

# 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 VOLLEYBALL 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	\$250.00	\$11.00
Youth 18 & U	\$250.00	\$14.00
Adult	\$250.00	\$22.00
Adult	\$500.00	\$20.00

### CALCULATION OF RATES

Circle Age - Deductible & Rate in Table To Left

USE SEPARATE APPLICATION FOR EACH AGE GROUP

Rate Per Individual	
X Number of Individuals	
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 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.