

SCMAF

RECREATION CLASS INSURANCE PROGRAM

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

This exclusive SCMAF Recreation Insurance Program provides cost effective coverage, and addresses the potential liability exposure of contracted and / or sub-contracted class instructors while teaching recreation agency sponsored classes. Liability coverage is provided for the agency and the instructor for claims brought by students. 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 students with a \$100 deductible. 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 classes. Your Agency could operate with one less worry, assured that all pre-approved classes and instructors are covered for potential liability claims from students. **Unapproved classes or class categories would need to be discussed with SCMAF and their insurance agent prior to the coverage being put in place for the requested class.** 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 Class Schedule or Brochure.
3. List of class 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.
6. ***Proof of background check from either the city where your class is being held at or a credible company of background check.***

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

Email to: membership@scmaf.org

Fax to: 626-448-5219

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

Any other questions on this or any of SCMAF's Insurance Programs can be directed to:
(626) 448-0853 Ext. 11 – 9:30 to 2:30 Mon – Thurs ONLY



RECREATION CLASS INSURANCE PROGRAM APPLICATION

CERTIFICATE HOLDER

Certificate Holder Name (City's Info): _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____ Phone: _____ Fax: _____
 Location(s): _____

Waiver of Subrogation / Primary Endorsement (additional \$120 upon initial request)

ADDITIONAL INSURED:

Additional Insured Name (Instructor's Info): _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____ Phone: _____ Fax: _____

Special wording as required by facility, if any: _____

PROGRAM DETAILS:

Activity/ Program name: _____
 Category from Approved Recreational Class List: _____

Please list each new enrollment session period.

1st Session	
Beginning Date:	End Date:
Number of Estimated Registered Participants:	
2nd Session	
Beginning Date:	End Date:
Number of Estimated Registered Participants:	
3rd Session	
Beginning Date:	End Date:
Number of Estimated Registered Participants:	
4th Session	
Beginning Date:	End Date:
Number of Estimated Registered Participants:	

Payment Amount: \$ _____ Enclosed Bill Agency Submit Credit Card by Phone

Applicants Signature: _____ Date: _____

Print Name: _____ Title: _____

Agency Representative's Signature: _____ Date: _____

Print Name: _____ Title: _____