



AMERICAN SPECIALTY®

2011/2012
Member Association General Liability
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: _____

UNDERWRITING INFORMATION

This insurance is only available for NASO-ON member associations. For information on membership, please contact NASO at (262) 632-5448.

1. Does the association own any premises? If so, provide the name of the insurance carrier and the policy number: _____
2. Are you a: not-for-profit organization OR for-profit organization?
3. Are you a: true officials' organization OR an assigning company?

If you are a for-profit organization or an assigning company, coverage may not be available to you under the NASO-ON optional insurance program. Please contact us for availability.

RATING/COVERAGE INFORMATION

A discounted rate applies for all associations whose entire board of directors are individual NASO members. For these associations, please complete the information under the Option 1 heading. If your board of directors are not all individual NASO members, please complete the information under the Option 2 heading.

OPTION 1

BOARD MEMBER INFORMATION –

Please provide the name and NASO member ID number for each of your board of directors in the chart below.

	Board Member Name	NASO Member I.D. Number
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

OPTION 1 – RATES

1. Number of members in association: _____
2. Cost for your association (see below to determine fee due): _____
 - a. Less than 100 members - \$250, flat annual payment for coverage*
 - b. 100 – 500 members - \$375, flat annual payment for coverage*
 - c. Greater than 500 members - \$500, flat annual payment for coverage*

Any local associations purchasing coverage on 1/1/2012 or after shall have a pro-rata fee as follows:

1. Between 1/01/12 and 3/31/12: 75% of the flat annual fee shall be due
2. Between 4/01/12 and 6/30/12: 50% of the flat annual fee shall be due
3. Between 7/01/12 and 9/30/12: 25% of the flat annual fee shall be due

The policy to which coverage applies will begin 9/30/11 and will expire 9/30/12. 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.

OPTION 2 - RATES

1. Number of members in association: _____
2. Cost for your association (see below to determine fee due): _____
 - a. Less than 100 members - \$500, flat annual payment for coverage*
 - b. 100 – 500 members - \$750, flat annual payment for coverage*
 - c. Greater than 500 members - \$1,000, flat annual payment for coverage*

The policy to which coverage applies will begin 9/30/11 and will expire 9/30/12. 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.

Any local associations purchasing coverage on 1/1/2012 or after shall have a pro-rata fee as follows:

1. Between 1/01/12 and 3/31/12: 75% of the flat annual fee shall be due
2. Between 4/01/12 and 6/30/12: 50% of the flat annual fee shall be due
3. Between 7/01/12 and 9/30/12: 25% of the flat annual fee shall be due

*includes NASO administration fee.

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: 260-672-8800 Fax: 260-672-8835