

New York Amateur Sports Association Insurance Plan

David Bruce Brokerage Ltd.

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Seaford, NY 11783

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Capitol Specialty Insurance Corporation

Policy # CS00217968, CS00217970

A.I.G. Policy # SRG 0008064340

INSURANCE APPLICATION & RATE SHEET 2008 ADULT VOLLEYBALL INSURANCE

\$2,000,000 Liability Consisting of

\$1,000,000 Liability with \$2,000,000 Aggregate plus

\$1,000,000 Excess Liability with \$1,000,000 Aggregate.

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

League Rates (4 or More Teams)

Medical Deductible	Rate Per Team
\$2000.00	\$150.00
\$1000.00	\$185.00
\$500.00	\$205.00
\$250.00	\$255.00

Team Rates (1 - 3 Teams)

Medical Deductible	Rate Per Team
\$2000.00	\$160.00
\$1000.00	\$195.00
\$500.00	\$215.00
\$250.00	\$265.00

CALCULATION OF RATES

Circle 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

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. League Presidents or Team Managers must maintain a copy of each team's Agreement in their records which must be retained for 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.