

The National Softball Association 2011 Insurance Program

Proper insurance is a concern of all the NSA Teams, Leagues, and Field Owners who host the NSA sanctioned competitions. NSA is pleased to announce the half price rates for 2009.

\$4,000,000 Primary Liability Insurance Protection

Any kind of legal action is incredibly expensive, even if you are innocent or a lawsuit is frivolous. Baseball 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 an increased limit of \$4,000,000 of primary liability coverage to each team as they participate in all amateur baseball competitions and other related scheduled activities of the league. Protection extends to players, coaches, managers, volunteers, officers & 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.

The NSA ENROLLMENT REQUEST

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

Program Highlights

Field Owners Additional Insured Endorsement

The General Liability policy includes a blanket additional insured endorsement that covers all fields owned or leased by the individual/entity as long as they are hosting NSA participants and spectators. Field owners can be listed as additional insureds with respect to the NSA sanctioned individual team/tournament. A certificate of insurance may be issued to the field owner to evidence this coverage. Requests will be accepted by the authorized NSA State Director. A Certificate Request Form is available at www.playnsa.com.

Coverage is not intended to replace the field owner's primary insurance policy, but provide them with a defense and judgment benefit, should they be sued as a result of the NSA's negligence. Coverage is in force for the National Softball Association competitions only.

New and Improved Application Procedure

In an effort to improve the application process, Willis HRH Company has formed a strategic partnership with Westpoint Insurance Group to simplify obtaining certificates of insurance. A four person team will be dedicated to servicing all of the NSA insurance needs. As a result payments and claims will be remitted directly to Westpoint Insurance Group.

To contact the plan administrator:

Westpoint - NSA Plans

PO Box 1495
Bridgeview, IL 60455-0495

Need Assistance or have Questions?

Call Toll-Free (800) 318-7709 or Fax (708) 636-3915

E-mail: info@westpointinsurance.com

2011 National Softball Association

1/1/11 - 1/1/12

Preferred Membership Benefits Program

Programs include:

General Liability Insurance Plan
Accident Medical Insurance Plan



National Headquarters

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

Willis HRH

General Liability Insurance Plan

Who is covered?

Coverage is provided for your association, league, or team against claims of bodily injury liability, property damage liability and the litigation costs to defend against such claims, even if groundless.

General Liability Limits

\$3,000,000 each occurrence / \$4,000,000 Aggregate

Occurrence means any accident, including continuous or repeated exposure to the same general harmful conditions. *Aggregate limit* is the maximum dollar amount which will be paid for all losses in a policy period.

General Liability Coverage Includes:

- Injury or death of a Participant, Spectator or Volunteer
- Host liquor liability (nonprofit)
- Ownership, use or maintenance of fields
- Consumption of food and other products
- Activities such as meetings, banquets and fund raisers
- Activities necessary or incidental to conduct of practices and games
- Incidental Medical Malpractice
- Abuse & Molestation (\$100,000)
- Corporal Punishment
- General negligence claims

Exclusions

You must refer to the policy for complete information on policy exclusions. Your exclusions include, but are not limited to: Terrorism, War, Asbestos, Nuclear Energy, Total Pollution, Total Fireworks/Pyrotechnics, Employment Related Practices, Entertainment Errors & Omissions, Aircraft Liability, Lead Liability, Sale/Manufacture/Distribution of Athletic Equipment, Assault & Battery, Stunt Racing, Collapse of Temporary Structure.

The policy is secondary coverage to all other coverage. 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.

Accident Medical Insurance Plan

Who is covered?

Insured persons are team players, coaches, managers & volunteers of the team(s) specified in the application.

Covered Activity

Covered activity means an event sanctioned by the NSA, other amateur baseball 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 Activity, 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.

Accident Medical Limits

\$100,000 Maximum Medical Benefit per claim
\$100 Deductible per claim

Dental Expense: \$250 per tooth/per accident to a maximum of \$1,000

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 Activity, 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
Speech or Hearing in Both Ears	\$2,500
Thumb & Index Finger of Same Hand	\$1,250

General Exclusions And Limitations

You must refer to the policy for complete policy exclusions. 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;
 - 1) As may be specifically provided for in the policy;
 - 2) As may result from an injury;
 - 3) A cardiovascular accident, stroke or other traumatic event caused by exertion while participating in a Covered Event;
 - 4) 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
- Arise out of any of the occurrences listed above in the General Exclusions and Limitations.

NSA Application

Team League Fees*

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

League Fees 2011
Must be purchasing for 4 or more teams

Age	Cost Per Team
20 and Under	\$97.00
18 and Under	\$91.00
16 and Under	\$84.00
14 and Under	\$77.00
12 and Under	\$71.00
10 and Under	\$64.00
8 and Under	\$61.00
Adult	\$218.00

Non-League Fees 2011
Must be purchasing for 3 or less teams

Age	Cost Per Team
20 and Under	\$173.00
18 and Under	\$163.00
16 and Under	\$153.00
14 and Under	\$142.00
12 and Under	\$132.00
10 and Under	\$122.00
8 and Under	\$111.00
Adult	\$249.00

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=tm&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.

Premium Calculation

Number of League Teams (4 teams or more)

Age Range	Number	X Rate	= Total Premium
8 and under		\$61.00	
10 and under		\$64.00	
12 and under		\$71.00	
14 and under		\$77.00	
16 and under		\$84.00	
18 and under		\$91.00	
20 and under		\$97.00	
Adult		\$218.00	
Total			

Number of Non-League Teams (3 teams or less)

Age Range	Number	X Rate	= Total Premium
8 and under		\$111.00	
10 and under		\$122.00	
12 and under		\$132.00	
14 and under		\$142.00	
16 and under		\$153.00	
18 and under		\$163.00	
20 and under		\$173.00	
Adult		\$249.00	
Total			

Total Premium Due:

Pay by: Check Money Order Credit Card:

Select Card: VISA MasterCard AMEX Discover

Card Number

Exp. Date CVS No.

Billing Address

City State Zip

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

Need Assistance or Have Questions? Call Westpoint Insurance Toll-free (800) 318-7709 or E-mail info@westpointinsurance.com

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

Cell Fax Number

Email Address Website Address

Requested Effective Date

Insured Teams:

If you don't have a NSA Sanction Number, click here or go to:
http://www.playnsa.com/modules.php?name=Team&file=create_new_team

Team Name NSA Sanction Number

Team Name NSA Sanction Number

Team Name NSA Sanction Number

(Please list multiple teams/sanction numbers on separate sheet)

Additional Insureds:

(i.e.: field owners, municipalities, schools, parks, rec centers, etc.)

Name Address

City State Zip

Name Address

City State Zip

Name Address

City State Zip

(Please list additional insureds including address on separate sheet)