



## **Instructors Liability Insurance**

The National Skeet Shooting Association and the National Sporting Clays Association have arranged for custom liability insurance designed expressly for NSSA and NSCA instructors. This a member benefit and only available to graduates of the instructors course.

Our program was designed by shotgun shooters to provide affordable insurance coverage for shooting instructors. The principle of Sportsman's Insurance Agency is Hollis Boss, a former president of NSSA.

This brochure provides information you need in order to apply. Insurance coverage can be made effective as early as one day after your postmarked application or fax receipt date.

### **Coverage Available**

**Liability limits are \$1,000,000 per occurrence with no general aggregate. Coverage includes product liability, personal injury and medical payments.**

### **Who is eligible?**

**This insurance is available to members of NSSA or NSCA who have successfully completed a level I, II or III instructors course. The applicant must maintain membership in either NSSA or NSCA.**

### **Underwriting**

**Coverage is through the T.H.E Insurance Company Inc. .**

### **Premiums**

**Premiums are based on the instructors gross receipts. The minimum premium is \$500.00.**

### **How to Apply**

**Simply complete the enclosed application and mail or fax it in with your premium payment.**



**Sportsman's Insurance Agency, Inc.  
1450 N. US 1, Suite 500  
Ormond Beach, FL 32174  
Toll Free Number 1-800-925-7767  
Fax Number (386)-677-3292  
Business Number (386)-677-2588**

# NSSA/NSCA Member Instructor Liability Application

Instructor's Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone # : \_\_\_\_\_ Evening Phone # : \_\_\_\_\_ E-mail: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Member of:  NSSA  NSCA Member Number \_\_\_\_\_  
Level of Certification:  I  II  III  Master Date Certified: \_\_\_\_\_

Number of Years Teaching Experience: \_\_\_\_\_ Estimated Number of Courses Taught: \_\_\_\_\_

Average Number of Students per course: \_\_\_\_\_ Do you conduct any course lay out? \_\_\_\_\_

Do you currently, or have you ever published any instructional books, manuals or videos? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

## Additional Insureds

Some of the facilities where you instruct may require you to list them as an additional insured

Please complete the following to add these facilities at no additional premium (**please note we must have addresses**)

1) Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

2) Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

*(If you have more than 2 additional insured's list them on a separate sheet of paper and attach them)*

## Premium Calculation

**Please report estimated gross receipts from instruction, book/manual & video sales.**

# 1) Gross Annual Receipts: \_\_\_\_\_ (Receipts 0- \$20,000)  
cost is \$20 per \$1,000 for the first \$20,000 in gross receipts) If the receipts exceed \$20,000  
take the amount that exceeds \$20,000 and enter it in #2 below)

**If Gross Annual Receipts are \$20,000 or less the annual premium is \$500.00**

#2) Gross Annual Receipts (if over \$20,000): \_\_\_\_\_  
Cost is \$15 per \$1,000 X \$15.00 = Total Annual Premium: \_\_\_\_\_

## Method of Payment

Check Number: \_\_\_\_\_ Made Payable to Sportsman's Insurance Agency, Inc.  
1450 N US 1, Suite 500, Ormond Beach, FL 32174

Credit Card:  Discover  Master Card  Visa Card Number: \_\_\_\_\_

Credit Card Authorization Signature: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Florida:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or any application containing any false, incomplete or misleading information or is guilty of a felony of the third degree.

**New York:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact or material thereto commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty for each such violation.

**Ohio:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against any insurer, submits an application or files a claim containing a false, or deceptive statement is guilty of insurance fraud.

Signature & Title: \_\_\_\_\_ Date: \_\_\_\_\_