



ASCIP-B Boosters General Liability Insurance Coverage Program Year: 2019-20

Prerequisite: Complete the ASCIP-B roster form and confirm the activities listed are not excluded activities.

Coverage: General liability for on and off campus third party claims for bodily injuries or property damage occurring during an approved event/activity, subject to certain limitations, including exclusion of abuse or molestation claims.

Limits: General Liability: \$1,000,000 per occurrence (no aggregate)
Liquor Liability: \$1,000,000 per occurrence/\$2,000,000 aggregate

Excluded Events/Activities:

- Aircraft events
- Animal acts & shows
- Animals non-performing
- Any event with known attendance prior to the event of over 5,000 people
- Any activity held at a private residence
- Athletic or sports participants
- Babysitting
- Balloon events
- Bicycling events on public streets and racing events
- Blood drives
- Boat shows
- Bounce houses & Inflatables
- Bungee jumping
- Carnivals with mechanical amusement devices
- Circuses
- Climbing walls
- Concerts – heavy metal, hip hop, rap
- Evangelistic meetings
- Film production
- Fireworks
- Firework sales
- Gun & knife shows
- Hang gliding
- Hot air balloon events
- Laser tag
- Luge
- Marathons
- Mechanical amusement devices
- Mechanical bulls
- Mobile home shows
- Mosh pits
- Motorized events
- Motorized sporting events
- Overnight activities
- Overnight camping
- Parachuting
- Parasailing
- Promoters
- Professional sports
- Professional rodeo & roping events
- Pyrotechnics
- Rock climb
- Rock walls
- RV shows
- Saddle animals
- Skateboarding
- Ski events
- Skycoaster
- Sky diving
- Slam dancing
- Swap meets off school grounds
- Swimming pool parties
- Tobogganing
- Tractor pulls
- Trampolines
- Water events

*A special events policy is recommended should the club wish to sponsor an excluded event/activity.

Please contact the District or ASCIP's Insurance Operations Manager at (562) 404-8029 for questions or assistance.

NOTE: This is not a coverage document and is for informational purposes only. Please refer to the policy for complete coverage, terms, conditions, and exclusions.

ROSTER OF AUXILIARY SUPPORT CLUBS INSURANCE PROGRAM ASCIP-B COVERAGE

Program Year 2019/2020: July 1, 2019 through June 30, 2020

District Name: _____ School Site Name: _____ Entity Name: _____

Entity Contact: _____ Entity Phone: _____ Entity E-Mail: _____

Type of Entity: Foundation ___ Booster ___

Event Types	Events Per Year	Estimated Gross Revenue From All Events
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

(Please attach additional pages as needed.)

By the signature below, District requests coverage for policy period July 1, 2019 through June 30, 2020. The roster above may not be exhaustive of each event and does not include dates, but it represents an accurate characterization of the types and frequencies of events, and the approximate composite annual gross revenue generated by each organization for which the District is purchasing coverage under the ASCIP-B program.

Authorizing District Official: _____ **Date:** _____

For additional information on the ASCIP-B Program, please contact ASCIP's Insurance Program Manager at (562) 404-8029.