

# New York Amateur Sports Association Insurance Plan 2012

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

Philadelphia Indemnity Insurance Company Policy # PHPK808364  
Philadelphia Indemnity Insurance Company Policy # PHUB368325  
A.I.G. Policy # SRG 9129208

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

## INSURANCE APPLICATION & RATE SHEET BASKETBALL INSURANCE

### COVERAGE

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

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

Age	Medical Deductible	Rate Per Individual
Youth 12 & U	\$100.00	\$12.50
Youth 12 & U	\$250.00	\$11.50
Youth 12 & U	\$500.00	\$10.00
Youth 18 & U	\$100.00	\$17.00
Youth 18 & U	\$250.00	\$14.00
Youth 18 & U	\$500.00	\$13.50
Adult	\$250.00	\$22.50
Adult	\$500.00	\$20.50
Adult	\$2000.00	\$18.00

### CALCULATION OF RATES

Circle - Age & Deductible & Rate In Table To Left

USE SEPARATE APPLICATION FOR EACH AGE GROUP

Minimum 12 Individuals

Rate Per Individual	
X Number of Individuals	
Total cost	

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

Insurance May Be Purchased Online  
[www.davidbrucebrokerage.com](http://www.davidbrucebrokerage.com)

Complete All Information (Please Print)

Team/League/Organization		Applicant's Name	
Street Address			
City		State	Zip
E-mail		Fax #	
Home Phone	Cell Phone		Business Phone

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 commissions, registration & administrative charges as well as insurance premiums. Each Participant or Official must complete a waiver. Minor Participants must have a parent or guardian sign a Release of Liability & Indemnification Agreement. League Presidents, Managers, or Administrators must maintain a copy of each 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.