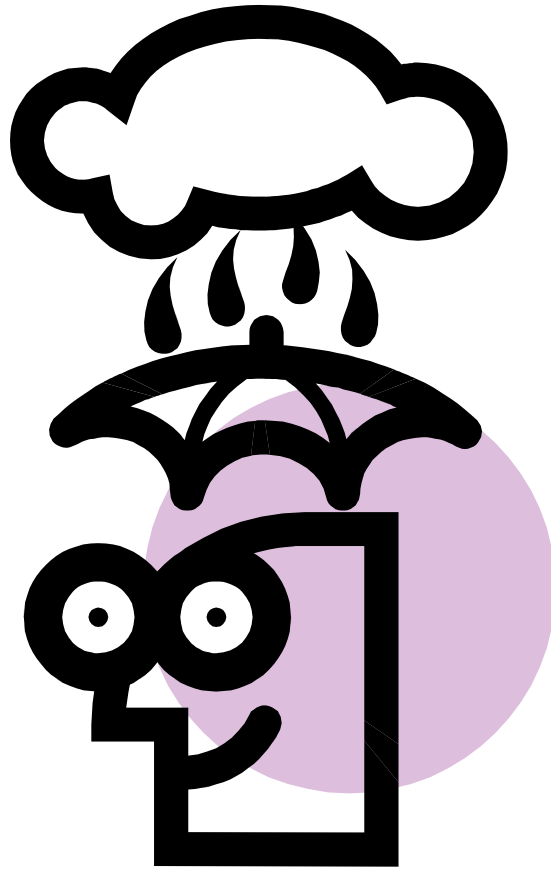




Special Olympics

Wyoming

Be a fan™



Risk Management & Insurance Coverage

A. General Liability

The Special Olympics general liability policy was designed to protect Special Olympics for its sports training and competition activities, those events involving Special Olympics athletes conducted and sponsored by Special Olympics and those customary day-to-day fundraisers which have been conducted historically.

B. Automobile Liability

The Non-Owned & Hired Automobile Liability policy will protect Special Olympics when you are using your vehicle, borrowing someone else's vehicle, or renting a vehicle for Special Olympics business.

Q. Is my personal insurance affected when I drive on behalf of Special Olympics?

A. Yes, your personal automobile insurance is very much involved.

Your personal automobile insurance policy's coverage responds first to a liability claim if you are driving:

- your own car
- a rented vehicle that replaces your primary vehicle
- another vehicle (borrowed or hired).

Q. If I rent a vehicle on behalf of Special Olympics for Special Olympics business, what type of coverage is available?

A. The coverage available is:

- Hired automobile liability coverage which has a limit of \$1,000,000 and is in excess of any valid and collectible insurance.
- Hired auto physical damage coverage for those automobiles which are commercially rented (rental charge in exchange for the use of the vehicle), the limit available is \$50,000 and is subject to a \$1,000 deductible.
- Hired automobile uninsured/underinsured motorists coverage, the limit is \$50,000 CSL (combined single limit) or statutory limits.

Comments: **When renting a vehicle on behalf of Special Olympics, include the following phrase after your signature: "for Special Olympics."**

You should read and understand all aspects of the rental agreement as well as understand your personal insurance policy and any personal credit card benefits that may apply to rental vehicles.

C. Certificates of Insurance

Q. What is a certificate of insurance?

A. A certificate of insurance generally is a one-page document which provides evidence that insurance coverage exists. It identifies the insured person or organization and outlines the extent and limits of coverage.

The certificate does not modify or extend any coverage; it merely reports what exists. The Special Olympics certificate outlines the coverage and limits of insurance provided, the insurer providing the coverage, and the effective and expiration dates of the policy. In addition, the certificate specifies the particular covered event and the dates of coverage for that event.

Q. When do I need a certificate of insurance?

A. You need a certificate of insurance when any entity (person, organization, facility, venue) **requests** verification of Special Olympics insurance coverage. The person or organization requesting the certificate often outlines minimum coverage and limit requirements.

Q. How do I request a certificate of insurance?

A. Special Olympics Request for Certificate of Insurance form provides a convenient means to request a certificate. A copy of this form has been included in this manual or you may contact your staff liaison. This form requests the information necessary to issue the appropriate certificate and includes the following:

- Program information - name, address, phone/fax, name of person completing the request form.
- Event data - name, date, location, and brief description of event, especially verification that Special Olympics is conducting the event, an indication of general public participation in the event, (Note: American Specialty will provide a sample waiver agreement, if needed).
- Certificate holder - identification of the entity (other than Special Olympics) requesting the certificate of insurance, address, phone/fax, name of the certificate holder.
- Agreements - verification of any agreement, contract, or permit that contains assumption of liability, indemnification, or hold harmless language. American Specialty will review the agreement.
- Mailing Instructions - indication that the certificate is to be sent directly to the certificate holder or to Special Olympics.

