

USA CYCLING, INC.
2017 OPTIONAL CLUB AND LOCAL ASSOCIATION LIABILITY INSURANCE
SUMMARY

ELIGIBILITY:	All current USA Cycling Clubs and Local Associations in good standing, except for professional and UCI race teams which are not eligible.
INSURANCE CARRIER:	Lexington Insurance Company, an AIG Company
PROGRAM ADMINISTRATOR:	Fairly Group
LIMIT OF LIABILITY:	\$1,000,000 per occurrence, subject to policy per location aggregate limit.
COVERAGE HIGHLIGHTS:	Bodily injury and property damage, including participant legal liability coverage. Personal and advertising injury, including libel, slander and defamation of character.
COVERED ACTIVITIES:	The policy provides coverage during cycling related club activities, such as award banquets, meetings, approved fund-raisers, and non-USAC sanctioned club training rides. Note: all rides/training rides/races which charge a fee must be permitted/sanctioned by USA Cycling and will not be covered under the club/local association coverage. Obtaining a waiver & release of liability <i>with original signatures</i> from all participants is required (See attached Sample Waiver). You must retain the signed waivers for a minimum of 10 years.
POLICY TERM:	December 31, 2016 through December 30, 2017
ANNUAL FEE:	\$200 to \$350 based on club size. Extra \$50 for international coverage. Fee cannot be pro-rated.
EXCLUSIONS:	Abuse and molestation exclusion. USAC permitted events and all competitions, camps, clinics, and tours/fun rides or practices/training rides charging a fee, whether USAC permitted or not. Participant v. Participant claims. Excludes all activities including consulting associated with trail construction and maintenance.

This is a brief outline of policy coverages. This is not a policy interpretation.

USA CYCLING, INC.
2017 OPTIONAL CLUB AND LOCAL ASSOCIATION LIABILITY INSURANCE
APPLICATION



Coverage will only be effective for USAC member clubs and local associations in good standing. Coverage will be effective after payment has been received in full and the insurance carrier has approved the application (NOT THE DAY IT IS MAILED) and will run through December 30, 2017. Credit cards cannot be accepted and fee cannot be pro-rated. Fee is fully earned and non-refundable upon acceptance of coverage by insurance carrier.

Please return this completed application along with your check for the appropriate fee made payable to:

Fairly Group, P.O. Box 1149, Amarillo, TX 79105-1149

Your club must obtain from all club members and participants, and keep for 10 years, a signed waiver and release similar to the sample waiver attached hereto.

Club Name: _____ USAC Club Number: _____

Contact: _____

Mailing Address: _____

City: _____ State _____ Zip _____

Daytime Phone: _____ Fax: _____

Web page: _____ Email: _____

Number of Club Members: _____

Please see the following page if an entity (facility/organization) requires a certificate of insurance.

USAC Local Association

\$200 (Excludes coverage for training rides. To cover training rides, you must pay the club fee below)

USAC Club (based on estimated total members for 2017)

- | | |
|--|---|
| <input type="checkbox"/> \$200 for Clubs with 1 to 10 members | <input type="checkbox"/> \$300 for Clubs with 51 to 100 members |
| <input type="checkbox"/> \$225 for Clubs with 11 to 25 members | <input type="checkbox"/> \$350 for Clubs with 100+ members |
| <input type="checkbox"/> \$250 for Clubs with 26 to 50 members | |

If you would like to add the worldwide endorsement for international coverage, there is an additional \$50 fee. Carrier has the right to accept or deny coverage.

\$50 fee for international coverage endorsement

Countries: _____ Dates: _____

Total enclosed: _____

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. I certify under penalties for perjury, that the foregoing statements are true and correct. I have not willfully concealed or misrepresented any material fact or circumstance. I understand that any false or misleading information may subject me to criminal and civil penalties.

Applicant's Name (Print)

Date

Applicant's Signature

USAC Club Number

Please fill out the following form only if an entity (facility/organization) requires a certificate of insurance:

Please list the entities that require evidence of your insurance along with their address, city, state, and zip code. Please indicate if they are to be named as an Additional Insured (provided protection for your activities). **There is an administrative fee of \$10 for each certificate of insurance requested, including reissued certificates.** Please attach additional copies of this page as needed. In the rare case a third party will not accept a certificate of insurance, the party can be added by an endorsement on to the policy for an additional \$75 fee per endorsement.

(1) _____
entity

street address

city state zip

e-mail

phone

fax

Additional Insured (Y)_____ (N)_____

\$10 Fee Enclosed

(3) _____
entity

street address

city state zip

e-mail

phone

fax

Additional Insured (Y)_____ (N)_____

\$10 Fee Enclosed

(2) _____
entity

street address

city state zip

e-mail

phone

fax

Additional Insured (Y)_____ (N)_____

\$10 Fee Enclosed

(4) _____
entity

street address

city state zip

e-mail

phone

fax

Additional Insured (Y)_____ (N)_____

\$10 Fee Enclosed

NOTE: This is a SAMPLE Waiver/Release form. It is for guidance and informational purposes only. Final wording should be as directed by the insured's counsel, but observing the principles represented within the document. DO NOT RETURN IT WITH YOUR APPLICATION.

WAIVER AND RELEASE OF LIABILITY -- READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the (name of organization) program, its related events and activities, I, (name of participant), the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Company immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS (name of organization) and USA Cycling, Inc., their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

x _____ Age: _____ Date Signed: _____
PARTICIPANT'S SIGNATURE

FOR PARENT/LEGAL GUARDIAN OF PARTICIPANTS OF MINORITY AGE

This is to certify that I, as parent/legal guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

x _____ Date Signed: _____
PARENT/LEGAL GUARDIAN SIGNATURE (print name)