



NATIONAL HIGH SCHOOL COACHES ASSOCIATION
INSURANCE PROGRAM FOR CAMPS/CLINICS/TOURNAMENTS

You must be a current member of the NHSCA in order to purchase camp, clinic, or tournament insurance. If you are not a current member, the membership will be added upon submission.

On the day your event starts, please submit rosters (first and last names) to the NHSCA. You will be charged accordingly and receive your receipt via email.

Be sure to submit request 2 business days prior to the start of your event to ensure coverage!

If you need to cancel your event, please send in writing to Mattie 2 days in advance to avoid the minimum fee.

****Attention** The current minimum is \$225.00 as of September 1, 2020. Please see 2nd page for updated rates.**

***CONTACT INFO:* This is YOUR information as the member of the NHSCA**

Named Insured:

Address:

City: State: Zip:

Phone: () E-Mail Address:

***EVENT INFO:* Please fill out ALL information below (location and address).**

Name of Camp/Clinic/Tournament:

Sport:

Location of Camp/Clinic/Tournament:

Address:

City: State: Zip:

Event Start Date: Event End Date:

**if the dates are no concurrent, please list all dates.*

ADDITIONAL INSURED INFORMATION:

****Please be sure to check what is needed with the facility prior to sending request to avoid additional charges****

Name of Additional Insured's:

Address: City: State: Zip:

Manager/lessors of Premises: If other, explain relationship:



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Name of Additional Insured's:

Address: _____ City: _____ State: _____ Zip: _____
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Address: _____ City: _____ State: _____ Zip: _____
 Manager/lessors of Premises: _____ If other, explain relationship: _____

Credit Card Information: **A credit card must be on file in order to proceed with your insurance request. If you do not wish to enter, please call the NHSCA at (610) 923-0900.**

Number: _____ **Exp.:** _____ **CVV:** _____

Name on the Card: _____

PREMIUM CALCULATION: This is for you to use to estimate your total cost.

Number of Participants	**NEW RATE** as of 1/1/2018	Number of EVENT DAYS Per the Policy	PREMIUM
	\$2.25	1	
	\$3.25	2	
	\$4.25	3	
	\$5.25	4	
	\$6.25	5	
	\$7.25	6	
	ETC.	ETC.	

Definition of Participant:

Owners and/or Lessors of Premises, Sponsors and Co-Promoters, Coaches, Officials and Volunteers are additional insureds but only while acting within the scope of their duties for the insured (others by request and endorsement, subject to underwriting approval).

LIMITS OF INSURANCE:

COVERAGE	LIMITS
General Aggregate (Per Location)	\$5,000,000
Products – Completed Operations (Aggregate)	\$1,000,000
Personal & Advertising Injury	\$1,000,000
Each Occurrence Limit	\$1,000,000
Damage to Premises Rented to You Limit	\$300,000
Premises Medical Payments	\$5,000
Sexual Abuse & Molestation Occurrence	No Coverage
Sexual Abuse & Molestation Aggregate	No Coverage
Legal liability to participants – <i>conditions available upon request</i>	\$1,000,000
Crisis Response – Each Crisis Event / Aggregate	\$25,000
Cyber Privacy & Client Identity Theft Supplementary Payments	\$10,000 per person / \$100,000 aggregate