

\$5,000,000 General Liability Limit

The ASA Tournament/Clinic Liability Insurance Plan provides protection for lawsuits and court judgments that may result from bodily injury and property damage claims arising out of your Tournament or Clinic operations. Underwritten by Markel Insurance Company, Rated A by A.M. Best's rating service, the policy limits are:

\$2,000,000 per Occurrence limit
 \$5,000,000 Aggregate limit per Location
 \$2,000,000 Products/Completed Operations aggregate
 \$2,000,000 Advertising/Personal Injury limit
 \$2,000,000 Sexual Abuse limit per occurrence
 \$2,000,000 Sexual Abuse limit aggregate
 \$300,000 Fire Legal Liability
 \$10,000 Medical Payments (to non-participants)
 \$0 Deductible

The policy includes Participants Liability, which is one of the most important aspects of Liability coverage for sports organizations.

Plus there is an additional \$3,000,000 of Excess Liability coverage per occurrence/aggregate, underwritten by Everest National Insurance Company, Rated A+ by A.M. Best's rating service.

Who is covered under this policy?

- ◆ Tournament or Clinic Organizers
- ◆ Tournament or Clinic Officials
- ◆ Participating Teams or Players
- ◆ Individual Team Members
- ◆ Field Owners (as Additional Insureds, if requested)
- ◆ Tournament or Clinic Sponsors

\$250,000 Accident Medical Limit

Under the ASA Tournament/Clinic Accident Insurance Plan, coverage extends to covered injuries incurred by Tournament participants while practicing or playing in Tournament games. For Clinics, coverage applies to participants while taking part in clinic activities at the designated clinic site. There is no coverage for travel or off-premises activities under this plan.

The Accident policy provides the following benefits:

\$250,000 Accident Medical limit per claim
 \$5,000 Accidental Death benefit
 \$10,000 Accidental Dismemberment Benefits Principal Sum
 \$2,500 Physical Therapy/Chiropractic limit (\$100 per visit)
 \$1,000 Durable Medical Equipment Limit

Full Excess Coverage
 52-Week Benefit Period
 \$250 Deductible per claim

This policy is written on an **Excess** basis, which means that the policy is secondary over any other valid and collectible insurance or health plan that you may have. Thus, you need to submit your expenses to your own medical benefit plan first, for this policy to consider your claim. If you have no other coverage in force, this policy will pay your claim as **Primary**, subject to the deductible.

The policy only covers medical and dental expenses, which are incurred during the Benefit Period – within 52 weeks of the date of injury.

To provide the most comprehensive coverage for your participants, Liability Insurance coverage should be combined with the Accident Insurance Plan.

Tournament/Clinic Insurance Enrollment Form

Tournament/Clinic Name _____

Tourn/Clinic Official's Name _____

Street (Mailing Address) _____

Town _____

State & Zip _____

Phone _____ Fax _____

Email _____

Dates of Tournament/Clinic *(Each date must be listed, not a range of dates. Use additional sheet, if needed)* _____

Location of Tournament/Clinic _____

Additional Insured (if any) _____

TO CALCULATE PREMIUM:

Minimum premium may apply (see Event Rate Schedule)

Tournament:
 Plan (check one): Package ___ Liab Only ___ Accid Only ___
 # of Adult Teams _____ X rate \$ _____ = \$ _____
 # of JO Teams _____ X rate \$ _____ = \$ _____
(Please refer to Event Rate Schedule)

Clinic:
 Age Group (check one): ___ JO ___ Adult
 Plan (check one): ___ Package ___ Liab Only ___ Accid Only
 # of Participants per day _____ X # of days _____
 X rate \$ _____ = \$ _____
(Please refer to Event Rate Schedule)

Total Event Premium \$ _____

Rush Certificate Processing fee \$ _____
(\$25 for same day, fax/email service)

Total Amount Enclosed \$ _____
*By signing this enrollment form, I verify that the information provided is true and correct, and that this is an **ASA sanctioned event**.*

Your signature _____ Date _____
This form must be signed by a Tournament/Clinic Official in order to bind coverage.

