

CALIFORNIA SQUARE DANCE COUNCIL INSURANCE PROGRAM

The California State Council and its member associations are members of the United Square Dancers of America (USDA). USDA negotiates an insurance policy for their affiliate members. This is a group coverage policy and is offered to all member dancers and clubs who belong to one of the affiliate organizations of USDA. The USDA Insurance Chairman is the holder of the Master Policy and will answer questions regarding the coverage. These questions should be directed to your State Council Insurance Chairman. If this person cannot answer the questions, USDA will be contacted.

The member cost is established by USDA and may be increased by affiliate members to cover such items as extra coverage and administration cost. Monies collected for insurance will be used for that designated use only.

Clubs and Associations need to be covered by insurance to provide protection to their members. Almost all of the facility contracts that are entered into require some type of liability insurance coverage.

COVERAGE

The policy provides one million dollars coverage (\$1,000,000) Combined Single Limit of Liability for bodily injury and property damage, one million dollars (\$1,000,000) Fire Legal Liability. Accident Medical benefits provided are: \$5,000 accidental death, \$7,500 accidental dismemberment, and up to \$10,000 accidental medical expenses. The accident medical expense benefit is excess; over and above the individual's personal medical coverage. There is a limitation or "aggregate," of \$1,000,000 for all Product Liability claims combined. This includes Product Liability for food and beverages served at a dance (i.e.) when a person claims that, after eating food, he/she became ill and needed medical attention for which expenses were incurred.

The extra coverage for the Fire Legal Liability is only for those affiliates in the California Square Dance Council. The extra coverage for the Fire Legal Liability was voted in by Council at the August, 1988 meeting. The premium for this coverage was picked up by council from the Insurance Fund for the 1989 year. An assessment will be established by council to cover this premium and will be added to the member's fee for insurance.

The accident insurance protects its members from financial loss due to accidental bodily injury while participating in any regularly scheduled or sponsored square dance activity worldwide. As part of this coverage, members are covered while group traveling in approved commercially licensed common carrier to and from a covered activity. The liability insurance protects members, club, and association officials from financial loss due to unforeseen incidents, which may develop into litigation.

Each year, USDA will provide a brochure that tells what is covered and what is not. These will be available from the State Chairman and will be forwarded to your association. You should make these available to each club in your association and ask that they display it on a club bulletin board.

CLAIMS

All claims will be submitted through the Association and the State Insurance Chairman. Claimants will deal directly with the Association Chairman and that person will monitor all claims requested. Blank claim forms should not be given to the clubs or other members of the club, only the claimant. The claimant should be instructed not to leave the claim form with the treating physician or hospital for them to mail. The claimant should forward the claim to their Association Insurance Chairman. Do not send claim forms directly to the Rhulen Insurance Agency or directly to the USDA Insurance Chairman. This will only delay the processing of the claim.

Persons injured at a sponsored function and require medical attention should submit all medical bills and expenses when they file their claims. If billings are not available, a claim form must be filed within twenty (20) days of the accident. The claim form should be completely filled in and all questions answered. If a member has other insurance that covers medical expenses resulting from injuries, the USDA insurance will pay all covered costs not paid by the member's primary insurance, up to the limits of this policy. A claim will be processed more efficiently if a letter of denial or explanation of benefits from the primary carrier is included with the claim material. The accidental death and dismemberment provisions are not affected by any other insurance.

Any damage to a facility should be documented and bills and/or cost estimates to make repairs should be included with a letter to the State Council Insurance Chairman. A separate claim form will be sent to you for damage to a facility. There is a one-hundred-dollar (\$100.00) deductible for the Liability portion of the coverage.

Once a claim is filed, the insurance carrier will be in contact with the claimant. It is very important that these claim forms be filled out as completely as possible. If a claimant lists no other insurance coverage, it will take considerably longer to process the claim. The insurance provider will do an insurance history on the claimant. This can take thirty to forty-five days after the carrier receives the claim form.

The claimant will be notified by the State Council Insurance Chairman of the receipt of the claim. The Association Insurance chairman will receive a copy of the letter sent to the claimant from the State Council Insurance Chairman. Each time bills or correspondence are sent to the State Council Insurance Chairman regarding a claim, the Association Chairman will receive a summary of those bills and when they were received by the State Council Insurance Chairman and then forwarded to USDA.

It is the responsibility of the Association Insurance Chairman to stay in contact with the claimant and answer questions and provide help in getting the claim processed.

