

# New York Amateur Sports Association Insurance Plan

David Bruce Brokerage Ltd.  
3659 Merrick Road  
Seaford, NY 11783

Philadelphia Insurance Companies Policy # PHPK508701  
A.I.G. Policy # SRG 9129208

(516) 679-6930 FAX (516) 679-6951

## INSURANCE APPLICATION & RATE SHEET ADULT SOFTBALL INSURANCE

### COVERAGES

\$1,000,000 Liability \$1,000,000 Participant Legal Liability \$3,000,000 Aggregate

Also Includes Excess Medical Accident ( \$50,000 Limit)

League Rates (4 or More Teams)

Team Rates (1 - 3 Teams)

Age	Medical Deductible	Rate Per Team	Age	Medical Deductible	Rate Per Team
Adult	\$250.00	\$280.00	Adult	\$250.00	\$290.00
Adult	\$500.00	\$225.00	Adult	\$500.00	\$235.00
Adult	\$1000.00	\$200.00	Adult	\$1000.00	\$210.00
Adult	\$2000.00	\$170.00	Adult	\$2000.00	\$180.00
Adult	\$5000.00	\$160.00	Adult	\$5000.00	\$170.00

### CALCULATION OF RATES

Circle Age - Deductible & Rate in Table To Left

NOTE: To Qualify For League Rates You Must Insure 4 Teams  
For 3 Teams or less use Team Rates

USE SEPARATE APPLICATION FOR EACH AGE GROUP

RATE PER TEAM	
X NUMBER OF TEAMS	
TOTAL COST	

ALL CHECKS SHOULD BE MADE PAYABLE TO:  
David Bruce Brokerage Ltd.

Complete All Information (Please print or type)

League/Team		Applicant's Name	
Street Address			
City		State	Zip
Home Phone	Business Phone	Fax #	

For Leagues, List All Teams: (Use additional sheets, if necessary)

1	7	13
2	8	14
3	9	15
4	10	16
5	11	17
6	12	18

Names & addresses of Additional Insureds (With Complete Address)

(Use additional sheets, if necessary)


Rates include registration & administrative charges as well as insurance premiums. Each Team must complete a waiver roster and/or Release of Liability & Indemnification Agreement signed by parent or guardian. League Presidents or Team Managers must maintain a copy of each team's Agreement in their records which must be retained of 5 years.

Field Owners and League Officers are only covered for teams that have purchased the insurance.

Coverage may not be canceled. Therefore, no refunds can be made.

Print Name \_\_\_\_\_ Signature X \_\_\_\_\_ Date \_\_\_\_\_

This form must be signed by a Team or League Official in order for coverage to be bound.