

Stand Up Paddle Instructor Insurance Program

Who is Covered

Intended for individual or small group instruction this program provides protection for the Policyholder against claims of bodily injury liability, property damage liability, personal and advertising injury liability and the litigation costs to defend against such claims. Coverage is provided up to \$1,000,000.00 per occurrence. There is no deductible amount. Coverage is offered through the Sports and Recreation Providers Association Purchasing Group.

Coverage Includes Suits Arising Out Of:

- Injury or death of spectators
- Injury or death of participants
- Injury or death of volunteers
- Property damage liability
- Incidental medical malpractice
- All activities necessary to conduct training
- Ownership use or maintenance of fields or practice areas
- General negligence claims
- Cost of investigation and defense of claims, even if groundless
- Corporal punishment

Exclusions

Abuse or molestation (unless optional coverage is selected), aircraft, all acts of terrorism, asbestos liability, employment related practices, fungi and bacteria, hepatitis, HIV, HTVL, AIDS, transmissible spongiform encephalopathy, lead poisoning, nuclear energy liability, pyrotechnics activity, total pollution, violation of the CAN-SPAM act, war liability and liability for occurrences prior to the effective date of coverage. All of the above are subject to the terms and conditions of the policy.

Please note the following ineligible activities:

- Certified High School / College Athletic Trainers
- Coaching of Competitive Athletics
- Instructors under the age of 18
- Instructors based outside of the U.S.
- Physical Education Teachers working within the school systems

The Optional Coverages

Hired and Non-Owned Automobile Liability Coverage

This liability coverage provides protection for rented, borrowed and other non-owned vehicles driven on instructor business.

Increased Aggregates

This option increases the aggregate limit of liability insurance from \$1,000,000 to larger amounts.

Sexual Abuse and Molestation

Liability coverage is provided for claims arising out of alleged sexual abuse and/or molestation.

\$5,000.00 Medical Expense Benefit

This coverage will reimburse an injured spectator or guest for medical and/or funeral expenses incurred as a result of bodily injury or death, regardless of whether you are liable or not. This coverage does not apply to your participants.

Equipment Coverage

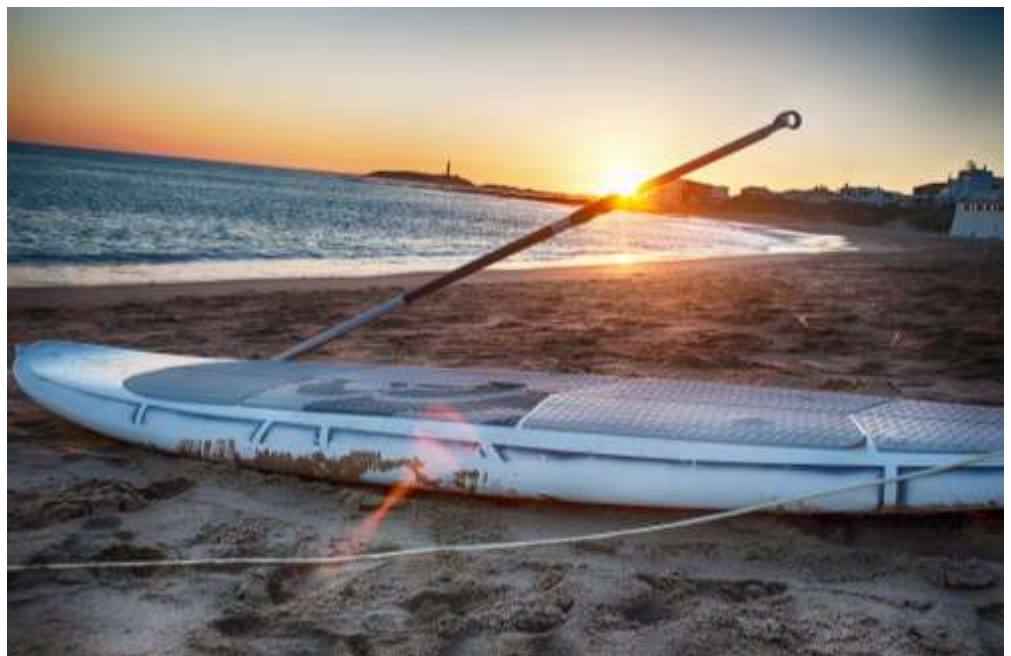
This Inland Marine insurance product provides coverage for your equipment and contents up to the specified limit. This option requires a separate application and further underwriting.

