

## NASF Tournament Insurance

During an NASF sanctioned tournament general liability coverage is provided for the directors, staff, officials, participants and field owners and sponsors as additional insureds. Accident Medical coverage is provided for the team participants, including coaches. Each participating team must be NASF registered and purchase the NASF tournament package.

### Special Markets Insurance Consultants

2615 Post Road  
Stevens Point, WI 54481  
1-800-727-7642 Ext. 311  
FAX: 715-344-6126

E-Mail:  
[nasf@specialmarkets.com](mailto:nasf@specialmarkets.com)

The policy covers lawsuits brought against your team by certain third parties such as participants and spectators. Protection is provided to the team, league, field owners and sponsors from lawsuits brought for claims of bodily injury or property damage arising from your team's amateur sports activities, including games and tournaments. Teams will receive a certificate of insurance naming field owners and sponsors as additional insureds.

## NASF Tournament Insurance

### YOUTH SOFTBALL TOURNAMENTS

\$2,000,000 General Liability Limit / \$4,000,000 Aggregate

\$100,000 Participant Accident Medical Limit

\$0 Deductible Per Injury  
Limits  
Rates:  
Day: \$9.00 Per Team  
Overnight: \$10.00 Per Team

\$125.00 Per Tournament Minimum Premium

### YOUTH -- ALL OTHER SPORTS EXCEPT WRESTLING AND TACKLE FOOTBALL

\$2,000,000 Liability Limit / \$4,000,000 Aggregate

\$100,000 Participant Excess Medical

\$250 Deductible Per Injury  
Limits  
Rates:  
Day: \$10.50 Per Team  
Overnight: \$11.50 Per Team

\$125.00 Per Tournament Minimum Premium

### ADULT SOFTBALL TOURNAMENTS

\$2,000,000 General Liability Limit / \$4,000,000 Aggregate

\$25,000 Participant Accident Medical Limit

\$250 Deductible Per Injury  
Limits  
Rates:  
Day: \$14.00 Per Team  
Overnight: \$15.00 Per Team

\$125.00 Per Tournament Minimum Premium

### ADULT -- ALL OTHER SPORTS EXCEPT WRESTLING AND TACKLE FOOTBALL

\$2,000,000 Liability Limit / \$4,000,000 Aggregate

\$25,000 Participant Accident Medical Limit

\$250 Deductible Per Injury  
Limits  
Rates:  
Day: \$12.00 Per Team  
Overnight: \$13.25 Per Team

\$125.00 Per Tournament Minimum Premium

## NASF 2012 INSURANCE ENROLLMENT FORM

Contact Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Phone No. ( ) \_\_\_\_\_ FAX No. ( ) \_\_\_\_\_ Sport: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

League Name: \_\_\_\_\_ Team Name: \_\_\_\_\_

(Use one form to sign up multiple teams in your league or multiple officials. Attach a separate page listing the team or official's name.)

Additional Insured	Mailing Address (Required)	Relationship to Team Facility, Owner, Sponsor, Co-Promoter
_____	_____	_____
_____	_____	_____

**Type of Coverage (Circle):** ADULT TEAM    YOUTH TEAM 12&UNDER    YOUTH TEAM 13-19    OFFICIAL    TOURNAMENT  
YOUTH BASEBALL INDIVIDUAL REGISTRATION  
*NASF REGISTRATION FEE MUST BE PAID AT THE SAME TIME AS INSURANCE IS PURCHASED.*

# of Teams \_\_\_\_\_ x \$ \_\_\_\_\_ Team Rate = \$ \_\_\_\_\_

# of Official \_\_\_\_\_ x \$ \_\_\_\_\_ Rate = \$ \_\_\_\_\_

# of Individuals \_\_\_\_\_ x \$ \_\_\_\_\_ Rate = \$ \_\_\_\_\_

# of Teams in Tournament: \_\_\_\_\_ x \_\_\_\_\_ rate (\$125 minimum premium) = \$ \_\_\_\_\_

# of Participants at Classroom Clinic: \_\_\_\_\_ x \_\_\_\_\_ days x \$0.60 (\$125 min. premium) = \$ \_\_\_\_\_

# of Participants at Playing Camp: \_\_\_\_\_ x \_\_\_\_\_ days x \$1.10 (\$125 min. premium) = \$ \_\_\_\_\_

**NASF Registration Fee (\$10 x \_\_\_\_\_ Per Team/Umpire)(in addition to premium)** = \$ \_\_\_\_\_

**TOTAL PAYMENT** = \$ \_\_\_\_\_

Tournaments—attach a separate page listing tournament name, dates, locations, and team rosters.

**Credit Card: (Circle)**                      **VISA**                      **MasterCard**                      **Discover**

Print Card Holder Name: \_\_\_\_\_ Credit Card No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ **CVV** (on back of card): \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Credit Card Payments:** E-Mail Enrollment Form to NASF@specialmarkets.com or FAX to (715) 344-6126.

**Checks or Money Orders:** Make payable to **Special Markets Insurance Consultants**  
Mail to: 2615 Post Road, Stevens Point, WI 54481

**Premiums are fully earned at binding**