

**USA CYCLING, INC.**  
**2012 OPTIONAL COACHES LIABILITY INSURANCE SUMMARY**

ELIGIBILITY:	All currently licensed USA Cycling coaches in good standing.
INSURANCE CARRIER:	Federal Insurance Company, a Chubb Group Insurance Company
PROGRAM ADMINISTRATOR:	Willis
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. Professional Liability for Sports Instructors.
COVERED ACTIVITIES:	The policy provides coverage during cycling related activities of the coach in the disciplines certified by USAC as a coach. Camps and Clinics must be sanctioned by USA Cycling. <b>Coaches are to have all their clients sign a valid waiver and keep an original copy of the signed waiver for each client in their files. (See attached <b>Sample waiver</b>).</b>
POLICY TERM:	December 31, 2011 through December 30, 2012
ANNUAL FEE:	\$150 Fee cannot be pro-rated.
EXCLUSIONS:	Advising, providing, or selling supplements, food/beverage, diet plans, weight reduction plans, medications, etc. exclusion. Others per policy.

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

**USA CYCLING, INC.**  
**2012 COACH INSURANCE APPLICATION**



**Please return this completed application along with your check for the fee made payable to Willis. Coverage will become effective after payment is received in full and the insurance carrier approves the application (NOT THE DAY IT IS MAILED) and will run through December 30, 2012. Credit cards cannot be accepted and fee cannot be pro-rated.**

Name \_\_\_\_\_ EmailAddress \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_

Fax Number \_\_\_\_\_

Please indicate coaching level: USAC Certified Level Coach (1, 2, or 3) \_\_\_\_\_  
(Please fill in all that apply) USAC BMX Certified Level Coach (A or AA) \_\_\_\_\_

Fee: \$150

Do you coach cycling within a School / College / University program? Y\_\_\_\_ N\_\_\_\_

If yes, list the name and address of school \_\_\_\_\_

Please list the entities (coach's company name, dba, clubs and/or facilities) which 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).

(1) \_\_\_\_\_  
entity

(2) \_\_\_\_\_  
entity

\_\_\_\_\_ street address

\_\_\_\_\_ street address

\_\_\_\_\_ city state zip

\_\_\_\_\_ city state zip

Additional Insured (Y)\_\_\_\_ (N)\_\_\_\_\_

Additional Insured (Y)\_\_\_\_ (N)\_\_\_\_\_

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 Membership/License number

Please send completed application to:

If by overnight delivery service:

**Willis**  
**P.O. Box 1149**  
**Amarillo, TX 79105-1149**  
**800-530-4809 ext. 3659**

**Willis**  
**1800 Washington, Ste. 400**  
**Amarillo, TX 79102**  
**800-530-4809 ext. 3659**

**NOTE: Following is a SAMPLE Waiver/Release form. Final wording should be as directed by the insured's counsel, but observing the principles represented within the document. Do not complete this form and do not return it with your application. It is for guidance and informational purposes only.**

**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 THE \_\_\_\_\_, 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 PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE**

This is to certify that I, as parent/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/GUARDIAN'S SIGNATURE (print name)