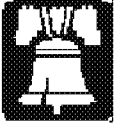
Notable Exclusions (see policy for complete listing)

Intentionally self-inflicted injury, voluntary self-administration of any drug or chemical substance not prescribed by a physician, commission of a felony, riot, act of war, eyeglasses, contact lenses, hearing aids. Expenses covered by workers compensation.

This brochure is for illustrative purposes only, see policy for complete details of coverage.

Underwritten By

A - Rated, Admitted Insurance Companies



Philadelphia Insurance Companies

Hockey League or Camp Coverage Application – Page 1

Insured Name: _____

Address: _____

Contact Person: _____ Phone Number: _____

E-mail Address: _____ Website: _____

May we e-mail all correspondence including policies/certificates? Yes No

For Profit Individual Partnership Corporation Non-Profit Other: _____

Years this entity in business: _____ Years experience of this owner: _____

Underlying Medical Accident Limits Carried: \$25,000 \$100,000 \$1,000,000

Limits of Liability: \$1,000,000 Each Occurrence, \$3,000,000 Aggregate

Effective Date Requested: _____

General Information

1. Have any of your policies or coverage's been declined, canceled or non-renewed during the past 3 years? If yes, explain below. Yes No
2. Does the league or camp require a completed waiver from all participants? Yes No
3. Is parent's signature required for minors? Yes No
4. Do you have a written incident report procedure in place? Yes No
5. Do you keep a log of all incidents? Yes No
6. Are you or your staff trained/certified in CPR or First Aid? Yes No
7. Are any of your coaches, managers, trainers, officials, referees, statisticians or scorekeepers independent contractors that are paid a fee for their services? Yes No
8. Do you require player's to wear helmets? Yes No
9. Has the applicant incurred any prior losses? If yes, explain below. Yes No

Explanations: _____

Combined Liability and Accident Premium Calculation

League: Number of Youth: _____ Rate per Participant: _____ Total: _____

Number of Adult: _____ Rate per Participant: _____ Total: _____

Camps: Total number of Youth camper days _____ Rate per day _____ Total: _____

Total number of Adult camper days _____ Rate per day _____ Total: _____

Please attach a schedule of the camps and participants if necessary.

