



# 2010-2011 BPA

## General Liability & Excess Accident Medical Insurance Plan for Tournaments

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

Tournament insurance program provides coverage for:

- Players
- Coaches
- Field Owners
- Tournament Supervisors

The Tournament Insurance Program provides General Liability Insurance up to \$3,000,000 per occurrence, with a \$4,000,000 policy aggregate. Excess Medical is included at \$100,000 per person, subject to a \$100 Deductible.

### Tournament Insurance Rates

Adult Tournament Liability and Medical Coverage:

- \$25 per team/per tournament
- **Minimum premium of \$100**

Youth Tournament Liability and Medical Coverage:

- \$10 per team/per tournament
- **Minimum premium of \$100**

### Calculating Rates

Number of Teams  
 x Rate (Adult \$25, Youth \$10)  
 = Total Premium Due

### Conditions Of Insurance

- Only NSA Sanctioned Tournaments are eligible for this coverage.
- All teams must be insured. The cost is determined by multiplying the total number of teams playing in the tournament times the applicable youth or adult rate.
- Coverage extends to dates of tournament only.
- Application and check must be postmarked on or before the day prior to the start of the tournament.
- Post tournament adjustments, substitutions, or additions (no deletions) will be allowed, up to 10% of the total number of teams in the tournament.
- Verification of the number of teams participating will be made in the event of a claim.
- Coverage is limited to the tournament site(s) only. No off-premises coverage included.
- The maximum term of coverage is four (4) days.

### Need Assistance or Have Questions?

Call Westpoint Toll Free: (800) 318-7709  
 or E-mail: [info@westpointinsurance.com](mailto:info@westpointinsurance.com)

## BPA Tournament Insurance Application

Tournament Name	Age Bracket
<input type="text"/>	<input type="text"/>
Host Team Name	Host Team Coach
<input type="text"/>	<input type="text"/>
Street Address	
<input type="text"/>	
City	State Zip
<input type="text"/>	<input type="text"/>
Phone	Fax
<input type="text"/>	<input type="text"/>
Tournament Facility Name	
<input type="text"/>	
Facility Address	
<input type="text"/>	
City	State Zip
<input type="text"/>	<input type="text"/>
Dates for Tournaments	Total Enclosed
<input type="text"/> to <input type="text"/>	<input type="text"/>
Send certificate to (name):	Fax # or E-mail:
<input type="text"/>	<input type="text"/>
By signing the application, I agree to terms herein & to allow payment processing using the check or card information indicated.	
Authorized Signature	Date
<input type="text"/>	<input type="text"/>
Title/Position	
<input type="text"/>	

### 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=tour&ac=BPA>

**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**

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.

Pay by:  Check  Money Order  Credit Card:

Select Card:  VISA  MasterCard  AMEX  Discover

Card Number

Exp. Date  CVS No.

Billing Address

City  State  Zip