

**INSURANCE DIRECTOR:**

**Judy Fisher**  
**1920 Pandora Ave. # 6**  
**Los Angeles, CA. 90025**  
**310- 820 -7191**  
**judy.asqd@the-dp-corp.com**

**ADMINISTERED BY:**

**Manion/Bell Ins. Assoc.**  
**P. O. Box 36186**  
**Los Angeles, CA 90036**  
**(213) 387-8294**



**Enjoy**

**Square and Round Dance SPECIAL EVENTS**

*Sweetheart Ball*

*President's Ball/Anniversary Dance*

*Student Stomp*

*Leprechaun Ball*

*Spring Fling*

*High Flyers Tour to National*

*Watch for details in Announcement Flyers and in the Grapevine*



# **SQUARE DANCE**

## **Insurance Program**



**Special Membership Fee**

**Total Annual Cost**

**Only \$ 4.50**

*Entitles you to participate in an Insurance  
Program designed especially for you as a member  
of*

**Associated Square Dancers**

**2016**

# SQUARE & ROUND DANCER INSURANCE PROGRAM

As closely as safety rules are followed, accidents will happen. Accident insurance protects the club members from financial loss arising from their participation resulting in accidents. Liability insurance protects members and club officials from financial loss due to unforeseen incidents.

**THE TWO AREAS OF INSURANCE PROTECTION ARE LIABILITY AND ACCIDENT MEDICAL COVERAGE**

***\*Cost of Program Based on 100% Participation + \$25.00 additional charged for each additional insured.***

## **PART I - LIABILITY INSURANCE**

### **LIMITS OF PROTECTION:**

\$1,000,000. Combined Single Limit of Liability for bodily injury and property damaged per person and/or accident.  
(\$500 deductible on B.I./\$1,000 deductible on PD.)

### **WHO IS COVERED:**

The Association and its members while participating in sponsored, supervised and recognized Associated Square Dancers' dancing activities.

### **WHERE ARE LIABILITY CLAIMS FILED:**

Notify the Insurance Director and Manion/Bell Insurance about any third party claim presented to the Club/Association,

## **PART II - ACCIDENT MEDICAL**

### **WHAT ARE THE LIMITS:**

Blanket Accident Medical Expense	\$10,000
Accidental Death Benefit-	\$5,000
Accidental Dismemberment Benefit up to- (Accidental Dental Limn 12501	\$5,000


*'Note: Coverage is excess to any other insurance covering the same accident.*

### **WHO IS COVERED:**

Members are covered in consequence of and while participating in any regularly scheduled, sponsored, and recognized Associated Square Dancers' dancing activity.

Members are also covered in group travel in an approved, licensed, common carrier vehicle to and from a regularly scheduled, sponsored, and recognized Square and Round Dance Association dancing activity.

### **WHAT IS COVERED:**

Accidental bodily injuries sustained while participating in square and round dancing activities sponsored and supervised by  or member club. Insured is covered for the calendar year or any part thereof.

### **WHAT ARE THE EXCLUSIONS:**

Intentionally self inflicted injury, suicide or attempted suicide, whether sane or insane.

Repair or replacement of artificial limbs or orthopedic braces

Infections except pyogenic infections caused wholly by a covered injury: or

War or any act of war, or accident occurring while the Insured Person is in the military, naval or air service of any country (any premium paid to the Company for any period not covered by this Policy while the Insured Person is in such service will be returned pro rate); or

Accident occurring while the Insured Person is operating, or learning to operate, or performing duties as a member of the crew of any aircraft: or

Treatment on or to the teeth or gums, except as the result of the injury to sound natural teeth: or

Replacement of eyeglasses or eye examinations for the correction of vision or fitting of glasses unless injury causes impairment of sight: or

Hernia of any kind;

The Insured's being intoxicated or under the influence of any narcotic unless administered on the advice of a physician.

### **HOW TO PRESENT MEDICAL CLAIM:**

In the event of an accident under circumstances which may qualify it for coverage, notice of the accident must be given immediately to the Club Delegate or a responsible officer of the Club, who will complete a Notice of Injury form and submit it to the Insurance Director within seven (7) days.

A Proof of Loss form, available from the Club Delegate, must be completed and submitted with the medical bills within ninety (90) days to the Insurance Director.

**THIS IS AN EXPLANATION - NOT A CONTRACT**

*Copy of policies are on file in the office of the Insurance Administrator of Associated Square Dancer*