



GENERAL LIABILITY INSURANCE PROGRAM

As a membership benefit, coverage is provided by the Commercial General Liability Policy issued to the National Organization of Coaches Association Directors. This policy will provide general liability coverage to the Montana Coaches Association and its members.

CARRIER

Houston Casualty Company

POLICY PERIOD

August 1, 2017 – August 1, 2018

LIMITS OF INSURANCE

\$1,000,000	Each Occurrence
\$1,000,000	General Aggregate (per Member)
\$1,000,000	Products/Completed Operations
\$1,000,000	Personal & Advertising Injury
\$ 300,000	Fire Damage
\$ 50,000	Sexual Abuse (per Member)
Excluded	Medical Payments

COVERAGES

- ❖ Educator Professional Liability
- ❖ Participant Legal Liability for insured members
- ❖ Liability assumed under insured written contract
- ❖ Defense Cost outside limits

EXCLUSIONS

- ❖ The use of automobiles, buses, watercraft and aircraft
- ❖ Property of others in the care, custody, and control of the insured.
- ❖ This insurance does not apply to members that coach at an All-Star game that is not approved by your state coaches association.

CAMP INSURANCE

Today, most Coaches are involved in some type of sports camp. Please note that our General Liability Program follows insured members while working at camps and/or conducting their own personal camp.

In addition, Participant/Accident Coverage is required for coaches and/or participants. Should an accident occur during a camp, clinic or event, this secondary coverage helps offset the loss suffered by families affected by such accidents.

NEW PROCEDURE FOR CAMP INSURANCE

- ❖ Participant Waivers - Signed waivers must be in place for all participants attending camps. The waiver must have indemnification language and acknowledgement that primary medical insurance is in place for the participant.
- ❖ Participant/Accident (Medical) - If you cannot secure such a waiver, **you must purchase** coverage for all participants attending your camp.
- ❖ Additional Insured/Certificate of Insurance - If you require a certificate of insurance naming an additional insured, **you must purchase** the Participant/Accident (Medical) coverage for all participants attending your camp.
- ❖ Proof of Insurance - If you require a certificate of insurance showing proof of insurance and you have the required waiver in place, **you DO NOT have to purchase** the Participant/Accident (Medical) coverage.

PURCHASE INSURANCE

- ❖ Camp Insurance Request form is available on our website: www.loomislapann.com

INSURANCE ADMINISTRATOR



www.loomislapann.com
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Disclaimer: This is an insurance overview for summary purposes only; for complete policy terms and conditions please refer to the NOCAD Master Policy.