

# **SCMAF**

## **RECREATION DAY CAMP INSURANCE PROGRAM**

This exclusive SCMAF Recreation Insurance Program provides cost effective coverage, and addresses the potential liability exposure of contracted and / or sub-contracted camp instructors while running recreation agency sponsored day camps. Liability coverage is provided for the agency and the instructor for claims brought by participants. In addition to the \$1,000,000 per Occurrence / \$5,000,000 General Aggregate General Liability coverage, the program provides \$5,000 Excess Accident Medical coverage for all instructors and participants with a \$100 deductible per claim. Additional benefits of the program are recognized on the certificate of insurance.

A Waiver of Subrogation/ Primary & Non-Contributory is available upon request for Agencies.

The program eliminates the need for instructors to provide proof-of-insurance to your Agency in order to conduct their day camps. Your Agency could operate with one less worry, assured that all pre-approved day camps and instructors are covered for potential liability claims from participants. Upon receipt and underwriting approval of this information, SCMAF will notify your Agency of acceptance to the program.

If your Agency would like to participate in this program, please provide the following information to SCMAF:

1. Program Application – to be submitted / signed by Agency Risk Manager or Park & Recreation Director (Preferably, no individual instructor applications).
2. One copy of the Recreation Camp Schedule or Brochure.
3. List of camp locations (Often this is in the brochure).
4. A Sample of your Waiver / Release Form.
5. A Sample of the contract used between your Agency and the Instructor.

**Mail to:** SCMAF Recreation Insurance Program  
P.O. Box 3605  
South El Monte, CA 91733

**Email to:** [membership@scmaf.org](mailto:membership@scmaf.org)

**Billing Information and Questions can be directed to:**  
(626) 448-0853 Ext. 12



## OVERVIEW

The SCMAF Recreation Day Camp Insurance Program was established to provide insurance benefits and coverage for instructors and participants in an organized activity of recreation day camps, under supervision of SCMAF member agencies.

## ELIGIBILITY

Recreation Day Camp Instructors under contract with a SCMAF Member Agency and registered in the Recreation Day Camp Insurance Program, who teach or lead day camps that are promoted, organized, conducted and supervised by a SCMAF Member Agency are eligible for the SCMAF Recreation Day Camp Insurance Program.

## PERIOD OF ELIGIBILITY

Eligibility will commence on the date the SCMAF Recreation Day Camp Insurance Program registration application is accepted by the insurance underwriter. This is generally within five working days of the application's receipt by SCMAF.

## COVERAGE

Instructional and sport day camps where participants are formally registered prior to their commencement in the program, with the exception of sports competition, are eligible.

A camp is listed and titled as a camp with the Agencies' Brochure and other marketing material. Day Camp coverage consist of 1-5 consecutive days. Campers can participate in the activity for one week at a time, but then pay for an additional week(s).

## FEES

Recreation Day Camp Insurance Program is \$4.25 for instructional non-sports camps and \$4.75 for sport camps. A Waiver of Subrogation/ Primary & Non-Contributory is available upon request from Agencies for \$135 each calendar year, which is good for that entire location. **All certificate request must be submitted prior to the effective date of the activity or a rush/late fee will be applied to the invoice in the amount of \$25.**

## PAYMENT METHOD & ONGOING REGISTRATION

Payment must be included with the registration forms, for an individual or non-SCMAF affiliated group.

An agency may request an invoice from SCMAF after signing the Renewal Agreement annually. As camps begin, an Agency may submit a monthly or quarterly report noting the camp name, classification of the activity, start and end dates of the day camp, the number of registered participants, and the instructor's name (sample template is available).

All invoices will be due in 30 days.

## AUDITS

SCMAF does not require the camp roster or camp registration to be included with the application forms. SCMAF does retain the right to audit the enrollment records of any camp registered in the SCMAF Recreation Day Camp Insurance Program.

## WAIVERS

All participants registered for this insurance are insured under the SCMAF Recreation Day Camp Insurance Program and must have signed a waiver of liability and release form with the participating agency; such waivers are to be kept by the sponsoring agency and available for potential liability audits.

## CREDIT

Credit will be issued for future camps and classes once a written report is received from the participating agency/municipality. This is only applied when the estimated participant number is lowered due to low registration.

## POLICY LIMITS

### **General Liability Coverage – HDI Global Specialty SE**

\$ 5,000,000 General Aggregate  
\$ 1,000,000 Each Occurrence  
\$ 1,000,000 Products I Completed Operations  
\$ 1,000,000 Personal & Advertising Injury  
\$ 100,000 Fire Damage (any one fire)  
\$ 5,000 Spectator Medical Expenses  
\$ 1,000,000/2,000,000 Abuse Molestation (Per Incident)

Additional Coverages Included: Participant Legal Liability, Blanket Additional Insured Endorsement, Aggregate Limit per Event I Location.

### **Excess Accident Medical Coverage - AXIS Global Accident & Health**

\$ 15,000 Maximum Medical Expense Benefit Per Injury  
\$ 10,000 Accidental Death & Dismemberment Benefit  
\$ 5,000 Deferred Dental Maximum  
\$ 100 Deductible Amount per Claim

## **INSURANCE UNDERWRITERS**

The SCMAF Recreation Insurance Program is offered only through SCMAF and their insurance agent Bene-Marc Athletic Insurance Agency, with the medical underwritten by AXIS Global Accident & Health and the General Liability underwritten by HDI Global Specialty SE.

**PLEASE NOTE:** Only instructors that have completed a background check and have implemented sexual abuse and molestation training for their classes or camps will be eligible for the \$1,000,000/\$2,000,000 of Sexual Abuse and Molestation Coverage that is part of this policy.

1. Have you completed a background check on any staff members including yourself? \_\_\_\_YES \_\_\_\_NO
2. Have you or your organization implemented sexual abuse and molestation training to safeguard against abuse? \_\_\_\_YES \_\_\_\_NO
3. Do you have parents sign a waiver for your class or camp? \_\_\_\_YES \_\_\_\_NO

*\*If you answered “no” to any of these questions, you may still obtain liability and excess accident insurance coverage; however, Sexual Abuse and Molestation Coverage of \$1M/\$2M will be excluded from the policy.*

- To qualify for SAM coverage, please visit **SAFEGUARD FROM ABUSE**. <http://www.safeguardfromabuse.com/>

# RECREATION DAY CAMP INSURANCE PROGRAM APPLICATION

## CERTIFICATE HOLDER

Certificate Holder Name (Cities information): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Location(s): \_\_\_\_\_

☐ **Waiver of Subrogation / Primary Endorsement**

## ADDITIONAL INSURED:

Additional Insured Name (Instructor): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Special wording as required by facility, if any: \_\_\_\_\_

## PROGRAM DETAILS:

Activity/ Program name: \_\_\_\_\_

*Please list each new enrollment session.*

Week 1	
Beginning Date:	End Date:
The number of estimated registered participants:	

Week 2	
Beginning Date:	End Date:
The number of estimated registered participants:	

Week 3	
Beginning Date:	End Date:
The number of estimated registered participants:	

Week 4	
Beginning Date:	End Date:
The number of estimated registered participants:	

Week 5	
Beginning Date:	End Date:
Number of estimated registered participants:	

Week 6	
Beginning Date:	End Date:
Number of estimated registered participants:	

Week 7	
Beginning Date:	End Date:
Number of Estimated Registered Participants:	

Week 8	
Beginning Date:	End Date:
Number of estimated registered participants:	

Payment Amount: \$ \_\_\_\_\_

Enclosed

Bill Agency

Credit Card

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_