

AYF/AYC Insurance Coverage Checklist

Verification of Minimum Insurance Standards

When Insurance Is Not Purchased Through Endorsed AYF/AYC Plan

The officially endorsed insurance plan for AYF/AYC meets all of the critical minimum standards that are indicated below for the protection of your youth, administrators, and volunteers. Before buying your insurance from another source, you should submit this checklist to your agent to verify 100% compliance with these critical minimum standards.

TO BE COMPLETED BY INSURANCE AGENT

The sports organization below is requesting analysis of the sports insurance policies that are provided through your insurance agency. Please complete this form, sign, and return to the sports organization indicated below.
Name of Sports Organization:
Name of Insurance Agency:
Name of Insurance Agent Completing This Form:
Phone Number of Insurance Agent: ()
Date This Form Completed:
Signature of Insurance Agent Verifying Coverage:

Minimum Standards

Please Check Appropriate Box

<u>Accident Insurance</u>	<u>Meets Standards</u>	<u>Does Not Meet Standards</u>
* Medical Limit: \$100,000	<input type="checkbox"/>	<input type="checkbox"/>
* Accidental Death and Specific Loss Limit: \$10,000	<input type="checkbox"/>	<input type="checkbox"/>
* No Internal Payout Limitations on categories such as Surgeon's fees, daily hospital room and board, doctor's visits, physical therapy, etc	<input type="checkbox"/>	<input type="checkbox"/>
* Deductible: Not more than \$250 per claim	<input type="checkbox"/>	<input type="checkbox"/>
* Covered Persons: All football players and cheerleaders, coaches, managers, officials, employees, volunteers, staff members, and team workers.	<input type="checkbox"/>	<input type="checkbox"/>
* Covered Activities: All scheduled, approved, and adult supervised team or league activities including but not limited to tryouts, practice, play, tournaments, clinics, fundraisers, award banquets, team outings, and parades <u>including direct travel to and from the place of such covered activity.</u>	<input type="checkbox"/>	<input type="checkbox"/>
* Payout Period: At least 104 weeks	<input type="checkbox"/>	<input type="checkbox"/>
* Coverage applies to all tackle football and cheer if played by sports organization	<input type="checkbox"/>	<input type="checkbox"/>
* Financial Strength: AM Best's Rating of at Least A-, VII	<input type="checkbox"/>	<input type="checkbox"/>

<u>General Liability</u>	<u>Meets Standards</u>	<u>Does Not Meet Standards</u>
* Each Occurrence Limit: \$1,000,000	<input type="checkbox"/>	<input type="checkbox"/>
* General Aggregate Limit: \$2,000,000 or NONE	<input type="checkbox"/>	<input type="checkbox"/>
* Products/Completed Operations Aggregate Limit: \$1,000,000	<input type="checkbox"/>	<input type="checkbox"/>
* Personal/Advertising Injury Limit: \$1,000,000	<input type="checkbox"/>	<input type="checkbox"/>
* Fire Damage Liability Limit: \$100,000 (AKA Damage to Premises Rented To You.)	<input type="checkbox"/>	<input type="checkbox"/>
* Non Owned Hired Auto Liability Limit \$1,000,000	<input type="checkbox"/>	<input type="checkbox"/>
* Sexual Abuse & Molestation Per Claim Limit: \$1,000,000	<input type="checkbox"/>	<input type="checkbox"/>
* Volunteer vs. Volunteer Exclusion Has Been Deleted Or Modified	<input type="checkbox"/>	<input type="checkbox"/>

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<u>General Liability - Continued</u>	<u>Meets Standards</u>	<u>Does Not Meet Standards</u>
*Coverage provided for all tackle football, flag football and cheer if played by the league	<input type="checkbox"/>	<input type="checkbox"/>
* Named Insureds: The sports organization (as an entity) and its directors, officers, employees, and volunteers.	<input type="checkbox"/>	<input type="checkbox"/>
*American Youth Football Inc., is named as "Additional Insured"	<input type="checkbox"/>	<input type="checkbox"/>
* Covered Activities: All league sanctioned and adult supervised activities. These activities include, but are not limited to tryouts, practice, games, tournaments, non-sports outings and fundraisers.	<input type="checkbox"/>	<input type="checkbox"/>
* Financial Strength: AM Best's Rating of at Least A-, VII	<input type="checkbox"/>	<input type="checkbox"/>

<u>General Liability EXCLUSIONS AND LIMITATIONS TO AVOID</u> (These should not appear on policy)	<u>Meets Standards</u>	<u>Does Not Meet Standards</u>
* Claims Made Coverage Form	<input type="checkbox"/>	<input type="checkbox"/>
* Athletic Participant Exclusion	<input type="checkbox"/>	<input type="checkbox"/>
* Competitive Cheer, Stunt, or Pyramiding Exclusion	<input type="checkbox"/>	<input type="checkbox"/>
* Participant vs. Participant Exclusion	<input type="checkbox"/>	<input type="checkbox"/>
* Punitive Damages Exclusion	<input type="checkbox"/>	<input type="checkbox"/>
* Assault and Battery Exclusion	<input type="checkbox"/>	<input type="checkbox"/>
*Sexual Abuse/Molestation Exclusion	<input type="checkbox"/>	<input type="checkbox"/>
*Contractual Liability Limitation Endorsement	<input type="checkbox"/>	<input type="checkbox"/>
*Personal and Advertising Injury Exclusion For Broadcasting of Films or Streaming Video	<input type="checkbox"/>	<input type="checkbox"/>
*Waiver/Release Requirement	<input type="checkbox"/>	<input type="checkbox"/>

DISCLAIMER: THIS VERIFICATION CHECKLIST IS NOT AN ALL ENCOMPASSING RECOMMENDATION OF ALL OF THE TYPES OF POLICIES THAT SHOULD BE CARRIED OR ALL OF THE CRITICAL COVERAGES THAT SHOULD BE INCLUDED WITHIN EACH POLICY. THIS VERIFICATION DOCUMENT SHOULD IN NO WAY BE CONSIDERED AS LEGAL, INSURANCE, OR RISK MANAGEMENT ADVICE. A COMPETENT ATTORNEY AND INSURANCE AGENT SHOULD BE CONSULTED.