



**U.S. MASTERS
SWIMMING**

Insurance and Risk Management



**U.S. MASTERS
SWIMMING**

Types of Insurance Coverage Provided by USMS

- Excess Personal Accident Insurance
- General Liability Insurance



**U.S. MASTERS
SWIMMING**

Excess Personal Accident Insurance

- Who is covered?
 - All USMS registered members and volunteers



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General Liability Insurance

Who is covered?

- United States Masters Swimming, Inc. (USMS)
- USMS Local Masters Swimming Committees (LMSCs)
- USMS registered members, clubs, club chapters, workout groups, event hosts, employees and volunteers (including, but not limited to, event directors, coaches, officials, judges, timers, safety marshals, lifeguards, boat operators, etc.), but only in their capacity as such with respect to USMS sanctioned or approved activities.



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Insured Activities

- Swim Workouts and Practices and Clinics
- USMS-Sanctioned Pool Meets, Open Water Events, and Clinics
- Dual-Sanctioned (with USA Swimming) Meets and Open Water Events
- Adult Learn-to-Swim Programs
- Other Pre-Approved Activities



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Workouts

- All participants must be USMS members or Guest Members (30-Day Tryout) or Foreign Guest Members
- Coach on deck must be a USMS member



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Sanctioned Meets and Open Water Events

- All participants must be USMS members or One-Event members



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Adult Learn-to-Swim Programs

- All participants must be USMS members or Guest Members (30-Day Tryout)
- Coach on deck must be a USMS member



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Reporting of Incidents

- All incidents, no matter how minor, should be reported to the USMS National Office as soon as practicable
- Incident Report Form is found in the Insurance section of the USMS Guide to Operations



U.S. MASTERS SWIMMING

Reporting of Incidents

- Report all incidents, no matter how minor, as soon as practicable
- Incident Report Form is found in the Insurance section of the USMS Guide to Operations
- Form is submitted to the USMS National Office



SUBMIT COMPLETED FORM TO:
USMS National Office
655 North Tamiami Trail
Sarasota, FL 34236
USMS@usms.org Email
(800) 550-SWIM (7946) Phone
(941) 556-SWIM (7946) Facsimile

INCIDENT REPORT FORM
General Liability Policy SI8ML00043-141
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This form should be completed by a Club Official, Coach or Event Director at the time of an Accident, Injury or Other Incident during a U.S. Masters Swimming sanctioned or approved event/activity.

CLUB AND SANCTIONED EVENT/ACTIVITY INFORMATION:

Club/Workout Group Name: _____ Membership #: _____
Event/Activity Name (If applicable): _____ Date(s) of Event: _____
Type of Event/Activity: Pool Open Water Event Sanction # (if applicable): _____
Description of Event/Activity: Competition Practice Camp/Clinic Other: _____
Name and Address of Facility/Venue (where event took place): _____

SUBJECTS INVOLVED (attach additional reports if more than one person was involved):

Name of Party Involved: _____ Date of Birth: ___/___/___ Male Female
Home Address: _____ Tel.: (____) _____
Name of Parent/Legal Guardian (if minor): _____ Tel.: (____) _____
USMS Member? Yes No Membership #: _____
Type of Individual: Participant (Adult) Coach Official Volunteer Spectator Other:



U.S. MASTERS SWIMMING

Certificates of Insurance

- Frequently required by a facility where workouts take place or a meet is being held
- Facility may request to be named as an Additional Insured
- Certificates are issued by the USMS National Office; instructions are found in the Insurance section of the USMS Guide to Operations
- Only a registered club or workout group can be named on the certificate (non-registered groups cannot be listed)

CERTIFICATE OF INSURANCE					
AGENCY:					
ESIX Entertainment & Sports Insurance eXperts 5660 New Northside Drive, Suite 640 Atlanta, GA 30328 Phone: (678) 324-3300 Fax: (678) 324-3303				THIS CERTIFICATE CONFERS NO PROTECTION. IT DOES NOT AMEND, EXTEND OR SUPPLEMENT ANY OTHER POLICY OR POLICIES BELOW.	
NAMED INSURED:					
United States Masters Swimming, Inc. 655 North Tamiami Trail Sarasota FL 34236		EXAMPLE of Open Water Swim Race			
EVENT INFORMATION:					
Pretend Open Water race for example of insurance certificate (1/31/2014 - 1/31/2014)					
POLICY/COVERAGE INFORMATION:					
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE. THE REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
INS	TYPE OF INSURANCE:	POLICY NUMBER(S):	EFFECTIVE:	EXPIRES:	LI
A	GENERAL LIABILITY				
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL	S18GL00279-141	1/1/2014	10/1/2014	