

# ***FORSYTH INSURANCE AGENCY, INC.***

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1265 SO. COTNER BLVD., SUITE #21  
LINCOLN, NE 68510

## **2010-11 NEBRASKA HIGH SCHOOL CAMP COVERAGE REQUEST**

**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 will be housed overnight as part of your camp. A commuter camper leaves each day at the end of the camp session.

### **DEPOSIT PREMIUM RATING**

#### **◆ GENERAL LIABILITY & X/S MEDICAL ◆**

\_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_ X \$.75 = \$ \_\_\_\_\_  
(# resident campers)    (# days)    (# camper days)    (rate)    (premium)

\_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_ X \$.72 = \$ \_\_\_\_\_  
(# commuter campers)    (# days)    (# camper days)    (rate)    (premium)

Flat Fee \_\_\_\_\_ + \$ 20.00

TOTAL DEPOSIT \_\_\_\_\_ \$ \_\_\_\_\_

**DATE** \_\_\_\_\_ **SIGNED** \_\_\_\_\_

**HEAD COACH NAME & MEMBER #** \_\_\_\_\_

◆◆ 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.

**!!! ATTENTION COACHES !!!**

**2010-2011 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

**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 IS **NOT 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.

**COMBINED RATES**

RATE PER CAMPER DAY (OTHER THAN CHEERLEADING PYRAMIDS, USE OF TRAMPOLINES, GYMNASTICS & CERTAIN SPORTS)

**\$.72 COMMUTER**

**\$.75 RESIDENT**

09/10