

## USA CYCLING, INC. 2023 CLUB LIABILITY INSURANCE SUMMARY

ELIGIBILITY:	All currently registered USA Cycling Clubs in good standing, except for professional and UCI race teams which are not eligible.
INSURANCE CARRIER:	Texas Insurance Company
PROGRAM ADMINISTRATOR:	Fairly Group
LIMIT OF LIABILITY:	\$1,000,000 per occurrence, Subject to policy per location aggregate limit.
COVERAGE HIGHLIGHTS:	General Liability protects club members from 3 <sup>rd</sup> Party Bodily Injury and Property Damage Claims. Coverage includes participant legal liability, personal and advertising injury, including libel, slander and defamation of character. Does not provide medical expense coverage for club members.
COVERED ACTIVITIES:	Cycling related club activities, including award banquets, meetings, approved fundraisers, and non-USAC sanctioned club rides. <b>Any ride or race for which you charge a fee must be sanctioned by USA Cycling and will not be covered under this policy.</b>
WAIVERS:	You <b>MUST</b> 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, 2022 through December 30, 2023
ANNUAL FEE:	\$400 to \$2,500 based on club size. <b>Fee cannot be pro-rated.</b>
KEY EXCLUSIONS:	Abuse and molestation & Communicable Diseases; 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. 2023 CLUB LIABILITY INSURANCE APPLICATION

Coverage will only be effective for current USAC clubs in good standing. **Coverage will be effective after payment has been received in full AND the insurance carrier has approved the application. Coverage is not effective the day payment is received; upon approval you will receive proof of insurance.** Coverage will run through December 30, 2023. Fees cannot be pro-rated they are fully earned and non-refundable upon acceptance of coverage by insurance carrier.

Your club must obtain from all club members and other 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.

Club Name: Illinois Cycling Association Club Number: 17963

Contact: Brenda K Feehery

Mailing Address: 17960 Highland Avenue

City: Homewood State: IL Zip: 60430

Daytime Phone: 7085161499 Email: hockeymom311@comcast.net

Web page: ilcycling.org

Number of Club Members: 5

## **USAC Club Fee**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> \$400 for Clubs with 1 to 10 members | <input type="checkbox"/> \$525 for Clubs with 101 to 250 members |
| <input type="checkbox"/> \$425 for Clubs with 11 to 25 members           | <input type="checkbox"/> \$2.75 each member 251 to 500 members   |
| <input type="checkbox"/> \$450 for Clubs with 26 to 50 members           | <input type="checkbox"/> \$2.75 each member 501 to 1,000 members |
| <input type="checkbox"/> \$475 for Clubs with 51 to 100 members          | <input type="checkbox"/> \$2.75 each member 1,001+ members       |

If you would like to add international coverage, select the box below.  
*Insurance Carrier has the right to accept or deny coverage.*

- \$110 fee for international coverage endorsement**

Countries: \_\_\_\_\_

Dates: \_\_\_\_\_

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.

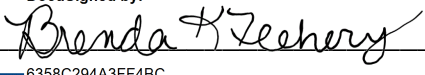
By submitting both name and signature on the designated portions of this application and all associated electronic documents, I do hereby consent to the legally binding terms and condition of this Agreement. My name and signature on the designated portions of this application are the legal equivalent 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.

Brenda K Feehery \_\_\_\_\_

4/27/2023 \_\_\_\_\_

Applicant's Name (Print)

Date

DocuSigned by:  
  
6358C294A3FF4BC  
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 \$15 for each certificate of insurance requested, including reissued certificates.**

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

Entity

\_\_\_\_\_  
Street Address

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

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

Entity

\_\_\_\_\_  
Street Address

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

(3) \_\_\_\_\_  
Entity

\_\_\_\_\_  
Street Address City State Zip

(4) \_\_\_\_\_  
Entity

\_\_\_\_\_  
Street Address City State Zip

(5) \_\_\_\_\_  
Entity

\_\_\_\_\_  
Street Address City State Zip

(6) \_\_\_\_\_  
Entity

\_\_\_\_\_  
Street Address City State Zip

**TOTAL FEE CHARGES:** \$400.00 USD