



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 Kentucky High School Coaches Association and its members.

CARRIER

Houston Casualty Company

POLICY PERIOD

August 1, 2018 – August 1, 2019

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

As a member benefit of your state coaches association, all members in good standing have a \$1,000,000 General Liability policy limit that provides coverage for their coaching activities. In order to protect the General Liability policy from potential claims, the insurance company has mandated that all coaches must obtain signed waivers and provide Participant/Accident insurance for their participants.

In order to obtain a certificate of insurance showing proof of insurance or naming an additional insured, the following must be in place:

- ❖ **Waivers:** Signed waivers showing indemnification language
- ❖ **Participant/Accident Insurance:** You must have Participant/Accident coverage in place for all participants attending sports camps.

PURCHASE INSURANCE

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

INSURANCE ADMINISTRATOR



www.loomislapann.com

(P) 800-566-6479 | (F) 518-792-3426

Greg Joly
Lori George
Karen Boller

gjoly@loomislapann.com
lgeorge@loomislapann.com
kboller@loomislapann.com

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