FEDERATION OR ASSOCIATION CLUB LISTING

ADDITIONAL NAMED INSURED

The "Federation or Association Club Listing" is the form used to request insurance or a change. This is a four (4) part form that is made out by the Association Insurance Chairman and then forwarded to the State Council Chairman. The Association will retain the "Golden Rod" copy and send the other three copies to the State.

HOW TO BOOK FOR DANCERS

The form may be used to list one (1) club with four events or, four (4) separate clubs. (See samples of this form.) The number of members is listed only once and that is when you initially file for insurance. After the club has filed, the number of members need not be filled in.

A lot of State, County, Cities, various organizations, and private owners require that in order to use their facilities, they be named as "Additional Named Insured." These facility owners are also requiring that "Special Wording" be included on the Certificates. This is starting to become a normal procedure for them to take. It is recommended, when a club is to rent a facility, they inquire if a Certificate of Additional Named Insured is needed. If one is required, the club is to obtain a letter from the facility, on the facility's letterhead, which outlines the required wording that will be needed to be put on the Certificate.

The request and letter will be forwarded through the Association Insurance Chairperson and on to the State Chairman. The process will take at least thirty to forty-five days to complete. You should encourage your clubs to plan ahead for these events.

FIRE LEGAL LIABILITY

The California State Square Dance Council and their member Association are the only affiliate member of the USDA Program that pay for extra fire coverage. You will receive a copy of the "Rider" each year. Attach a copy of this rider to each certificate issued.

NOTIFICATION OF AN EVENT

If a club is going to change their dance location, do an exhibition, or go on a group travel, and no Certificate is required, an "Event Notification" form will have to be submitted. This form should be in the hands of the State Chairman at least thirty (30) days prior to the event. If a club is only to be relocated for one or two meetings, you must notify the State Insurance Chairman via this form. He will in turn notify the USDA Chairman and the club will be covered for the duration.

GROUP TRAVEL

From time to time, clubs organize bus trips to visit other clubs or attend various functions. Group travel coverage shall be covered under this policy subject to the following considerations:

- A group shall be defined as ten (10) or more covered members of the USDA Insurance Program.
- Coverage will commence upon departure from a single common meeting point and continue in force during scheduled, sponsored, and supervised dancing activities and meetings.
- Travel must be continuous and uninterrupted between point of origin and point of destination, subject to a minimum of 25 miles one way.
- Vehicle must be commercially licensed for the transport of passengers; vehicle must be operated by a person who holds a valid operator's license for such vehicle.

HOW TO BOOK FOR DANCERS

Have your clubs notify you when they are planning these trips, and you in turn notify the State Insurance Chairman with the following information:

- Point of origin to destination
- The approximate number of miles one way
- The date and time the group plans to leave and return
- The mode of transportation and the company who is providing the service

This information will then be passed on to the USDA Insurance Chairman, and the group will then be covered.

Some questions have come up about dancers being covered while traveling from home to a dance, and then returning home using their own vehicles. They are not covered under this policy. They are only covered while at the function or when traveling in a common carrier as noted above.

FACILITY CHECK LIST

It is recommended that Association Insurance Chairpersons develop a Facility Checklist, and ask that member clubs use this list to insure for the safety of their members. That checklist should include the following items:

- Address and name of the facility
- Date and time that the facility was checked.

A safety checklist of the following items:

1. Parking lots and lighting
2. Entry ways and fire exits
3. Dance floors
4. Hall lighting
5. Kitchen facilities
6. Rest room facilities
7. Electrical outlets
8. Stage area and the steps leading to the area
9. Furniture, Chairs, Tables
10. Smoke Detectors and Fire Extinguisher

EMERGENCY PHONE NUMBERS

It is suggested that Association Insurance Chairman stress the recommendation of State Council to have club members put an emergency phone number on the back of their club badges.

EMERGENCY CALL FOR MEDICAL AID

HOW TO BOOK FOR DANCERS

You should also review the procedures for "Emergency Call for Medical Aid" and have your clubs go through the procedure so they are aware of what to do in case a dancer has a medical problem on the dance floor. Some Associations are looking into having CPR training available to their dancers. You may want to suggest that your Association look into this.

FREQUENTLY ASKED QUESTIONS

1. Who is covered as an insured?

The club and its members while participating in club or organization sponsored and supervised dancing activities.

2. Is our Caller/Cuer covered under this insurance?

If the Caller/Cuer is a dues-paying member of the club, and that person is on the floor dancing, they would be covered. The Caller/Cuer, whether a member of a club or not, is not covered by this insurance when calling at his/her club, other clubs, or elsewhere.

