

FORSYTH INSURANCE AGENCY, INC

PHONE 402 483-7861 FAX 402 483-4760
1265 SO. COTNER BLVD., SUITE #21
LINCOLN, NE 68510

2020-21 NEBRASKA HIGH SCHOOL CAMP COVERAGE REQUEST

HEAD COACH NAME _____ MEMBER #(REQUIRED) _____

NAME OF CAMP _____

MAILING ADDRESS _____

CONTACT PERSON _____

PHONE NUMBER _____ - _____ FAX NUMBER _____ - _____

E-MAIL ADDRESS _____

TYPE OF CAMP _____

ALL CAMP DATES _____

PROJECTED TOTAL NUMBER OF RESIDENT CAMPER DAYS (ALL CAMPS) ** _____

PROJECTED TOTAL NUMBER OF COMMUTER CAMPER DAYS (IF ANY) ** _____

** NOTE - The total number of camper days shall be the sum of the number of campers for each day or any portion of a day while the camp is in operation (including registration/orientation) times the number of days the camp is held. For example 10 campers for 3 1/2 days is 40 camper days.

** NOTE - A resident camper is **housed overnight &/or early morning** prior to instructional beginning of your camp. Thus, the last day of the camp counts as a resident camper day. A commuter camper leaves each day at the end of the camp session.

DEPOSIT PREMIUM RATING

◆ GENERAL LIABILITY & X/S MEDICAL ◆

_____ X _____ = _____ X \$1.03 = \$ _____
(# resident campers) (# days) (# camper days) (rate) (premium)

_____ X _____ = _____ X \$1.00 = \$ _____
(# commuter campers) (# days) (# camper days) (rate) (premium)

Flat Fee _____ + \$ 20.00

TOTAL DEPOSIT _____ \$ _____

DATE _____ SIGNED _____

◆◆ DOES YOUR SITE OR FACILITY OWNER (IE SCHOOL SYSTEM) NEED PROOF OF INSURANCE OR NEED TO BE ADDED AS AN ADDITIONAL INSURED ?? IF SO, PLEASE ATTACH DETAILS.

08/20

!!! ATTENTION COACHES !!!

2020-2021 SUMMER SPECIALTY CAMPS INSURANCE INFORMATION
PRESENTED BY FORSYTH INSURANCE AGENCY, LINCOLN, NE 402-483-7861

Many school systems are starting to require specialty sports camps that are run by the individual sports coach and not by the school to provide separate insurance coverage. Our goal is to keep your costs down. We can add your camps to a large group policy so you avoid the high cost of individual policies.

We offer a **MEMBERS ONLY** master policy, just for **NCA MEMBERS**, that adds each individual camp as an additional named insured to a larger group master policy and charges a premium based on actual camper exposure. There are **NO MINIMUM PREMIUMS** that apply plus our internal audit procedure insures you will pay only for your actual exposure.

AVAILABLE COVERAGES

GENERAL LIABILITY

\$ 1,000,000 EACH OCCURRENCE
\$ 2,000,000 GENERAL AGGREGATE
\$ 2,000,000 PRODUCTS/COMPLETED OPERATION AGGREGATE
\$ 1,000,000 PERSONAL & ADVERTISING INJURY
\$ 300,000 FIRE DAMAGE LEGAL LIABILITY
\$ 5,000 MEDICAL PAYMENTS
100,000 SEXUAL &/OR PHYSICAL ABUSE & MOLESTATION SUB-LIMIT

COVERAGE INCLUDES :

PARTICIPANT LIABILITY
AGGREGATE LIMIT APPLIES PER LOCATION OR CAMP
ADDITIONAL INSURED ENDORSEMENTS AS NEEDED (INCLUDED IN RATES)
SPECTATOR LIABILITY IS INCLUDED
COVERS ALL ACTIVITIES NECESSARY FOR OR INCIDENTAL TO THE OPERATIONS OF A CAMP, WHETHER ON OR OFF THE PREMISES, SUBJECT TO CERTAIN EXCLUSIONS
NIL DEDUCTIBLE APPLIES PER CLAIM

NO MINIMUM PREMIUM

SEXUAL AND/OR PHYSICAL ABUSE COVERAGE **IS NOW INCLUDED**

EXCESS ACCIDENTAL MEDICAL

\$ 10,000 PER PERSON ACCIDENTAL DEATH LIMIT
\$ 25,000 MAXIMUM MEDICAL BENEFIT PER CLAIM
NIL DEDUCTIBLE
INCLUDES DIRECT TRAVEL

COVERAGE IS ON AN EXCESS BASIS. IT BECOMES PRIMARY IN THE EVENT NO OTHER VALID OR COLLECTABLE COVERAGE EXISTS. IT ALSO MAY REIMBURSE FOR CERTAIN PRIMARY COVERAGE DEDUCTIBLES OR COINSURANCE. NOTE: FIRST COVERED EXPENSES MUST BE INCURRED WITHIN 60 DAYS AFTER A COVERED ACCIDENT.

EXCLUSIONS: INFLATABLE AMUSEMENT DEVICES, CARNIVAL RIDES, KNOCKERALL/BUBBLE SOCCER, BUNGEE DEVICES, FIREWORKS, MECHANICAL BUCKING DEVICES, INCLUDING MULTI RIDE ATTACHMENTS, PERMANENT & MOBILE ROCK WALL STRUCTURES, SECURITY SERVICES, OTHER THAN CONTACTED LAW ENFORCEMENT OFFICERS, TRAMPOLINES, ZIP LINES, CHEERLEADING PYRAMIDS, GYMNASTICS, **TACKLE FOOTBALL** & CERTAIN SPORTS.

\$1.00 COMMUTER

\$1.03 RESIDENT

08/20