



2012 NSA Field Owner Certificate Request Form

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

Number of Field Owners
 x \$40.00 Fee
 = Total Premium Due

Today's Date Certificate Needed by

NSA Authorized Requester

Mailing Address

City State Zip

Requester's E-mail

Phone Fax

This certificate should be issued on behalf of
(please indicate name of Team or League)

Does the Certificate Holder need to be named as an
Additional Insured?
 Yes No

Comments or Special Requests, if any

Certificate Holder Name (e.g., field owner, facility owner,
city, township, park district, etc)

Contact Name

Certificate Holder Address

City State Zip

Certificate Holder Contact's Phone

Certificate Holder Contact's Fax

Certificate should be:
 Faxed E-mailed

Email or Fax Number To the attention of

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=fo&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

Pay by: Check Money Order Credit Card:

Select Card: VISA MasterCard AMEX Discover

Card Number

Exp. Date CVS No.

Billing Address

City State Zip

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.

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