

USA CYCLING, INC. 2020 LOCAL ASSOCIATION LIABILITY INSURANCE SUMMARY

ELIGIBILITY:	All current and registered USA Cycling Local Associations in good standing.
INSURANCE CARRIER:	Lexington Insurance 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:	Cycling related local association activities, including award banquets, meetings, approved fundraisers, and non-USAC sanctioned rides. Any ride or race for which you charge a fee must be sanctioned by USA Cycling and will not be covered under this policy.
WAIVERS:	You MUST obtain a signed waiver from all participants in any cycling activity. You must retain all signed waivers for a minimum of 10 years. See Sample Waiver on the USAC website.
POLICY TERM:	December 31, 2019 through December 30, 2020
ANNUAL FEE:	\$450 Fee Fee cannot be pro-rated.
KEY EXCLUSIONS:	Abuse and molestation; USAC sanctioned events; any event, whether sanctioned by USAC or not, for which a fee is charged including but not limited to competitions, camps, clinics, tours, fun rides, practices and training rides; participant v. participant claims; trail construction and maintenance including consulting on such activities.

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

USA CYCLING, INC. 2020 LOCAL ASSOCIATION LIABILITY INSURANCE APPLICATION

Coverage will only be effective for current 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 RECEIVED). Coverage will run through December 30, 2020. Fees cannot be pro-rated they are fully earned and non-refundable upon acceptance of coverage by insurance carrier.

Your local association must obtain from all participants a signed waiver and release similar to the sample waiver on the USAC website that must be kept for a minimum of 10 years.

Coverage excludes training rides. Coverage for training rides is available by completing the USAC Club Application

Local Association Name: Southwest Idaho Cycling Association USAC LA Number: 10488

Contact: Brian Kohagen

Mailing Address: 9990 Roan Meadows Dr

City: Boise State: ID Zip: 83709

Daytime Phone: 208-761-7990 Email: swicacalendar@gmail.com

Web page: _____

USAC Local Association Fee

\$450 fee for Local Association

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.

By submitting both name and signature on the designated portions of this application and all associated electronic documents, I do hereby consent to the legally binding terms and condition of this Agreement. My name and signature on the designated portions of this application are the legal equivalent of a manual or handwritten signature. I further declare that I am authorized to execute this agreement and will be bound by any document electronically signed as if having received a paper copy and signed by hand with ink pen for the purposes of validity, enforceability and admissibility. Further, by submission of this agreement, I do hereby agree to receive all additional and supplemental communications, notifications, or agreements electronically, including, but not limited to, email, text, in-app notifications or websites posts.

Zach Cox _____

3/11/2020 _____

Applicant's Name (Print)

Date

DocuSigned by:

Zach Cox

3879B4A415AF405...

Applicant's Signature

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 \$13 for each certificate of insurance requested, including reissued certificates.

(1) _____

(2) _____

Entity

Entity

Street Address

Street Address

City State Zip

City State Zip

E-mail

E-mail

Phone

Phone

\$13 Fee

\$13 Fee

(3) _____
Entity

Street Address

City State Zip

E-mail

Phone

\$13 Fee

(5) _____
Entity

Street Address

City State Zip

E-mail

Phone

\$13 Fee

(4) _____
Entity

Street Address

City State Zip

E-mail

Phone

\$13 Fee

(6) _____
Entity

Street Address

City State Zip

E-mail

Phone

\$13 Fee

TOTAL FEE CHARGES: \$450.00 USD