



# 2007 NATIONAL SOFTBALL ASSOCIATION TOURNAMENT INSURANCE PROGRAM



## PROVIDES COVERAGE FOR

- Players
- Field Owners
- Coaches
- Tournament Supervisors

The Tournament Insurance Program provides General Liability Insurance \$3,000,000 per occurrence, and Excess Medical Insurance \$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 \_\_\_\_\_

Per Team (Adult \$25, Youth \$10) x \$ \_\_\_\_\_

Total Premium Due = \$ \_\_\_\_\_

## CONDITIONS

1. Only NSA Sanctioned Tournaments are eligible for this coverage.
2. **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.
3. Coverage extends to dates of tournament only.
4. Application and check must be postmarked on or before the day prior to the start of the tournament.
5. Post tournament adjustments, substitutions, or additions (no deletions) will be allowed, up to 10% of the total number of teams in the tournament.
6. Verification of the number of teams participating will be made in the event of a claim.
7. Coverage is limited to the tournament site(s) only. No off-premises coverage included.
8. The maximum term of coverage is four (4) days.

## 2007 NSA Tournament Insurance Program

Tournament Name \_\_\_\_\_ Age Bracket \_\_\_\_\_

Host Team Name \_\_\_\_\_ Host Team Coach \_\_\_\_\_

Mailing Address \_\_\_\_\_

Tournament Facility Name \_\_\_\_\_

Facility Address \_\_\_\_\_

Dates for Tournaments \_\_\_\_\_

Participating Teams \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fax or email my certificate to: \_\_\_\_\_

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

**Thilman Filippini**

Thilman Filippini, LLC  
One East Wacker Drive  
Suite 1800  
Chicago, IL 60601  
(312) 527-9500  
(312) 527-9509 fax  
www.TF-Risk.com

**Total Enclosed: \$** \_\_\_\_\_

This is a summary of coverage only. The policy governs all rights and benefits provided under this plan.