

General Liability Supplemental Insurance Plan for Field Owners

Field Owners \$4,000,000 General Liability Coverage

The BPA announces an affordable supplemental insurance program to Field Owners (or Long Term Lessees) covering you for lawsuits arising out of the practice or play of events for BPA or NSA sanctioned games or tournaments.

Coverage applies to all fields owned by the policy holder, regardless of the number. The coverage includes all negligent actions caused by Participants and Spectators, including claims of bodily injury liability, property damage liability and the litigation costs to defend against such claims, even if groundless.

Coverage is available for:

- Softball Complexes
- Private Fields
- Schools
- Parks & Recreation Departments
- Cities
- Municipalities
- Counties

Coverage includes suits arising out of:

- Participant injury
- Volunteer injury
- Spectator injury
- Host liquor liability (nonprofit)
- Ownership use or maintenance of fields
- Property damage liability
- Consumption of food and other products
- Libel, defamation, false arrest, wrongful eviction or invasion of privacy
- Activities necessary or incidental to conduct of practices and games
- Cost of investigation and defense of claims, even if groundless

Policy Exclusions

You must refer to the policy for complete information and listing of policy exclusions. Your exclusions include fraudulent or dishonest acts, punitive or exemplary damages, owned auto liability, rental of association equipment, fireworks, workers' Compensation and nuclear energy liability.

General Liability Limits:

\$3,000,000 per Occurrence
\$4,000,000 Aggregate Limit

Each Occurrence means any accident, including continuous or repeated exposure to the same general harmful conditions.

Aggregate limit is the maximum dollar amount which will be paid for all losses in a policy period.

Waiver Policy

The BPA strongly recommends the use of waiver forms for all athletic participants. While waivers are recommended, coverage is not affected in the absence of a signed waiver

Liability Insurance Policy Exclusions

In addition to the usual exclusions in the standard Commercial General Liability policy, there is no coverage for furnishing, serving or selling any alcoholic beverage, nor for the acts of intoxicated persons.

To contact the plan administrator:

Westpoint - BPA Plans

PO Box 1495
Bridgeview, IL 60455-0495

Need Assistance or have Questions?

Call Toll-Free (800) 318-7709 or Fax (708) 636-3915
E-mail: info@westpointinsurance.com



2010-2011 BPA Field Owner Certificate Request Form

National Headquarters
P.O. Box 7
Nicholasville, KY 40340
(859) 887-4114

Number of Field Owners
 x \$40.00 Fee
 = Total Premium Due

Today's Date Certificate Needed by

NSA Authorized Requester

Mailing Address

City State Zip

Requester's E-mail

Phone Fax

This certificate should be issued on behalf of
(please indicate name of Team or League)

Does the Certificate Holder need to be named as an
Additional Insured?
 Yes No

Comments or Special Requests, if any

Certificate Holder Name (e.g., field owner, facility owner,
city, township, park district, etc)

Contact Name

Certificate Holder Address

City State Zip

Certificate Holder Contact's Phone

Certificate Holder Contact's Fax

Certificate should be:
 Faxed E-mailed

Email or Fax Number To the attention of

Payment Process Options

Note: We no longer can accept payment information by E-mail or fax for security reasons. To remit payment securely by check or credit card, choose one of these secure options below:

Pay Online - usually same day service - allow for 24-hr turnaround.
<http://orders.westpointinsurance.com/apps/app.php?type=fo&ac=NSA>

Step One: Click link above to access secure online application payment feature.

Step Two: Fill in requested information and remit application & payment online instantly.

Pay by Mail - Allow 7-10 days for mail delivery & processing

Step One: Print & Complete Application

Step Two: Enclose Application, payment info & mail to:

Westpoint Insurance Group
NSA/BPA Plans
P. O. Box 1495
Bridgeview, IL 60455-0495

Pay by: Check Money Order Credit Card:

Select Card: VISA MasterCard AMEX Discover

Card Number

Exp. Date CVS No.

Billing Address

City State Zip

Membership & Coverage begins with receipt of full payment & enrollment request. By signing this application, I hereby verify the information provided herein is true & complete. Premium is fully earned upon certificate issuance. No pro-rata refunds are available.

By signing this application, I agree to terms herein & to allow payment processing using the check or card information indicated.

Authorized Signature Date

Title/Position