



# 2012 NSA

## General Liability & Excess Accident Medical Insurance Plan for Camps & Clinics

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

Clinic insurance program provides coverage for:

- Players
- Field Owners
- Coaches
- Clinic Sponsors

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.

### Clinic Insurance Rates

- \$1.85 Per participant per day
- **Minimum premium of \$100**

### Calculating Rates

Number of Participants  
 x  Number of Days  
 x Rate (\$1.85 per participant per day)  
 = Total Premium Due

### Conditions Of Insurance

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

### Need Assistance or Have Questions?

Call Westpoint Toll Free: (800) 318-7709  
 or E-mail: [sales@westpointinsurance.com](mailto:sales@westpointinsurance.com)

## NSA Clinic Insurance Application

Clinic Name

Clinic Coach

Mailing Address

City  State  Zip

Email

Phone  Fax

Clinic Facility Name

Clinic Address

City  State  Zip

Dates for Clinic  Total Enclosed

to

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

By signing the application, I agree to terms herein & to allow payment processing using the check or card information indicated.

Authorized Signature  Date

Title/Position

### 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=tour&ac=BPA>

**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