

# 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 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

