



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.
1364 N. US 1, Suite 503
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.
1364 N US 1, Suite 503, 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: _____