D. Special Olympics Accident Insurance Coverage

Q. What type of accident insurance is available to registered volunteers and athletes?

A. Secondary accident medical insurance is available to those **registered** volunteers and athletes of Special Olympics injured during a covered event. Secondary means excess of any other valid and collectible insurance the individual may have.

An accident medical policy is an accident policy, not an illness medical policy. For example, it will provide coverage for the medical expenses caused by a broken leg (due to a covered accident) but not by appendicitis. An accident must occur and cause the injury during a Special Olympics covered event.

Q. What is the claim submission process?

A. To submit a claim to the Special Olympics Insurance Company:

- Complete the Special Olympics Incident form (included in this manual) and forward it to the staff liaison. An Incident form must be submitted in order for a claim to be processed.

- If medical treatment is necessary, first file all claims with the primary insurance carrier (the injured party's regular insurance).
- If the cost of treatment exceeds the primary insurer's limits, or if there is no primary insurance, Special Olympics insurance will forward a Proof of Loss form to the claimant (or parent/guardian). Please complete the form and return it with the itemized bills and Explanation of Benefits (provided by primary insurer if primary insurance exists). These forms are necessary to process the claim.

Medical information on each athlete **must** be available during all competition events. This will facilitate the process of completing the incident report and will assist emergency personnel in providing the proper treatment. It is each coach's responsibility to obtain this information in the case of an emergency.

NOTE: If the injury is serious or results in death, please contact American Specialty immediately at (800) 566-7941 (24 Hours a day - 7 Days a Week) and the Coordinator of Field Services.

Q. Should I fill out an Incident form and send it even if I do not expect a claim to result?

A. Yes, the Incident form should be completed for all injuries, potential injuries, or property damage instances. This helps identify the causes of injuries and accidents so that possible steps to reduce or eliminate potential dangers can be taken. Also, it is best to leave the determination of potential liability to the claims professionals.

E. Venue Assessment

As a coordinator and/or coach it is your responsibility to make sure the facilities you use are safe for the activity you are planning.

"Venue" refers to the physical environment within which the athletes train, compete or participate in other Special Olympics activities. Venue also includes the surrounding area such as parking lots, grounds, cafeteria, buildings, lockers, shower rooms, and any other areas utilized.



The venue should 1) provide a safe environment conducive to accomplishing Special Olympics objectives and 2) allow for appropriate response to an emergency.

The following questions will assist us in assessing the adequacy of the physical environment.

- Does the venue meet all rules specifications?
- Is there appropriate protection from potential hazards (e.g. padding on walls under baskets)?
- Is the venue large enough to accommodate the number of participants expected?
- Does the venue have adequate lighting for Special Olympics purposes?
- Does the venue practice good housekeeping (e.g. doorways are free and clear of unused equipment, floors are clean and dry)?
- Is the venue equipped with acceptable climate controls such as air conditioning, heating, and fresh air ventilation?
- Are athlete and spectator areas accessible to emergency response personnel?
 - Does the pool area meet all Special Olympics criteria?

F. Heat Exposure

Following the simple risk management techniques outlined below can help prevent heat stroke injuries and illnesses:

- Provide constant breaks/rest periods for all athletes and coaches.
- Make available shade/fans/cooling systems, if possible. During periods when athletes are not participating, but may be waiting on the sidelines, athletes should not sit or stand in sunshine or sit in cars without air conditioning for extended periods of time.
- Assure there is a continuing supply of fresh drinking water at all outdoor practices and competitions.
- Have access to medical personnel on site, if possible.
- Promote the use of sunscreen and have it available.
- Assure that athletes are wearing clothing that is loose fitting, light colors and cotton, if possible, including hats where possible.
- Consider the Health Index (temperature and humidity combined) and suspend competition (or practice) if heat conditions become overly oppressive or if several athletes are laboring or show any symptoms listed below.
- Avoid activities in the early and mid afternoon hours (11:00 a.m. to 2:00 p.m. is usually the hottest time of day)
- Coaches/volunteers should be alert to the symptoms of overheating and dehydration, which include:
 - increased thirst
 - headache
 - dry mouth and swollen tongue
 - weakness
 - dizziness
 - confusion
 - sluggishness
 - vomiting
 - inability to sweat



Anyone experiencing the above symptoms should seek medical attention immediately.

To increase the fluid intake of a person who has become dehydrated or is beginning to show any of the above symptoms, have the person try the following.

- sip small amounts of water (too much water too fast is not effective and may be harmful).
- drink carbohydrate/electrolyte-containing drinks (e.g., Powerade or Pedialyte). Carbonated soft drinks or drinks with caffeine should not be consumed.
- suck on popsicles made from juices or sports drinks.
- suck on ice chips.
- sip through a straw.
- cool water-soaked towel around the back of the neck may provide some relief.



