

TEAM/LEAGUE MEMBERSHIP

Name of Organization (i.e., League, Team, etc.) _____

Street Address (Proof of Insurance Sent) _____

City _____ State _____ Zip _____

Contact Person's Name _____ Phone (include area code) _____

NSA Sanction Number _____

Please list multiple teams/sanction numbers on separate sheet.

Youth Adult Youth Age _____

Signature _____ Date _____

COST CALCULATION/PAYMENT METHOD

No. of Teams _____ X

Cost per Team _____ = Total Due _____

Please email or fax my certificate to: _____

Allow 2 business days from receipt of application to receive proof of coverage.

Pay by Check:

Make check payable to **Thilman Filippini**
and mail check and completed enrollment form to:

Thilman Filippini Sports Division
One East Wacker Drive, Suite 1800
Chicago, IL 60601
(312) 527-9500
Fax: (312) 527-9509

Pay by Credit Card:

VISA MasterCard

Card Number _____

Expiration Date ____ / ____

Pay by Credit Card: (NOTE: charge will be processed by Francis L. Dean & Associates)

Membership and Coverage begins with receipt of your full payment and enrollment request.

Coverage terminates on December 31, 2007.

MEMBERSHIP INCLUDES INSURANCE PREMIUM AND ASSOCIATION FEES.

2007 NATIONAL SOFTBALL ASSOCIATION TEAM/LEAGUE INSURANCE PROGRAM

Proper insurance is a concern of all NSA Teams, Leagues, and Field Owners who host NSA sanctioned competitions. NSA announces an affordable, comprehensive primary insurance program

\$3,000,000 PRIMARY LIABILITY INSURANCE PROTECTION

Any kind of legal action is incredibly expensive, even if you are innocent or a lawsuit is frivolous. Softball leagues and teams are certainly not exempt from lawsuits and they simply cannot afford to be without adequate liability insurance protection.

The NSA Program offers \$3,000,000 of primary liability coverage to each team as they participate in all amateur softball competitions. **This is not limited to NSA competitions. Protection extends to volunteer coaches and officers and directors of a team.** If all teams within a league participate, coverage extends to league officers and directors.

\$100,000 ACCIDENT MEDICAL COVERAGE – EXCESS

Accidents happen, and with today's soaring medical costs, they can ruin an injured player financially.

The NSA Program offers \$100,000 of excess accident medical insurance for each covered injury which pays the bills left unpaid by other collectable insurance or health plans after a \$100 deductible.

NSA ENROLLMENT REQUEST

As an NSA member in good standing and participating in NSA sanctioned events, you are entitled to enroll in the program.

SOFTBALL FIELD OWNERS \$3,000,000 ADDITIONAL INSURED LIABILITY

Now Softball Field Owners can be named as additional insureds and enjoy the same broad liability insurance coverage as NSA Teams and Leagues.

Coverage is not intended to replace the Field Owners primary insurance policy, but provide them a defense and judgment benefit should they be sued as a result of NSA negligence.

Coverage is in force for NSA competitions only.

Available for:

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

SPECIAL WEEKEND COVERAGE

Some Field Owners host only one or two NSA events each year. These Field Owners may elect to purchase additional insured coverage for only the weekends they host NSA events.

Coverage is identical to Additional Insured Liability Protection described above.

LIABILITY COVERAGE INSURANCE PLAN

WHO IS COVERED?

Coverage is provided for your association, league team or Field Owner (when purchased and added to policy) against claims of bodily injury liability, property damage liability and the litigation costs to defend against such claims.

Coverage includes suits arising out of:

- Participant injury
- Host liquor liability (nonprofit)
- Ownership use or maintenance of fields
- Consumption of food and other products
- Libel, defamation, false arrest, wrongful eviction or invasion of privacy
- Functions like meetings, banquets and fund raisers
- Activities necessary or incidental to conduct of practices and games

- Spectator injury
- Cost of investigation and defense of claims, even if groundless
- Property damage liability
- Volunteer injury

EXCLUSIONS

You must refer to the policy for complete information on 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.

LIMITS: \$3,000,000 PER OCCURRENCE

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

TEAM LEAGUE FEES*

To qualify as a league, four or more teams must purchase at one time.

LEAGUE <i>(Must be purchasing for 4 or more teams)</i>		NON-LEAGUE <i>(Must be purchasing for 3 or less teams)</i>	
Age	Cost Per Team	Age	Cost Per Team
20 & Under	\$50.00	20 & Under	\$90.00
18 & Under	\$50.00	18 & Under	\$85.00
16 & Under	\$47.50	16 & Under	\$82.50
14 & Under	\$42.50	14 & Under	\$75.00
12 & Under	\$37.50	12 & Under	\$70.00
10 & Under	\$35.00	10 & Under	\$65.00
8 & Under	\$32.50	8 & Under	\$60.00
Adult	\$225	Adult	\$255

* Youth Team rates reflect the 50% discount effective as of August 1, 2007

**Adult Team rates will be discounted 50% after September 1, 2007

FIELD OWNERS FEES

Annual Cost	\$275
Weekend Cost	
One weekend:	\$70
Two weekends	\$140
Three or more weekends	Must purchase annual

FIELD OWNERS ENROLLMENT FORM
ANNUAL/WEEKEND

Name of Field Owner (i.e., City)

Name of Park

Street Address

City State Zip

Contact Person's Name

Phone (including area code)

COST CALCULATION/PAYMENT METHOD

Plan Desired: Annual or Weekend (circle one)

See previous page for rates) = Total Due

Weekend Dates: From _____ To _____

Please email or fax my certificate to: _____

Allow 2 business days from receipt of application to receive proof of coverage.

