

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 Minimum 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
1-800-386-9183