NOTE: Caller/Cuers are usually covered under their own policy for their equipment.

3. Are picnics, camp outs, snow trips and other non-dancing activities covered by this insurance?

No. Other arrangements should be made for these single activities.

4. I belong to several clubs. Do I have to pay insurance to each club I belong to?

No. You only pay your insurance to one club, and it is your choice to which one you pay.

5. Once our club pays its annual premium, do we have to pay for additional members who sign up after the payment is made?

No. You should advise your Association Insurance Chairman of all new incoming members, and provide an updated roster of names.

6. Do our class members pay for insurance?

No. Once the club pays its annual premium, class members are automatically covered. You should provide an updated roster of class members to your Association Insurance Chairman.

7. We are going on a Square Dance shipboard cruise. Will our insurance be in effect?

In the event dancers participate in an ocean cruise, and participate in a square/round/clog dance event on board ship or on shore, coverage is in effect only while engaged in the dance activity on the floor, and not on the premises, as would be the case under normal dancing conditions.

PICTURE HERE

INSPECTION OF PREMISES FOR CONDITIONS OF SAFE USE

LOCATION _____

PARKING LOT AREA

OUTSIDE LIGHTING

ENTRANCE AREA

SQUARE DANCING AREA

CALLER'S AREA ON STAGE

KITCHEN and DINING ROOM AREAS

TOILETS

LIGHTING FACILITIES

FURNITURE

WINDOWS and DRAPES

WATER DISPENSERS

We have inspected the square dance facilities provided for our use, both before and at the conclusion of our dance. We find all conditions to be normal and acceptable for safe use, except as noted above.

Signed: _____ Date _____

Signed: _____ Date _____

Name of Square Dance Club

Custodian

Date _____

NOTE: MAKE IN DUPLICATE - CLUB 1 COPY, CUSTODIAN 1 COPY

HOW TO BOOK FOR DANCERS

REQUEST FOR ADDITIONAL NAMED INSURED

Date: _____

Club Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

SPECIAL EVENTS ADDITIONAL INSURED

Function: Class _____ Special Dance _____ Other _____

Number of members: _____

Date(s) of function/event: _____

Facility being used: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Name as Additional Insured: _____

City: _____ State: _____ Zip: _____

NOTICE

REQUEST FOR ADDITIONAL NAMED INSURED COULD TAKE UP TO EIGHT (8) WEEKS TO BE PROCESSED. PLAN AHEAD.

Club President: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____

Mail to: Insurance Chairman

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NOTIFICATION OF AN EVENT

This form is to be used for notification of an event, and no Certificate is required. If the facility requires a certificate or to be named as "Additional Named Insured," use the "Federation Association Club Listing" form.

ASSOCIATION: _____
INSURANCE CHAIRMAN: _____
CHAIRMAN'S ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE NO.: _____

TYPE OF FUNCTION - CHECK ONE

_____ Exhibition Dance _____ Club Dance _____ Group Travel

Club Name: _____

Club Address: _____

City: _____ State: _____ Zip: _____

Date of function: _____

Facility being used: _____

Street Address: _____

City: _____ State: _____ Zip: _____

GROUP TRAVEL INFORMATION

Date of Trip: _____ Departure time: _____

Departing from (City/State): _____

Destination (City/State): _____

Number of Miles (one way): _____

Carrier: _____

Mail to: Insurance Chairman

HOW TO BOOK FOR DANCERS

To: Association Insurance Chairman

From: (Club) _____

Date: _____

Please add the following names to the Insurance Roster. It is our understanding that those eople who join after the club's insurance has been paid will be covered under the current year.

Please print or type the following required information:

Name (Last)	(First)	Address	Phone Number
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----- ✂ ----- ✂ ----- ✂ ----- SNIP ----- ✂ ----- ✂ ----- ✂ ----- ✂ ----- ✂

To: Club President Date: _____

The above noted names have been added to the Insurance Roster. Enclosed are the Insurance Cards and an updated Insurance Roster for your club.

Association Insurance Chairman

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EXHIBITION DANCE

Association: _____

Club: _____

Date of Exhibition: _____

Location: _____

Address: _____

City: _____ State: _____

Club contact person: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Signature of Association Insurance Chairman: _____

GROUP TRAVEL

Association: _____

Club: _____

Date of Trip: _____

Departing from (City/State: _____

Date/Time: _____

Destination: _____

Number of miles (one way) _____

Carrier: _____

Club contact person: _____ Phone: _____

Signature of Association Insurance Chairman: _____