



## JVA 2010 TOURNAMENT WORKSHEET

### NON USAV Volleyball Tournament

PLEASE ATTACH TOURNAMENT DATES AND ALLSITE ADDRESSES:

Tournament Name and Date \_\_\_\_\_

Contact Name & Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

*Attach additional sheet if necessary.*

### SECTION 1

**LIABILITY:** Carrier– Surplus Lines Carrier Rated A+ VIII (Superior) by AM Best

Occurrence	\$ 1,000,000	Aggregate	\$ 3,000,000
Fire Damage	\$ 100,000	Products/Completed Operations	INCLUDED
Personal/Advertising	\$ 1,000,000	Spectator Medical Expense	\$ 1,000

**Physical/Sexual Abuse Option** - EXCLUDED (Can be added for separate premium upon approval)

**Non-Owned Auto Option** – EXCLUDED (Can be added for separate premium upon approval)

**Sports Equipment Option** - EXCLUDED (Can be added for separate premium upon approval)

**Policy Term** – Limited to Dates of Tournament and Practices for Tournaments

### SECTION 2

**EXCESS ACCIDENT:** Carrier – The Hartford - Atlanta, GA

Excess Accident Limit	\$25,000	AD&D	\$2,500
Deductible	\$ 100	Dental	\$1,500

**Policy Term** – Limited to Dates of Tournament and Practices for Tournaments

SPORT	AGE	# OF TEAMS	X	NUMBER OF DAYS	X	FEE PER DAY	TOTAL
JVA VOLLEYBALL TOURNAMENT	Youth 12-18		X		X	12.50	
Add for 3 <sup>rd</sup> Day Only	12-18		X		X	2.50	

TOTAL LIABILITY PREMIUM      \$ \_\_\_\_\_

### SECTION 3

**TOTALS:** - All bolded lines must be completed.

A) LIABILITY PREMIUM – SECTION 1 & Excess Accident      \$ \_\_\_\_\_ (\$375.00 Minimum)

B) POLICY FEE      \$ **25.00**

C) TOTAL ESTIMATED DUE      \$ \_\_\_\_\_

**SECTION 4**

**Payment Options:** (Made payable to: ASC, money order or cashiers check. Please contact Barbara Cowin 817-545-4551 x18 if you would like to pay by credit card, a \$10 rush fee will apply to all credit card transactions)

I AM ENCLOSING:

- Full Payment for EXACT Participants recorded above.
- Full Payment for ESTIMATED Premium recorded above. An Audit form will be needed to report within three days of end of tournament. No Return Premium will be submitted so please calculate your estimate as close as possible. (WE DO NOT ACCEPT DEPOSIT PREMIUMS, YOU MUST PAY BASED ON AT LEAST YOUR ESTIMATED EXPOSURE)

**\*\*The rates quoted on this worksheet are based on an “average” policy with no optional coverages added. If you desire additional coverages or if your application, once submitted, indicates anything that may require additional premium(s) you will be notified immediately. \*\***

**Coverage will be provided for tournament dates that are requested, approved, and premiums collected. If you apply for a current tournament and it is covered by these policies then have another tournament during the policy term, but did not report those tournament dates nor paid a premium, that tournament IS NOT covered.**



Please fill out this form, print and fax to Barbara Cowin: 817-545-4557 or email to [bcowin@ascvb.com](mailto:bcowin@ascvb.com)  
For additional information please call John Sample 214-202-8446

**Quote will be returned within 24 hours.**

Insured signature: \_\_\_\_\_

Name/Title/Date

**REMIT THIS WORKSHEET WITH THE APPLICATION AND PREMIUM,  
PLEASE CONTACT US IF ADDITIONAL COVERAGES ARE DESIRED.**