



2007 CLINIC INSURANCE PROGRAM



PROVIDES COVERAGE FOR

- Players
- Field Owners
- Coaches
- Clinic Sponsors

The Clinic Insurance Program provides General Liability Insurance \$3,000,000 per occurrence, and Excess Medical Insurance \$100,000 per person subject to a \$100 Deductible.

CLINIC INSURANCE RATES

- \$1 Per participant per day
- **Minimum premium of \$100**

CALCULATING RATES

_____ Number of Participants
 _____ Number of Days
 _____ x Rate (\$1 per participant)
 \$_____ = Total Premium Due

CONDITIONS OF INSURANCE

1. Only NSA/BPA Sanctioned Clinics are eligible for this coverage.
2. **All participants must be insured.**
3. Coverage extends only through the dates of the clinic.
4. Coverage is limited to the clinic site(s) only. No off-premises coverage is included.
5. Application and check must be postmarked on or before the day prior to the start of the clinic.
6. Roster of participants must be made available in the event of a claim.
7. Verification of participants will be made in the event of a claim.

2007 NSA/BPA Clinic Insurance Program

Clinic Name _____

Clinic Coach _____

Mailing Address _____

Clinic Facility Name _____

Clinic Address _____

Dates for Clinic _____ Total Enclosed \$ _____

Fax or email my certificate to: _____

Thilman Filippini

If paying by credit card, please provide the information below:

VISA MasterCard

Please complete the above information and mail this form and check made payable to:

Card Number _____

Expiration Date _____ / _____

Name as it appears on Credit Card _____

Thilman Filippini, LLC
One East Wacker Drive, Suite 1800
Chicago, IL 60601

(312) 527-9500
(312) 527-9509 fax
www.TF-Risk.com

(NOTE: charge will be processed by Frances L. Dean & Associates)