

National Federation of High School Associations  
Coaches and Officials Coverages  
2017-2018



**General Liability Insurance**

Carrier: Everest National Insurance Company  
 Effective Date: July 1, 2017 – July 1, 2018  
 General Aggregate Limit: \$5,000,000  
 Products-Completed Operations Aggregate Limit: \$5,000,000  
 Each Occurrence Limit: \$2,000,000  
 Personal and Advertising Injury Limit: \$2,000,000  
 Damage to Premises Rented to You: \$300,000  
 Premises Medical Payments: \$5,000  
 Sexual Abuse & Molestation – Each Occurrence: \$1,000,000  
 Sexual Abuse & Molestation – Aggregate: \$2,000,000  
 Participant Legal Liability: \$2,000,000  
 Crisis Response – Each Event/Aggregate: \$25,000  
 Employee Benefit Liability/Each Claim \$1,000,000  
 Deductible: \$1,000  
 Employee Benefit Liability Aggregate: \$3,000,000  
 Terrorism: Included  
 Deductible - \$0 (zero)



**Excess Liability Insurance**

Carrier: Everest National Insurance Company  
 Effective Date: July 1, 2017 – July 1, 2018  
 Policy Limit: \$1,000,000  
 Policy Form: Straight Excess  
 General Aggregate Limit: \$1,000,000  
 Products-Completed Operations Aggregate Limit: \$1,000,000  
 Terrorism: Included



**Blanket Accident Program**

Carrier: United States Fire Insurance Company  
 Effective Date: July 1, 2017 – July 1, 2018  
 Benefits:

Accident Medical Expense Benefit	
Maximum Benefit	\$50,000
Deductible	\$250
Maximum Dental Limit (Sound and Natural Teeth)	Included In Medical Max
Accidental Death and Dismemberment Maximum Benefit	\$10,000
Heart & Circulatory Malfunction Maximum Benefit	\$2,500
Physical Therapy/Chiropractic – per Visit	\$50
Physical Therapy/Chiropractic – Maximum per Injury	\$2,000
Durable Medical Equipment – Maximum per Injury	\$1,000
Outpatient Prescriptions – Maximums per Injury	\$1,000
Accidental Death & Dismemberment Benefit	\$2,500
Benefit Period	1 Year

Covered Activities: Insured persons are covered for injury resulting from an accident which occurs directly from:

- \* Activities that are scheduled, sponsored, or supervised by the policyholder;
- \* Premises owned, leased or borrowed by the policyholder;
- \* Travel scheduled, sponsored or supervised by the policyholder. (accident medical coverage only)
- \* For officials/referees, coverage shall apply only while the member is engaging in officiating activities during regularly scheduled sports or activities competition, which includes assigning, chain crew, and attending or operating officiating camps, clinics or meetings.

# Camp / Clinic / Tournament Insurance

National Federation of State  
High School Associations



Application for Coverage – Multiple Events/Days

Name of Event \_\_\_\_\_  
Event Address \_\_\_\_\_  
Contact Name \_\_\_\_\_ NFHS# \_\_\_\_\_  
Contact Address \_\_\_\_\_  
Contact Phone # \_\_\_\_\_ Email \_\_\_\_\_

Rates: **\$1.00 Per Participant Per Day** **\$200.00 Minimum Policy Premium**

Dates of Events	# of Participants	Premium Due
/		
/		
/		
/		
/		
Total Premium Due or Min. Policy Premium		

Sports and Activities: \_\_\_\_\_

Additional Insured's – (if requested by facility)

Name	Address
_____	_____
_____	_____
_____	_____

## INSTRUCTIONS:

1. Complete this form and return it with your premium payable to:  
Dissinger Reed, 8700 Indian Creek Parkway, Suite 320 Overland Park, KS. 66210
2. Please send at least 10 days prior to the start of activities. Please allow **one week** for processing.
3. Coverage will be bound as of the start date, subject to confirmation of membership, application and premium received in full.
4. If you have questions, Please contact the NFHS appointed insurance agency:

Dissinger Reed, LLC ~ Max Biggerstaff ~ 1-800-386-9183



# Camp / Clinic / Tournament Insurance

National Federation of State  
High School Associations



Application for Coverage – Single Day Event

Name of Event \_\_\_\_\_

Event Address \_\_\_\_\_

Contact Name \_\_\_\_\_ NFHS# \_\_\_\_\_

Contact Address \_\_\_\_\_

Contact Phone # \_\_\_\_\_ Email \_\_\_\_\_

Rates: \$0.40 Per Participant Per Day \$100.00 Minimum Policy Premium

Dates of Event	# of Participants	Premium Due
/		
Total Premium Due or Min. Policy Premium		

Sports and Activities: \_\_\_\_\_

Additional Insured's – (if requested by facility)

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

## INSTRUCTIONS:

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# DISSINGER REED

## CAMP/CLINIC INSURANCE

### Schedule of Membership Benefits

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#### **Excess Accident Medical**

Covered Activities: Excess Accident Medical coverage covers each Insured Person during the policy period while he/she is participating in a Sport Camp, Clinic or Tournament activities.

- \$25,000 Maximum Benefit Per Person Per Injury
- \$250.00 Deductible Per Injury
- 52 Week (1 year) Benefit Period
- HMO/PPO Denials and Reductions
- 180 Day Initial Treatment Period
- Dental Expense To Policy Limits
- Physical Therapy/Chiropractic - \$2,000 Per Injury / \$50 Per Visit
- Durable Medical Equipment - \$1,000.00 Per Injury
- Prescription Medications - \$1,000 Per Injury

#### **Accidental Death & Dismemberment**

- \$1,000.00 Principal Sum

#### **General Liability**

Covered Activities: Liability coverage is provided for Camps/Clinics/Tournaments for the coaches/officials as needed. Liability coverage is provided to the coaches/officials only with respect to his/her coaching/instructional duties. NFHS has graciously taken care of the General Liability coverage for the participating NFHS Coaches and Officials. For the General Liability to be in effect, each Camp/Clinic or Tournament must also have the Accident Medical portion in place or no General Liability coverage will be afforded.

- \$5,000,000 Aggregate Liability Limit
- \$5,000,000 Products Completed
- \$1,000,000 Each Occurrence Limit
- \$1,000,000 Participant Legal Liability
- \$1,000,000 Personal & Advertising Injury Limit
- \$300,000 Damage to Premises Rented To You
- \$0 Deductible
- *Sexual Abuse & Molestation claims are excluded*

For more information, please contact the NFHS appointed insurance agency:  
Dissinger Reed, LLC  
Max Biggerstaff - (800) 386-9183

