Sports Organization Insurance Coverage Checklist
Verification of Minimum Insurance Standards
(For teams, leagues, sports camps & clinics, and tournament hosts)

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: _____

Type of Sports Organization (circle): team league sports camp/clinic tournament host other: _____

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 **Mandatory = * Preferable = +**	**Please Check Appropriate Box** **Meets Standards**	**Does Not Meet Standards**
Accident Insurance		
* Medical Limit: At least $25,000 per person. per accident	☐	☐
* No Internal Payout Limitations on categories such as surgeon's fees, daily hospital room and board, doctor's visits, physical therapy, etc.	☐	☐
+ Excess Coverage Instead of Primary	☐	☐
* Plan covers all participants and is not optional participation	☐	☐
+ Deductible: Not greater than $500 per claim	☐	☐
* Payout Period: At least one year	☐	☐
* 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.	☐	☐
* Covered Activities: All sports organization sanctioned and adult supervised activities. These activities include but are not limited to tryouts, practice games, tournaments, non-sports outings, and fundraisers.	☐	☐
+ Authorized group travel to and from above	☐	☐
* Financial Strength: AM Best's Rating Of At Least A-, VII	☐	☐

General Liability	**Meets Standards**	**Does Not Meet Standards**
* Each Occurrence Limit: $1,000,000	☐	☐
* General Aggregate Limit: $2,000,000 or NONE	☐	☐
* Products/Completed Operations Aggregate Limit: $1,000,000	☐	☐
* Personal/Advertising Injury Limit: $1,000,000	☐	☐
*Fire Damage Liability Limit: $100,000 (AKA Damage To Premises Rented To You)	☐	☐
+ Medical Expense Limit: $5,000	☐	☐
+ Non-Owned and Hired Auto Liability Limit: $1,000,000	☐	☐
+ Sexual Abuse or Molestation: $1,000,000 Each Claim $1,000,000 Aggregate	☐	☐
* Named Insureds: The sports organization (as an entity) and its directors, officers, employees, and volunteers.	☐	☐
+ Volunteer vs. Volunteer Exclusion deleted or modified by special endorsement	☐	☐
* Additional Insureds: Policy must allow third parties to be named as Additional Insured	☐	☐
* Covered Activities: All sports organization sanctioned and adult supervised activities. These activities include but are not limited to tryouts, practice, games, tournaments, non-sports outings, and fundraisers.	☐	☐
* Financial Strength: AM Best's Rating Of At Least A-, VII	☐	☐
EXCLUSIONS AND LIMITATIONS TO <u>AVOID</u> (These should not appear on the policy)		
* Claims Made Coverage Form	☐	☐
* Athletic Participant Exclusion	☐	☐
+ Punitive Damages Exclusion	☐	☐
+ Sexual Abuse Or Molestation Exclusion	☐	☐
* Contractual Liability Limitation or similar endorsement	☐	☐
* Collapse of Temporary Structure (ex: bleacher collapse)	☐	☐
* Independent Contractor or Subcontractor Limitation or similar endorsement voiding coverage if independent contractors or subs do not carry adequate General Liability	☐	☐
+ Participant vs. Participant Exclusion (Better to have Player vs. Player or Athlete vs. Athlete Exclusion)	☐	☐
+ Limitation of Coverage To Your Premises shown on the policy (problem if teams travel off premises)	☐	☐
+ Ownership/Maintenance/Management of Athletic Fields or Facilities Exclusion (problem if sports organization is responsible for premises injuries 24/7 as is the case when facilities are owned or are under a long-term lease)	☐	☐

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.

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