



2010 NSA

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 Clinic 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: sales@westpointinsurance.com

NSA Tournament Insurance Application

Tournament Name Age Bracket

Host Team Name Host Team Coach

Street Address

City State Zip

Phone Fax

Tournament Facility Name

Facility Address

City State Zip

Dates for Tournaments Total Enclosed
 to

Send certificate to (name): Fax # or E-mail:

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

Payment Processing Options

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

Pay Online - usually same day service - allow for 24- hr turnaround.

<http://orders.westpointinsurance.com/apps/details.php?type=tour&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

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

