



(970) 407-9800 • (800) 467-7282 • Fax (970) 472-0904

P.O. Box 455 Fort Collins, CO 80522

2010-2011

BUSINESS GENERAL LIABILITY INSURANCE INFORMATION BROCHURE

CARRIER/ AGENT

U.S., A.M. Best- Superior Rated, Non-admitted
International Recreational Entities Association, a qualified Risk Purchasing Association.
Carol Christini
INSURANCE MANAGEMENT SERVICES, INC.
P.O. Box 455 Fort Collins, CO 80522
(970) 407-9800 or (800) 467-7282 Fax (970) 472-0904

POLICY FORM

This policy is written on an *OCCURRENCE FORM*.

LIMIT OF LIABILITY

\$1,000,000 combined single limit/\$2,000,000 annual aggregate
Premises Medical Payments \$5,000; Fire Damage Liability \$100,000
Defense Outside Limits

COVERAGES AND DEDUCTIBLES

Bodily Injury and Property Damage Liability. \$1,000 Each Claim Deductible, including expense.

POLICY PERIOD

The inception date of this policy is June 30, 2010 or subsequent date coverage is bound and the expiration date is 1 year from inception.

COVERAGE VERIFICATION

An insurance binder will be provided. Submitting an application for insurance and tendering premiums does not automatically bind the company or the agent to complete the insurance contract.

ELIGIBILITY

Businesses located within the United States and U.S. territories or possessions.

TERRITORY

Coverage is worldwide, subject to claims made and suits brought within Continental U.S; Liability is limited to designated premises.

COVERED OPERATIONS

Dive operations including sales, service, rentals repair and pools on premises (no rentals). Other limited recreational activities may be endorsed, subject to Company approval - please inquire.

ADDITIONAL INSUREDS

As required by landlords, boat operators, pool owners, classroom facilities and/or water facilities. No charge for additional insureds. Company reserves the right to approve (a charge may apply) other entities named as an additional insureds.

PAYMENT PROBLEMS

Credit Cards which are disputed without validity will be charged a \$40.00 service fee. Coverage will be voided for lack of consideration if there is no immediate resolution of declined or disputed credit card.

DUTIES IN THE EVENT OF AN OCCURRENCE, CLAIM OR SUIT

In the event of an occurrence, claim or suit, you must notify Insurance Management Services, Inc. in writing immediately of any occurrence which may result in a claim.

Such notice shall include:

1. How, when, and where the occurrence took place; and
2. The names and addresses of any injured person(s) and witness(es).
3. Notice required within 24 hours.



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COVERAGES—DESCRIPTION & LIMITS

COMPREHENSIVE GENERAL LIABILITY COVERAGE TO INCLUDE

- Premises
- Products
- Completed Operations
- Contractual/Advertising Liability
- Fire Damage Liability – \$100,000
- Medical Payments – \$5,000
- Non Owned Auto – \$100,000

OPTIONAL LIABILITY COVERAGE

- Excess Limits Available
- Swimming Pools on Premises – *No Rentals*
- Quarry/Water Facility Operations *by endorsement*
- Other Recreational Sports *by endorsement*
- “Special Events” *by endorsement*
- Terrorism Coverage *by endorsement*
- Non Owned Auto Increase Limits *by endorsement*
- Non scuba pool activities *by endorsement*

LIABILITY DEDUCTIBLE

\$1,000 EACH CLAIM Deductible, including expense.

ADDITIONAL SERVICES

- *A Real Person Answering Telephones*
- *Service Flexibility to Meet Your Needs*
- *Toll-Free Telephone Number 1-800-467-7282*

PLEASE NOTE: THIS BROCHURE AND APPLICATION DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE PROVIDED UNDER THE INSURANCE POLICY.