



Camp / Clinic / Tournament Insurance

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, LLC
9200 Ward Parkway, Ste. 500
Kansas City, MO 64114

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, A Division of HUB International:
1-800-386-9183

