



National Office: 5525 Clem's Way, Stevens Point, WI 54482
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USCA AIU Insurance Program Application (2012-13)

Name of Member Club: _____

Physical Address of Club: _____

Mailing Address (if different): _____

Contact person: _____

Contact phone, fax, email: _____

Date Club Established: _____

Club tax identification # (if any): _____

Coverage Term 12/01/2012- 12/01/2013 (12 month renewal term)

Covered activities include operations scheduled and sponsored as usual and customary to the operations of a curling club. Coverage includes operations, premises liability, and products completed operations.

Outline of coverage

General Liability Protection Program: \$2,000,000 per occurrence/\$5,000,000 aggregate*
 Liability coverage subject to \$2,500 per claim deductible in absence of a signed waiver for the injured party. Coverage provided on a primary basis and includes 24/7 premises liability.

Participant Medical Accident Coverage:

Maximum medical expense benefit \$50,000 per person*
 Accidental Death and Dismemberment \$10,000 per person, \$150,000 aggregate
 No deductible. *Coverage written on excess basis over available health insurance benefits.

Premium Calculation

curlers with full membership (defined as an individual member of a member club or an individual using a member club facility on a regular basis at least six times per year, including juniors) at rate per curler (subject to a minimum premium of \$350)

Calculation:

curlers _____ @ cost of \$10.00 per curler = _____



Additional Insureds

Please list any additional insureds to be added to your certificate of insurance. For clubs renting space in skating arenas, the arena should typically be listed as an additional insured.

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Club Authorization

I understand and agree that if the company accepts this application, coverage will begin on the date of acceptance, or on the date requested above, subject to the payment of the required premium. Premium computation is subject to audit. It is understood that no agent is authorized to accept risks or pass on insurability.

Any person who, with intent to defraud or knowing they are facilitating fraud against an insurer, submits an application or files a claim with false and deceptive statements, may be guilty of insurance fraud.

Applicant's Authorized Signature:

Signature

Printed Name and Title

Contact information: Phone _____ Fax _____

E-mail _____

Please submit by fax to 508-786-5969 or by email to Gutro.LIA@gmail.com for immediate review and binding. Mail originals with payment to: Sandy Robinson, Controller, USA Curling, 5525 Clem's Way, Stevens Point, Wisconsin 54482.