**SPECIAL OLYMPICS
FIRST REPORT OF ACCIDENT / INCIDENT**



U.S. Program/Area: WYOMING **Date of Incident:** _____

Injured Person/Party Information Date of Birth: ___/___/___ Age: _____

Name: _____
 _____ (Last) _____ (First)

Address: _____
 _____ (Street) _____ (City)

Home Phone: (____) _____ - _____ Work Phone: (____) _____

Gender: Male Female Social Security Number: _____ - _____ - _____

- Type of Injury/ Accident:**
- Bodily Injury
 - Property Damage
 - Automobile
 - Other: _____

- Injured Party:**
- Athlete
 - Volunteer
 - Coach
 - Employee
 - Spectator
 - Unified Partner
 - Property Owner
 - Other: _____

Description of Accident (If automobile accident occurred, please attach a copy of the police report).

Describe how the accident occurred (Attach a separate sheet if necessary): _____

Site / event where accident occurred: _____

- Accident Occurred During:**
- Training/Practice
 - Competition
 - Traveling to or from SO event
 - Other: _____

- Type of Injury:**
- Severe cut w/ bleeding
 - Less serious bruise or cut
 - Break/fracture
 - Concussion
 - Paralysis
 - Fatality
 - Other: _____

- Disposition:**
- Released to parent
 - Refusal of care
 - Refer to doctor
 - Refer to hospital or clinic
 - Medical attention
 - EMS transport
 - Patient requested EMS transport
 - Released to personal vehicle
 - Police
 - Ambulance
 - Report only
 - Other: _____

- Sport:**
- Alpine Skiing
 - Aquatics
 - Athletics
 - Badminton
 - Baseball
 - Basketball
 - Bocce
 - Bowling
 - Cheerleading
 - Cross Country
 - Ski
 - Cycling
 - Equestrian
 - Figure Skating
 - Floor Hockey
 - Golf
 - Gymnastics
 - Kickball

- Power Lifting
- Relay Game
- Roller Skating
- Sailing
- Snowboarding
- Snowshoe
- Soccer
- Softball
- Speed Skating
- Swimming
- Table Tennis
- Team Handball
- Tennis
- Track & Field
- Volleyball
- Other: _____

- Body Part Injured:**
- Head
 - Neck
 - Torso
 - Back
 - Hand (L / R)
 - Finger (L / R)
 - Elbow (L / R)
 - Shoulder (L / R)
 - Leg (L / R)
 - Knee (L / R)
 - Thigh (L / R)
 - Shin (L / R)
 - Toe (L / R)
 - Other: _____

Contact/Care Provider Information If an athlete or underage volunteer was injured, please identify the care provider and/or responsible party (e.g. parent, legal guardian).

Relationship to the injured person: _____ Employer Name: _____

Name: _____ Employer Address: _____

Address: _____ Work Phone: (____) _____ - _____ Home Phone: (____) _____ - _____

Does the injured person have medical insurance? Yes No

If yes, insurance is provided by: Injured Person Care Provider/Responsible Party

Please provide name of Company and Policy Number: _____

Witness Information (Please provide names and phone numbers of any witnesses to the incident)

Witness #1 Name: _____ Daytime Phone: (____) _____ - _____

Witness #2 Name: _____ Daytime Phone: (____) _____ - _____

Special Olympics Official / Representative (other than claimant)

Name: _____ Daytime Phone: (____) _____ - _____

Signature: _____



**SPECIAL OLYMPICS
REQUEST FOR CERTIFICATE OF INSURANCE**

(This form is utilized only when a facility/organization requires a certificate of insurance)

1. Date of request: _____
2. Person completing this form: _____
3. U.S. Program/area: Special Olympics Wyoming
4. U.S. Program/area address: 232 East 2nd St Ste 201 Casper, WY 82601
5. U.S. Program/area phone no.: (307) 235-3062 Fax: (307) 235-3063
6. Name of event: _____
7. Date(s) of event: _____
8. Site or location of event: _____
9. Is this event a fundraiser? Yes No
10. Is event conducted by a Special Olympics Program? Yes No
11. Is event sponsored by a Special Olympics Program? Yes No
12. Is the event exclusively for Special Olympics Athletes? Yes No
13. Is participation open to the general public? Yes No
If "Yes", is a Waiver and Release document required to be signed by each participant? Yes No
14. Is alcohol being served at the event? Yes No
15. Certificate Holder: _____
16. Contact Person: _____
17. Certificate Holder address: _____
18. Certificate Holder phone no.: () _____ Fax: () _____
19. Have you entered into any contract or permit relating to the above event that contains Assumption of Liability, Indemnification, or Hold Harmless Language? Yes No

If "Yes", please forward a copy of the document with this certificate request form.
(ADDITIONAL INSURED SHOULD BE CHECKED ONLY IF IT IS A REQUIREMENT OF THE CERTIFICATE HOLDER)
20. Additional Insured: _____
21. If requesting Additional Insured status, please outline the role of Additional Insured is playing in the activity (e.g., sponsor, event site): _____
22. Do you want original sent directly to Certificate Holder? Yes No

**SEND TO: Special Olympics Wyoming • 232 East 2nd Suite 201 • Casper • WY • 82601
Fax: (307) 235-3063**