

FORSYTH INSURANCE AGENCY, INC.

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1265 SO. COTNER BLVD, Suite #21

LINCOLN, NE 68510

11/1/23-11/1/24

MIDWEST AREA CAMP COVERAGE REQUEST FORM

NAME OF CAMP _____

MAILING ADDRESS _____

CONTACT PERSON _____ E-MAIL _____

PHONE NUMBER _____ - _____ FAX NUMBER _____ - _____

TYPE OF CAMP _____

ALL CAMP DATES _____

PROJECTED TOTAL NUMBER OF COMMUTER CAMPER DAYS (ALL CAMPS) * _____

PROJECTED TOTAL NUMBER OF RESIDENT CAMPER DAYS (ALL CAMPS) * _____

* **NOTE** - The total number of camper days shall be the sum of the number of campers, coaches, volunteers, and athletic trainers for each day or any portion of a day while the camp is in operation (including registration/orientation) times the number of days the camp is held. A camper day is one calendar day. For example 1 camper for 3 1/2 days is 4 camper days.

* **NOTE** - A resident camper will be housed overnight as part of your camp. A commuter camper leaves each day at the end of the camp session.

NEBRASKA DEPOSIT PREMIUM RATING

GENERAL LIABILITY & X/S MEDICAL

_____ X _____ = _____ X **\$1.06** = \$ _____
(# commuter campers) (# of days) (# of camper days) (rate) (premium)

_____ X _____ = _____ X **\$1.45** = \$ _____
(# resident campers) (# of days) (# of camper days) (rate) (premium)

Flat Fee + \$ 10.00

TOTAL DEPOSIT \$ _____

DATE _____ SIGNED _____

ATTACH NAME AND ADDRESS OF ANYONE REQUIRING PROOF OF INSURANCE
ATTACH COPIES OF ANY CAMP BROCHURES OR FLYERS

11/1/23-11/1/24 MIDWEST AREA CAMPS INSURANCE INFORMATION

Following is a description of the insurance coverages we are offering for camps occurring between 11/1/23 thru 10/31/2024. For your convenience, we have combined the General Liability and Excess Medical rates together for both commuter and resident campers. Your camper days should include the number of campers, coaches, volunteers, and athletic trainers. On the reverse side of this sheet you will find an enrollment and rating form. The enrollment form along with a 40% deposit must be completed and in our office before coverage can take effect. After your last camp is completed we will audit your actual camper numbers and bill for the actual balance.

COVERAGE HIGHLIGHTS

GENERAL LIABILITY

\$ 1,000,000 EACH OCCURRENCE
\$ 3,000,000 GENERAL AGGREGATE
\$ 1,000,000 PRODUCTS/COMPLETED OPERATION AGGREGATE
\$ 1,000,000 PERSONAL & ADVERTISING INJURY
\$ 300,000 FIRE DAMAGE LEGAL LIABILITY
\$ 5,000 MEDICAL PAYMENTS
\$ 1,000,000 HIRED AND NON-OWNED AUTO
\$ 1,000,000 SEXUAL &/OR PHYSICAL ABUSE & MOLESTATION
\$ 1,000,000 GENERAL LIABILITY & PROFESSIONAL LIABILITY FOR ATHLETIC TRAINERS

COVERAGE INCLUDES :

PARTICIPANT AND SPECTATOR LIABILITY
AGGREGATE LIMIT APPLIES PER LOCATION OR CAMP
ADDITIONAL INSURED ENDORSEMENTS AS NEEDED (NO ADDITIONAL CHARGE)
COVERS ALL ACTIVITIES NECESSARY FOR OR INCIDENTAL FOR CAMP OPERATIONS,
WHETHER ON OR OFF THE PREMISES, SUBJECT TO CERTAIN POLICY EXCLUSIONS
NO DEDUCTIBLE APPLIES
NO MINIMUM PREMIUM

SEXUAL AND/OR PHYSICAL ABUSE COVERAGE **IS INCLUDED**

EXCESS ACCIDENTAL MEDICAL

\$ 10,000 ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT PER PERSON
\$ 25,000 MAXIMUM MEDICAL BENEFIT PER PERSON, INCIDENT OR ACCIDENT (INCL DENTAL)
INCLUDES DIRECT TRAVEL - INDIVIDUAL OR GROUP - TO, FROM AND DURING CAMP
\$ 100 DEDUCTIBLE

COVERAGE IS ON AN **EXCESS BASIS**. IT BECOMES PRIMARY IN THE EVENT NO OTHER VALID OR COLLECTABLE COVERAGE EXISTS. ALSO WILL REIMBURSE FOR CERTAIN PRIMARY COVERAGE DEDUCTIBLES OR COINSURANCE. NOTE: A CLAIM MUST BE MADE WITH 30 DAYS OF THE INCIDENT AND THE FIRST COVERED EXPENSES MUST BE SUBMITTED WITHIN 90 DAYS.

COMBINED RATES FOR NEBRASKA

RATE PER CAMPER DAY

\$ 1.06 COMMUTER

\$ 1.45 RESIDENT