Excess Liability Coverage

This coverage provides additional liability limits increasing the per occurrence and aggregate limits. This option requires further underwriting.

Open Water Coverage

This coverage applies to closed water operations. Coverage for operations in open water is available for an additional premium charge.



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Part I Proposed Policyholder *Please print or type*

- a. Full Legal Name of Instructor _____
 Are you 18 or older? Yes No (You are not eligible for this coverage if you are under 18)
- b. Mailing Address _____
 Street City State Zip
- c. Phone Number _____ Email Address _____
- d. Requested Effective Date of Coverage (12 months of coverage is provided) _____
Policy will become effective on the Requested Effective Date if (a) all required information is provided and (b) the Company has received the initial premium on or before that date. Coverage is issued on an annual basis.
- e. Has your past liability coverage been cancelled in any way in the last three years? Yes No
 If yes, please describe and provide loss history: _____
- f. Do you currently have a risk management plan? Yes No
- g. Do you currently utilize a waiver system? Yes No
- h. Instructor Type (Check all that apply) SUP Guide SUP Instructor SUP Pilates Instructor SUP Yoga Instructor
 SUP Rental Operator (requires separate policy) **Note: SUP Rental Operator coverage will be bound separately. You will be contacted with further information if you select his coverage.**
- i. Years of Experience _____
- j. Maximum number of clients at one time _____
- k. Description of instructor activities _____
- l. Location(s) of training _____
- m. Does the location(s) carry liability insurance? Yes No

Part II Premium Rates And Benefits (premiums are fully earned)

Rates include \$1,000,000.00 Limit Per Occurrence Liability Policy. Please circle rate that applies based on mailing address of insured.

States	Certified vs Non-Certified	General Aggregate				
		\$1,000,000	\$2,000,000	\$3,000,000	\$4,000,000	\$5,000,000
CA, FL, NY	Certified	\$207.50	\$217.80	\$228.75	\$240.25	\$252.25
	Non-Certified	\$310.00	\$325.50	\$341.75	\$358.85	\$376.80
CT, MS, NV, RI, SC	Certified	\$190.00	\$199.50	\$210.00	\$220.50	\$231.50
	Non-Certified	\$295.00	\$309.75	\$325.25	\$341.50	\$358.60
All Other States	Certified	\$158.00	\$165.90	\$175.00	\$183.75	\$193.00
	Non-Certified	\$258.00	\$270.90	\$285.00	\$299.25	\$314.25

Part II Premium Subtotal = \$ _____

Part III Optional Coverages (premiums are fully earned)

- Optional \$150,000.00 Hired and Non-Owned Automobile Liability Coverage is available for an additional \$225.00. = \$ _____
- Optional \$500,000.00 Hired and Non-Owned Automobile Liability Coverage is available for an additional \$500.00. = \$ _____
 • Note: \$1,000,000.00 Hired and Non-Owned Automobile Liability Coverage is available but subject to additional underwriting. Please contact your agent if wishing to apply for coverage.
- Optional \$100,000.00 sexual abuse and molestation liability coverage is available for an additional \$1,000.00 = \$ _____
- Optional \$5,000.00 Medical Expense Benefit for 2% of Part II Premium Subtotal _____ x .02 = \$ _____
 Part II Premium Subtotal
- Optional Coverage for Open Water Activities is available for an additional \$55.00. = \$ _____
- Follow form excess liability limits of up to \$4,000,000.00 are available but subject to additional underwriting. Please contact your agent if wishing to apply for coverage.
- Equipment coverage up to \$750,000.00 is available but subject to additional underwriting. Please contact your agent if wishing to apply for coverage.

