



# TEAM INSURANCE COVERAGE

## FOR ALL AMATEUR PLAY AND PRACTICE

Includes *General Liability & Accidental Medical Insurance Plans*

EFFECTIVE AUGUST 1ST, 2024 THROUGH AUGUST 1ST, 2025

Coverage will follow all players listed on the NSA Team Waiver or NSA Online Roster for all amateur play for NSA associated events. Coverage follows players for non-NSA associated events as long as the event organizer accepts NSA/Westpoint Insurance.

Teams should contact the organizer of the event to ensure they accept the policy.

## PROGRAM HIGHLIGHTS

*Proper insurance is a concern of ALL NSA Teams and Leagues*

### INSURANCE PROTECTION

Any kind of legal action is incredibly expensive even if you are innocent or a lawsuit is frivolous. Softball leagues and teams are certainly not exempt from lawsuits and they simply cannot afford to be without adequate liability insurance protection.

The NSA Program offers liability coverage to each team/league as they participate in all sanctioned amateur softball competitions and other related scheduled activities of the sanctioned league. Covered activity means an event sanctioned by the NSA or any other sanctioning body.

### \$100,000 ACCIDENTAL MEDICAL COVERAGE - EXCESS

Accidents happen, and with today's soaring medical costs, they can ruin an injured player financially. The NSA Program offers \$100,000 of excess accident medical insurance for each covered injury which pays the bills left unpaid by other collectable insurance of health plans after a \$250 deductible.

## GENERAL LIABILITY

### WHO IS COVERED?

Coverage is provided for your association, league or team against claims of bodily injury liability, property damage liability and the litigation costs to defend against such claims, even if groundless.

### GENERAL LIABILITY LIMITS

**\$3,000,000** Each Occurrence /

**\$4,000,000** Aggregate

**\$1,000,000** Participant Legal Liability

Occurrence means any accident, including continuous or repeated exposure to the same general harmful conditions. Aggregate limit is the maximum dollar amount which will be paid for all losses in a policy period.

### General Liability Coverage Includes:

- ◆ Injury or death of a Participant, Spectator or Volunteer
- ◆ Host liquor liability (nonprofit)
- ◆ Ownership, use or maintenance of fields
- ◆ Abuse & Molestation (\$100,000)
- ◆ General negligence claims

### EXCLUSIONS

You must refer to the policy for complete information on policy exclusions. Your exclusions include, but are not limited to: Terrorism, War, Asbestos, Nuclear Energy, Total Pollution, Total Fireworks/Pyrotechnics, Parades (Riding on Floats/Motorized Vehicles), Employment Related Practices, Entertainment Errors & Omissions, Aircraft Liability, Lead Liability, Sale/Manufacture/Distribution of Athletic Equipment, Assault & Battery, Stunt Racing, Collapse of Temporary Structure and Communicable Disease.

**PLEASE NOTE: this coverage does not cover your team/league for running or holding tournaments, scrimmages or friendlies.**

# PREFERRED MEMBERSHIP BENEFITS PROGRAM

Includes *General Liability & Accidental Medical Insurance Plans*

EFFECTIVE AUGUST 1ST, 2024 THROUGH AUGUST 1ST, 2025

## ACCIDENTAL MEDICAL

### WHO IS COVERED?

Insured persons are team players listed on the official NSA Roster and coaches on record for the team(s) specified on the application.

### COVERED ACTIVITY

The NSA Program offers excess accident medical coverage to each team/league as they participate in all amateur softball activities of the team/league.

### ACCIDENTAL MEDICAL BENEFITS

If an Insured Person incurs Covered Expenses as a result of an Injury sustained during a Covered Activity, the plan will pay 100% of those Covered Expenses after a deductible of **\$250**. Covered Expenses are charged for medically necessary services or supplies made by a hospital, doctor, laboratory, clinic or pharmacy within one year of the date of injury.

#### ACCIDENTAL MEDICAL LIMITS

**\$100,000** Maximum Medical Benefit per claim

**\$250** Deductible per claim

Dental Expense: **\$250** per tooth / per accident to a maximum of **\$1,000**

### ACCIDENTAL DEATH & DISMEMBERMENT

If an Insured Person suffers a listed Loss as a result of and within one year of an injury sustained during a Covered Activity, the plan will pay the corresponding payment.

LOSS	PAYMENT
Death	\$5,000
Both hands or feet	\$5,000
Sight of both eyes	\$5,000
One hand or foot and sight of one eye	\$5,000
One hand or one foot	\$2,500
Speech or hearing in both ears	\$2,500
Thumb and index finger of same hand	\$1,250

For more information, contact

**WESTPOINT INSURANCE GROUP**

Call Toll-Free: 1-800-318-7709 or Fax: 1-708-636-3915

E-mail: [sales@westpointinsurance.com](mailto:sales@westpointinsurance.com)

Westpoint - BPA Plans

P.O. Box 1495

Bridgeview, IL 60455-0495

**WESTPOINT  
INSURANCE**

### GENERAL EXCLUSION & LIMITATIONS

You must refer to the policy for complete policy exclusions. The policy does not cover and no payment will be made for any loss or expense arising out of or resulting from:

- ◆ Self-destruction or an attempt there at while sane or intentionally self-inflicted injury;
- ◆ The attempt by the Insured Person to commit a felony;
- ◆ The Insured Person's being intoxicated;
- ◆ The use by the Insured Person of drugs or narcotics unless used as prescribed by a Doctor for a condition other than drug addiction;
- ◆ War, invasion, acts of foreign enemies, civil war, rebellion, insurrection or insurgencies;
- ◆ Illness or disease, except:
  - 1) As may be specifically provided for in the policy;
  - 2) As may result from an injury;
  - 3) A cardiovascular accident, stroke, or other traumatic event caused by exertion while participating in a Covered Event;
  - 4) The aggravation of a condition, including but not limited to, tendonitis, strains, sprains and other similar conditions caused by exertion while participating in a Covered Event.