This form must be signed by an ASA Commissioner in order to process this application and bind coverage.
 ASA Commissioner's signature: _____ Date _____

ASA Commissioner's Telephone #: _____

For Credit Card orders, please complete the following:

Credit Card Type: MasterCard ___ VISA ___ AMEX ___ Discover ___

Cardholder Name: _____

Credit Card Number: _____

Exp Date: _____ Signature: _____

Tournament & Clinic Insurance Information

- * Tournaments and Clinics must be **ASA approved or ASA sanctioned** by your local ASA Commissioner.
- * The enrollment form must be signed by an ASA Commissioner in order to bind coverage.
- * As an ASA Championship Tournament Director, you may use this program to provide Accident coverage for all teams playing in your **ASA Championship Tournament**. **ASA does not provide accident coverage to teams playing in Championship Tournaments**. ASA does, however, provide liability coverage to the teams participating in Championship Tournaments.
- * Coverage goes into effect as of the date the Tournament or Clinic starts, provided that the enrollment form and full premium are received by Bollinger prior to the start date.
- * You can purchase the Liability and Accident Insurance either **separately** or as a **package**.
- * Coverage automatically extends to make-up dates caused by weather, but **no refunds** are allowed for this program.
- * To purchase coverage, complete the Enrollment Form and mail or fax to Bollinger.
- * **IN A HURRY? For same-day processing or fax service there is a Rush Fee of \$25.**

Event Rates for 2010

All policies are subject to a minimum premium of:
 *\$50 for Liability Insurance Only
 *\$50 for Accident Insurance Only
 **\$100 for Liability and Accident Insurance

Tournament Rates

Tournament Rates Per Team	Junior Olympic	Adult
<i>Rates are per Team</i>		
*Liability Insurance Only	\$2.50	\$6.50
*Accident Insurance Only	\$3.50	\$7.50
**Liability & Accident Ins.	\$5.00	\$12.00

Instructional/Playing Clinic Rates

Rates for Indoor or Outdoor Clinics	Junior Olympic	Adult
<i>Rates are per Participant per Day</i>		
*Liability Insurance Only	\$0.50	\$0.50
*Accident Insurance Only	\$0.50	\$0.50
**Liability & Accident Ins.	\$1.00	\$1.00

Classroom-Only Clinic Rates

Rates for Classroom Clinics	Junior Olympic	Adult
<i>Rates are per Participant per Day</i>		
*Liability Insurance Only	\$0.25	\$0.25
*Accident Insurance Only	\$0.25	\$0.25
**Liability & Accident Ins.	\$0.50	\$0.50

Questions? Call Bollinger at:

1-800-526-1379

FOR FURTHER INFORMATION ON ASA
INSURANCE PLANS, CONTACT:

Insurance Administrator

Bollinger
Insurance Solutions

Bollinger
ASA Insurance Plans
PO Box 390, 101 JFK Parkway
Short Hills, NJ 07078-0390

Phone: 1-800-526-1379
 Fax: 1-973-921-2876 - Attn: ASA
 E-mail: ASAinfo@BollingerInsurance.com
 Web Site: www.BollingerASA.com

Bollinger is licensed in all 50 states.
 Bollinger's California License # is 0274666

This brochure provides a summary of available insurance coverages. This brochure is not an insurance policy. Please read the actual insurance policy issued, together with its declarations page and any endorsements for a complete recitation of the terms, conditions, and exclusions of the policy of insurance. The policies are subject to the laws of the jurisdiction in which they are issued.

2010 ASA CLINIC & TOURNAMENT INSURANCE PLAN

No Increase in Rates!

**The Tournament & Clinic Plan is
designed for purchase by:**
ASA Tournament Directors
ASA Tournament Sponsors
ASA Clinic Directors/Sponsors
ASA Tournament/Clinic Organizers
ASA Leagues Sponsoring Tournaments

Bollinger
Insurance Solutions



Insuring the ASA since 1963!