Part III Premium Subtotal = \$ _____

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Part IV Additional Insureds

Standard Additional Insureds are included at no additional cost. Please include a separate sheet if needed.

Full Legal Name, Email Address	Full Mailing Address (including city, state, zip)	Relationship (see legend)	Endorsements
			<input type="checkbox"/> Primary <input type="checkbox"/> Waiver
			<input type="checkbox"/> Primary <input type="checkbox"/> Waiver
			<input type="checkbox"/> Primary <input type="checkbox"/> Waiver

L-Landlord, V - Venue, E - Event Operator, F - Franchisor/Franchise Owner, G - Governmental Agency, O - Other (include details)

Additional Insureds requiring Primary Non-Contributory Endorsements _____ x \$100.00 = \$ _____

Additional Insureds requiring Waiver of Subrogation Endorsements _____ x \$100.00 = \$ _____

Part IV Premium Subtotal = \$ _____

FLD Broker Fee = \$ _____ 10.00

TOTAL AMOUNT DUE = \$ _____

Part V Payment

Choose one of the following options. Please initial your choice:

Enclosed is my payment for the total premium. Check ACH (see below) Credit Card (see below)

Enclosed is 20% of my total premium. *Agents: We will not invoice for the deposit. The deposit payment must be included on this form.*

The deposit and monthly premium finance payments, including a finance fee, will be drafted automatically from the payment information provided below. This option requires either ACH or Credit Card payment. ACH (see below) Credit Card (see below)

Account Billing Address _____

Street

City

State

Zip

Phone Number _____ Email Address _____

Please bill my: Checking Account Savings Account

Name on Account _____

Bank Name _____

Bank City/State _____

Bank Routing # _____

Account Number _____

There is no convenience fee when you choose the ACH option.

Please charge my: Visa MasterCard AmEx Discover

Cardholder Name _____

Card Number _____

Exp. Date _____ CVV (number on back of card) _____

For premiums less than \$1,000.00, a \$10.00 convenience fee will be added.

For premiums \$1,000.00 and higher, a convenience fee equal to 2.5% of the total amount due will be added.

For financed premiums, the convenience fee does not apply.

Part VI Acknowledgements and Signatures

- This summary of coverage and exclusions is no substitute for reading the entire policy. To receive an entire policy, contact the program administrator.
- Waiver Requirement** Each instructor must implement a Release and Waiver of Liability and Indemnity Agreement for all students and staff members. Unintentional error on your part in securing Waiver and Release forms shall not void your coverage in the event of an occurrence to a student or staff member. However, your failure to maintain an adequate system to regularly secure Waiver and Release forms shall void your coverage in the event of an occurrence to a student or staff member. A full supply of Waiver and Release forms shall be shipped to you upon request.
- Fraud Warning** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material there to, commits a fraudulent insurance act, which may be a crime.
- Applicant's Acknowledgement** I, the applicant, declare, to the best of my knowledge and belief, that all statements and answers in this application are true and complete. I understand and agree that (a) this application will form part of any policy issued, (b) no information given to or acquired by any representative of the Company will bind it, unless it is in writing on this application, (c) no waiver or modification will bind the Company unless it is in writing and is signed by an executive officer of the Company, and (d) only those persons eligible under the terms of an issued policy will be insured.

Signed for the Proposed Policyholder

Signed by Licensed Agent

Agency Name and License Number

Date

Agent Phone Number

Agent Email Address

Agency Mailing Address



World Events Specialty
110 N. San Joaquin St 2nd FL #31
Stockton, CA 95202
Tel:209-888-4904 | Fax: 209-888-5094
Email: support@worldeventsinsurance.com

United States Fire Insurance Company.
"A" rated by A.M. Best Company.
A member of the Crum & Forster group of companies.
Form: SUP 3/2018