



Texas Amateur Athletic Federation 2017 Insurance Program

Effective January 1, 2017 – January 1, 2018

The following information references coverage contained in the Texas Amateur Athletic Federation (T.A.A.F.) insurance policy (subject to all terms, conditions and exclusions), and it is the property of T.A.A.F. The contact person on the enrollment form will receive a certificate of insurance for proof of coverage, and a copy is available only by written request to T.A.A.F.

COVERAGE:

Commercial General Liability Insurance	
Commercial General Liability General Aggregate Limit	\$2,000,000
Products/Completed Operations Aggregate Limit	\$2,000,000
Personal & Advertising Injury Limit	\$1,000,000
Each Occurrence Limit	\$1,000,000
Fire Damage Legal Limit (any one fire)	\$ 300,000
Medical Payments Limit	\$ 5,000
(Liability insurance only available for: Golf, tennis, swim, track, cheer, volleyball, baseball, softball, basketball, flag football, kickball)	
Participant Accident Insurance	
Accidental Death & Dismemberment	\$ 5,000
Excess Medical & Dental Expense (Maximum Per Claim)	\$ 25,000
Deductible per Claim	\$ 250
(Accident insurance available for: Golf, tennis, swim, track, gymnastics, cheer, volleyball, baseball, softball, basketball, flag football, kickball)	

EXCLUSIONS/CONDITIONS:

Notable exclusions, including, but not limited to; and in addition to all other policy terms, conditions and exclusions, include:

- 1) T.A.A.F. events/activities – scheduled, sanctioned, supervised ONLY, scheduled, submitted sports/venues ONLY, premises/public/participants ONLY, liability/accident insurance quotation ONLY (NOT: worker compensation/employer liability; buildings/contents/equipment, cancellation-interruption/income-expense, automobile, director/officer liability nor other insurance/operation but other insurance/ operation available by application/quotation)
- 2) Accident eligibility **includes** participants, coaches, managers and **excludes** war; terrorism; military service; worker compensation; drugs; narcotics; alcohol; eyewear; dentures; etc;
- 3) Liability coverage **includes** participant legal liability and **excludes** abuse/molestation; assault/battery; asbestos; nuclear energy; total fireworks/pyrotechnics; employment-related practices; temporary structures collapse; broad form securities; stunt activities; trampolines; cheerleading pyramids; war; terrorism; total pollution; whitewater rafting; bungee jumping; mountain/rock climbing; all motorsports; lead liability; professional liability; athletic equipment manufacture/sale/distribution; sauna/tanning devices/usage; polo; skin/scuba diving; squash; rodeo/ equestrian-related sports; waterslides; ballooning; parachute jumping; luge; tobogganing; gymnastics; snow/water skiing; all communicable diseases (especially: hepatitis, TSE, HIV, HTLV, AIDS); organic pathogens; punitive damages; personal/advertising, injury limitation; Telephone Consumer Protection Act or CAN-SPAM Act violation; expected or intended injury; fungi or bacteria; aircraft, automobile or watercraft; etc and all claims for boxing athletic participants.
- 4) For all participants, risk management requirements **include**, but not limited to, insured rules, requirements AND proper execution of waiver form

INDIVIDUAL- Golf, Tennis, Swimming, Track & Field, Kickball	\$ 8.50
INDIVIDUAL- Gymnastics (Participant accident coverage only)	\$ 7.00
TEAM - Volleyball, Baseball, Softball, Basketball, Soccer, Flag Football	\$ 75.00
UMPIRES, OFFICIALS, REFEREES AND COACHES (For T.A.A.F. League/Events)	Available thru T.A.A.F. training, certification & registration programs
VENUE OWNER LIABILITY - League (Single sport) All Teams MUST be registered with T.A.A.F. for claims to be accepted	\$ 410.00
VENUE OWNER LIABILITY - League (Multi-sport) All Teams MUST be registered with T.A.A.F. for claims to be accepted	\$ 400.00/sport
VENUE OWNER LIABILITY - Tournament (3 day maximum)	\$ 125.00

Fees listed are for insurance only. Registration fees are NOT included. Coverage is for the calendar year of 2016. Officials will be covered while officiating for T.A.A.F. sanctioned events only. All teams and individuals participating in a league or season must be registered with T.A.A.F. and be participating in T.A.A.F. scheduled, supervised, "sanctioned" activities ONLY. This is NOT 24 hour/7 days per week coverage. It is for T.A.A.F. activities only. For the 24 hour/7days per week coverage, venue owners must have primary premises liability insurance. Certificates of insurance issued to teams or leagues only.

Waivers must accompany an insurance enrollment form for **each individual participant** to be insured.
Teams requesting insurance must include the completed (signed) team roster (with waiver on back) to be insured.
 Fees should be included with insurance enrollment.

Texas Amateur Athletic Federation

2017 Insurance Enrollment Form
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T.A.A.F. Member City / Affiliate Member: _____

Mailing address: _____

City, State & Zip: _____

Contact Person: _____ Telephone: _____ Email: _____

Sport: _____ Activities/Location: _____

Insurance coverage requested:

1. Individual –other than gymnastics # _____ X \$8.50 = _____

2. Gymnastics- (accident coverage only) # _____ X \$7.00 = _____

3. Team # _____ X \$75.00 = _____

4. Officials, coaches: Included in T.A.A.F. Coaches Training or Officials Registration Program fee

5. Venue Owner Liability - # _____ X \$410.00 = _____

League (single sport) - All Teams MUST be registered with T.A.A.F. for claims to be accepted

6. Venue Owner Liability - # _____ X \$400.00/sport= _____

League (multi-sport) - All Teams MUST be registered with T.A.A.F. for claims to be accepted

List league Sports: _____,

7. Venue Owner Liability -
Tournament (3 day max) # _____ X \$125.00= _____

Tournament name: _____

Tournament date: _____

Total Premium due: _____

Additional insured (venue owners and / or lessors of premises and sponsors are endorsed to the policy automatically; please list additional insured that require a certificate of insurance by name, address, and relationship to you (ie, facility owner, sponsor).

Name _____

Address _____

Completed **enrollment form and full premium payment** should be sent to:

T.A.A.F., P.O. Box 1789, Georgetown, TX 78627-1789
512 863-9400 Fax: 512 869-2393 Website: www.taaf.com
Email: mark@taaf.com or gstege@suddenlinkmail.com or
biams@suddenlinkmail.com or kmcgrath@suddenlinkmail.com