As a membership benefit, coverage is provided by the Commercial General Liability Policy issued to the National Organization of Coaches Association Directors. This policy will provide general liability coverage to the Wyoming Coaches Association and its members.

**CARRIER**

Houston Casualty Company

**POLICY PERIOD**

August 1, 2017 – August 1, 2018

**LIMITS OF INSURANCE**

<table>
<thead>
<tr>
<th></th>
<th>Each Occurrence</th>
<th>General Aggregate (per Member)</th>
<th>Products/Completed Operations</th>
<th>Personal &amp; Advertising Injury</th>
<th>Fire Damage</th>
<th>Sexual Abuse (per Member)</th>
<th>Medical Payments</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,000,000</td>
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<td>$1,000,000</td>
<td>$1,000,000</td>
<td>$1,000,000</td>
<td></td>
<td>$300,000</td>
<td>$50,000</td>
</tr>
</tbody>
</table>

**EXCLUSIONS**

- The use of automobiles, buses, watercraft and aircraft
- Property of others in the care, custody, and control of the insured.
- This insurance does not apply to members that coach at an All-Star game that is not approved by your state coaches association.

**COVERAGES**

- Educator Professional Liability
- Participant Legal Liability for insured members
- Liability assumed under insured written contract
- Defense Cost outside limits

**NEW PROCEDURE FOR CAMP INSURANCE**

- Participant Waivers - Signed waivers must be in place for all participants attending camps. The waiver must have indemnification language and acknowledgement that primary medical insurance is in place for the participant.
- Participant/Accident (Medical) - If you cannot secure such a waiver, you must purchase coverage for all participants attending your camp.
- Additional Insured/Certificate of Insurance - If you require a certificate of insurance naming an additional insured, you must purchase the Participant/Accident (Medical) coverage for all participants attending your camp.
- Proof of Insurance - If you require a certificate of insurance showing proof of insurance and you have the required waiver in place, you DO NOT have to purchase the Participant/Accident (Medical) coverage.

**PURCHASE INSURANCE**

- Camp Insurance Request form is available on our website: www.loomislapann.com

**INSURANCE ADMINISTRATOR**

Loomis & Lapann, Inc.

www.loomislapann.com
(P) 800-566-6479 | (F) 518-792-3426

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Lori George lgeorge@loomislapann.com
Karen Boller kboller@loomislapann.com

 Disclaimer: This is an insurance overview for summary purposes only; for complete policy terms and conditions please refer to the NOCAD Master Policy.