### ACCIDENTAL DEATH & DISMEMBERMENT EXCLUSIONS AND LIMITATIONS

No benefits are payable under this benefit provision for any loss caused or contributed by:

- ◆ Illness or medical or surgical treatment of illness, including diagnosis;
- ◆ Bacterial infection, except septic infection of and through a wound accidentally sustained;
- ◆ Travel or flight in or descent from any aircraft, unless the Insured Person is a fare-paying passenger on a regularly scheduled flight on a commercial airline;
- ◆ Any of the occurrences listed above in the General Exclusion and Limitations.

### ACCIDENTAL MEDICAL BENEFITS EXCLUSIONS AND LIMITATIONS

Covered Expenses will never include and no benefits will ever be payable for any charges which:

- ◆ Exceed the reasonable and customary charge;
- ◆ Are incurred for dental work unless the Insured Person sustains an injury which results in damage to his or her natural teeth;
- ◆ Are incurred for services or supplies not specifically provided for in the policy;
- ◆ Would not have been made in the absence of insurance or which the Insured Person is not legally obligated to pay;
- ◆ Are incurred for cosmetic procedures, unless made Medically Necessary by an injury;
- ◆ Are incurred for eyeglasses, contact lenses or hearing aids or for any examination or fitting related to these devices, unless made Medically Necessary by an injury;
- ◆ Are incurred for care or treatment which is not Medically Necessary to the diagnosis or treatment of an injury;
- ◆ Are incurred for custodial care;
- ◆ Are incurred for treatment of a pre-existing condition;
- ◆ Arise out of any of the occurrences listed above in the General Exclusions and Limitations.



**PREFERRED MEMBERSHIP BENEFITS PROGRAM APPLICATION**  
for *General Liability & Accidental Medical Insurance Plans*

EFFECTIVE AUGUST 1ST, 2024 THROUGH AUGUST 1ST, 2025

\_\_\_\_\_  
Name of Organization (i.e. League, Team, etc.)

\_\_\_\_\_  
Street Address (Proof of Insurance Sent)

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Contact Person's Name Phone

\_\_\_\_\_  
Cell Fax

\_\_\_\_\_  
E-mail Address Website Address

\_\_\_\_\_  
Requested Effective Date

**Insured Teams:** If you don't have a NSA Sanction Number, go to: [www.playnsa.com](http://www.playnsa.com)

\_\_\_\_\_  
Team Name NSA Membership/Sanction Number

\_\_\_\_\_  
Team Name NSA Membership/Sanction Number

\_\_\_\_\_  
Team Name NSA Membership/Sanction Number  
*(Please list additional teams/sanction numbers on a separate sheet)*

**Additional Insureds:** (i.e. field owners, municipalities, schools, parks, rec centers, etc.)

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
City State Zip  
*(Please list additional insureds including address on a separate sheet)*

**CALCULATE YOUR RATES!**

**4 TEAMS OR MORE** (MUST BE PURCHASED AT THE SAME TIME)

AGE RANGE	NUMBER OF TEAMS	x RATE	=TOTAL PREMIUM
8 & Under		\$116.00	
10 & Under		\$126.00	
12 & Under		\$136.00	
14 & Under		\$143.00	
16 & Under		\$151.00	
18 & Under		\$164.00	
23 & Under		\$172.00	
<b>TOTAL</b>			

**3 TEAMS OR LESS** (MUST BE PURCHASED AT THE SAME TIME)

AGE RANGE	NUMBER OF TEAMS	x RATE	=TOTAL PREMIUM
8 & Under		\$129.00	
10 & Under		\$143.00	
12 & Under		\$154.00	
14 & Under		\$165.00	
16 & Under		\$173.00	
18 & Under		\$190.00	
23 & Under		\$200.00	
<b>TOTAL</b>			

**Payment Process Options**

*Note: We no longer can accept payment information by E-mail or fax for security reasons. To remit payment securely by check or credit card, choose one of these secure options below:*

- ONLINE** Usually same-day service - allow 24 hours for turnaround.
1. Go to [www.playnsa.com](http://www.playnsa.com) to access the secure online application feature.
  2. Fill in the requested information and remit application & payment online instantly.

Allow 7-10 days for mail delivery & processing

- BY MAIL**
1. Print & complete this application
  2. Enclose application, payment info & mail to:  
**Westpoint Insurance Group**  
**NSA/BPA Plans**  
**P.O. Box 1495**  
**Bridgeview, IL 60455-0495**

Pay by:  Check  Money Order  Credit Card  
Select Card:  VISA  Master Card  AMEX  Discover

\_\_\_\_\_  
Card No. Exp. Date CVV No.

\_\_\_\_\_  
Billing Address

\_\_\_\_\_  
City State Zip

*Membership & Coverage begins with receipt of full payment & enrollment request. By signing this application, I hereby verify the information provided herein is true & complete. Premium is fully earned upon certificate issuance. No pro-rata refunds are available.*

*By signing the application, I agree to terms herein & to allow payment processing using the check or card information indicated.*

\_\_\_\_\_  
Authorized Signature Date

\_\_\_\_\_  
Title/Position