

Municipal Recreation Department Verification of Minimum Insurance Standards

(For municipal recreation departments that directly operate sports programs and that are covered under a municipal insurance program. Please note that a separate verification form is to be used when the recreation department grants a use permit to an outside organization.)

TO BE COMPLETED BY INSURANCE AGENT OR RISK MANAGER

The recreation administrator listed below has recently attended The Academy For Youth Sports Administration (A Program of National Alliance For Youth Sports). Part of the curriculum established minimum standards for sports insurance for the sports operations that are directly managed by the recreation department. It is recommended that this verification form be completed by the municipal insurance agent or risk manager and that any deficiencies be addressed. Please complete this form, sign, and return to the recreation administrator indicated below.

Name of Municipal Recreation Department: _____

Name of Recreation Administrator: _____

Name of Insurance Agent or Risk Manager Completing This Form: _____

Phone Number of Insurance Agent or Risk Manager: (_____) _____

Date This Form Completed: _____

Signature of Insurance Agent or Risk Manager Verifying Coverage: _____

Please Check Appropriate Box

Minimum Standards

Mandatory = * Preferable = +

Meets Standards

Does Not Meet Standards

Accident Insurance

* Medical Limit: At least \$25,000 per person. per accident	<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"/>
+ Excess Coverage Instead of Primary	<input type="checkbox"/>	<input type="checkbox"/>
* Plan covers all participants and is <u>not</u> optional participation	<input type="checkbox"/>	<input type="checkbox"/>
+ Deductible: Not greater than \$500 per claim	<input type="checkbox"/>	<input type="checkbox"/>
* Payout Period: At least one year	<input type="checkbox"/>	<input type="checkbox"/>
* Covered Persons: All players and staff. Staff normally includes but is not limited to coaches, assistant coaches, managers, umpires, referees, scorekeepers, concession workers, field maintenance workers, and administrators such as directors and officers.	<input type="checkbox"/>	<input type="checkbox"/>
* Covered Activities: All recreation department 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"/>
+ Authorized group travel to and from above	<input type="checkbox"/>	<input type="checkbox"/>
* Financial Strength: AM Best's Rating Of At Least A-, VII	<input type="checkbox"/>	<input type="checkbox"/>

General Liability

(please verify even if program is self-insured or large deductible as these plans must have coverage parameters)	<input type="checkbox"/>	<input type="checkbox"/>
* 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"/>

Meets StandardsDoes Not Meet Standards

*Fire Damage Liability Limit: \$100,000 (AKA Damage To Premises Rented To You)	<input type="checkbox"/>	<input type="checkbox"/>
+ Medical Expense Limit: \$5,000	<input type="checkbox"/>	<input type="checkbox"/>
* Non Owned And Hired Auto Liability Limit : \$1,000,000	<input type="checkbox"/>	<input type="checkbox"/>
+ Sexual Abuse Or Molestation: \$1,000,000 Each Claim \$1,000,000 Aggregate	<input type="checkbox"/>	<input type="checkbox"/>
* Named Insureds: The recreation department (as an entity) and its directors, officers, employees, and volunteers while operating on behalf of recreation department. (If program is self-insurance or large deductible, a funded reserve must be established to handle legal defense and payments that fall within retention for all named insureds.)	<input type="checkbox"/>	<input type="checkbox"/>
+ Volunteer vs. Volunteer Exclusion deleted or modified by special endorsement	<input type="checkbox"/>	<input type="checkbox"/>
* Covered Activities: All recreation department 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"/>

EXCLUSIONS AND LIMITATIONS TO AVOID (These should not appear on the policy)

* Claims Made Coverage Form	<input type="checkbox"/>	<input type="checkbox"/>
* Athletic Participant Exclusion	<input type="checkbox"/>	<input type="checkbox"/>
+ Punitive Damages Exclusion	<input type="checkbox"/>	<input type="checkbox"/>
* Assault & Battery Exclusion	<input type="checkbox"/>	<input type="checkbox"/>
+ Sexual Abuse Or Molestation Exclusion	<input type="checkbox"/>	<input type="checkbox"/>
+ Contractual Liability Limitation	<input type="checkbox"/>	<input type="checkbox"/>
* Collapse of Temporary Structure (ex: bleacher collapse)	<input type="checkbox"/>	<input type="checkbox"/>
* Independent Contractor or Subcontractor Limitation or similar endorsement voiding coverage if independent contractors or subs do not carry adequate General Liability	<input type="checkbox"/>	<input type="checkbox"/>
+ Participant vs. Participant Exclusion (Better to have Player vs. Player or Athlete vs. Athlete Exclusion)	<input type="checkbox"/>	<input type="checkbox"/>
+ Limitation of Coverage To Your Premises shown on the policy (problem if teams travel off premises)	<input type="checkbox"/>	<input type="checkbox"/>

Directors & Officers Liability

* Each Claim Limit: \$1,000,000	<input type="checkbox"/>	<input type="checkbox"/>
* Named Insureds: The recreation department (as an entity) and its directors, officers, employees and volunteers.	<input type="checkbox"/>	<input type="checkbox"/>
* Financial Strength: AM Best's Rating Of At Least A-, VII	<input type="checkbox"/>	<input type="checkbox"/>

EXCLUSIONS TO AVOID

* Discrimination	<input type="checkbox"/>	<input type="checkbox"/>
* Employment Practices Violations	<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. THE STANDARDS ARE MINIMUM STANDARDS AND IT IS RECOMMENDED THAT THESE STANDARDS BE EXCEEDED WHENEVER POSSIBLE. 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