2009/2010
Member Association
Accident Medical Game Fee
Reimbursement Enrollment Form

GENERAL INFORMATION

1. Name of Association:_____

   Address of Association: _____

2. Primary Insurance Contact:_____

3. Telephone Number: (_____)_____ Fax Number: (_____)_____

4. Web site address:_____ E-Mail address of primary contact:_____

5. Please indicate those sports in which your members officiate:
   ☐ Baseball ☐ Basketball ☐ Football ☐ Softball ☐ Soccer ☐ Tennis
   ☐ Swimming ☐ Track & Field ☐ Volleyball ☐ Wrestling ☐ Other: _____
   ☐ Other: _____

RATING/COST INFORMATION

Depending on when your association decides to purchase coverage, your rate per official and minimum cost per association will fall into one of three options below:

Option 1-Associations that purchase coverage between 7/1/09 and 9/30/09, with coverage expiring 10/1/10.

Step 1: Number of officials____ x $7.50 per official $_____ ($375 if less than 50 officials)
Step 2: NASO Administrative fee: $75
Step 3: Total due American Specialty: $_____ total cost

Option 2-Associations that purchase coverage between 10/1/09 and 3/31/10, with coverage expiring 10/1/10.

Step 1: Number of officials____x $6.00 rate per official $_____ ($300 if less than 50 officials)
Step 2: NASO administrative fee: $75
Step 3: Total due American Specialty: $_____ total cost

Option 3-Associations that purchase coverage between 4/1/10 and 9/30/10, with coverage expiring 10/1/10.

Step 1: Number of officials____x $3.00 rate per official $_____ ($150 if less than 50 officials)
Step 2: NASO administrative fee: $75
Step 3: Total due American Specialty: $_____ total cost

Coverage for individual member associations will not begin until enrollment form and premium are received by American Specialty. American Specialty will verify membership in NASO-ON prior to extending coverage to any association.

The undersigned being authorized by and acting on behalf of the member association does hereby certify that all information in this enrollment form is true and correct, and that the member association is a member of NASO-ON.

_____ _____ _____
Date Signature Title

Make check payable to American Specialty. Mail check and completed form to:

American Specialty Insurance & Risk Services, Inc.
Attn: Rene Waterson
142 N. Main Street
P.O. Box 309
Roanoke, IN 46783-0309
Phone: 260-673-1135 Fax: 260-673-1295

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