Pay by Check:

Make check payable to **Thilman Filippini**
and mail check and completed enrollment form to:

Thilman Filippini Sports Division
One East Wacker Drive, Suite 1800
Chicago, IL 60601
(312) 527-9500
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EXCESS ACCIDENT MEDICAL INSURANCE PLAN

WHO IS COVERED?

Insured Persons are team players, coaches and managers at Covered Events.

Covered Event means an event sanctioned by the NSA and other amateur softball competitions and team or group travel directly to and from such an event.

ACCIDENTAL MEDICAL BENEFITS

If an Insured Person incurs Covered Expenses as a result of an Injury sustained during a Covered Event, the plan will pay 100% of those Covered Expenses after a deductible of \$100.

Covered Expenses are charges for medically necessary services or supplies made by a hospital, doctor, laboratory, clinic or pharmacy within one year of the date of the injury.

ACCIDENTAL DEATH and DISMEMBERMENT

If an Insured Person suffers a listed Loss as a result of and within one year of an Injury sustained during a Covered Event, the plan will pay the corresponding payment.

Loss	Payment
Death	\$5,000
Both hands or feet	\$5,000
Sight of both eyes	\$5,000
One hand or foot and sight of one eye	\$5,000
One hand or one foot	\$2,500

GENERAL EXCLUSIONS AND LIMITATIONS

The policy does not cover and no payment will be made for any loss or expense arising out of or resulting from:

- Self-destruction or an attempt there at while sane or intentionally self-inflicted injury;
- The attempt by the Insured Person to commit a felony;
- The Insured Person's being intoxicated;
- The use by the Insured Person of drugs or narcotics unless used as prescribed by a Doctor for a condition other than drug addiction;
- War, invasion, acts of foreign enemies, civil war, rebellion, insurrection or insurgencies
- Illness or disease, except;
 - As may be specifically provided for in the policy;
 - As may result from an injury;
 - A cardiovascular accident, stroke or other traumatic event caused by exertion while participating in a Covered Event;
 - The aggravation of a condition, including but not limited to, tendonitis, strains, sprains and other similar conditions caused by exertion while participating in a Covered Event.

ACCIDENTAL DEATH AND DISMEMBERMENT EXCLUSIONS AND LIMITATIONS

No benefits are payable under this benefit provision for any loss caused or contributed to by:

- Illness or medical or surgical treatment of illness, including diagnosis;
- Bacterial infection, except septic infection of and through a wound accidentally sustained;
- Travel or flight in or descent from any aircraft, unless the Insured Person is a fare-paying passenger on a regularly scheduled flight on a commercial airline;
- Any of the occurrences listed above in the General Exclusions and Limitations.

ACCIDENTAL MEDICAL BENEFITS EXCLUSIONS AND LIMITATIONS

Covered Expenses will never include and no benefits will ever be payable for any charges which:

- Exceed the reasonable and customary charge;
- Are incurred for dental work unless the Insured Person sustains an injury which results in damage to his or her natural teeth;
- Are incurred for services or supplies not specifically provided for in the policy;
- Would not have been made in the absence of insurance or which the Insured Person is not legally obligated to pay;
- Are incurred for cosmetic procedures, unless made Medically Necessary by an Injury;
- Are incurred for eyeglasses, contact lenses or hearing aids or for any examination or fitting related to these devices, unless made Medically Necessary by an Injury;
- Are incurred for care or treatment which is not Medically Necessary to the diagnosis or treatment of an Injury;
- Are incurred for custodial care;
- Are incurred for treatment of a pre-existing condition; or
- Arise out of any of the occurrences listed above in the General Exclusions and Limitations.

The policy is secondary coverage to all other coverages.

This brochure is for illustrative purposes only. It is not a contract of insurance. It is intended to provide a general overview of the program. Please remember only the insurance policy can give actual terms of coverage. All benefits payable are subject to definitions, limits, maximums, deductible, benefit periods and limitations and exclusions of the policy.

Coverage is provided through Francis L. Dean & Assoc., Capital Specialty Insurance, and American Sentinel Insurance.



**2007
NATIONAL
SOFTBALL
ASSOCIATION**

**Preferred Membership
Benefits
Program**

**NATIONAL HEADQUARTERS
P.O. BOX 7
NICHOLASVILLE, KY 40340
(859) 887-4114**