**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 invoiced accordingly.**

**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 $250.00 as of September 1, 2021. 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 not concurrent, please list all dates.*

***ADDITIONAL INSURED INFORMATION:***

*\*Additional Insured – an entity that requires, by written contract, agreement or permit, to be named as an additional insured.*

**Name of Additional Insured’s:**

Address: City: State: Zip:

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

**Name of Additional Insured’s:**

Address: City: State: Zip:

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

**Name of Additional Insured’s:**

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. Rate is based on dates on certificate.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of Participants** | **\*\*NEW RATE\*\* as of 9/1/2021** | **Number of EVENT DAYS Per the Policy** | **PREMIUM** |
|  | $2.50 | 1 |  |
|  | $3.75 | 2 |  |
|  | $5.00 | 3 |  |
|  | $6.25 | 4 |  |
|  | $7.50 | 5 |  |
|  | $8.75 | 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) | $3,000,000 |
| 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 – *conditions available upon request* | $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 |