

2011-2012 Game-Fee Protection Program



**Pays Your
Game Fees
If You Can't
Officiate
Because Of
Injury**

Two Options!

**Choose the level of coverage
that's right for your
officiating schedule.**

An EXCLUSIVE program for members of the:

**NATIONAL ASSOCIATION
OF SPORTS OFFICIALS**



PROGRAM OVERVIEW

This program protects you from losing officiating game fees because of injury. The policy pays your lost game fees subject to: a per game maximum, an annual maximum and a time limitation.

How Does It Work?

The policy pays if you are injured while participating in, to include traveling to and from, a regularly scheduled Policyholder sponsored and supervised activity, to include a sport

competition event at which you have been assigned officiating duties, or would have been assigned officiating duties, except for the Injury.

Upon being injured, you seek medical treatment within 30 days of the Injury. The doctor advises you not to officiate for a given amount of time. Starting with the date immediately following the date of the Injury, there is a 10-day waiting period. Then you become eligible for benefits and receive up to \$50 or \$75 per game (depending on Option selected) for the games you are missing, subject to the per game limitations noted below.

You will be required to obtain verification from your assigner of officials of the assignments you could not work and the fees you would have received.

Two Protection Options!

You have two Game-Fee Protection options to choose from. Select the program which best fits your personal needs.

OPTION 1 \$114 Annual Payment*

Pays up to \$50 maximum per game; \$1,000 maximum per year; Benefits payable up to 26 straight weeks; Initial treatment received within 30 days of injury

OPTION 2 \$277 Annual Payment*

Pay up to \$75 maximum per game; \$2,000 maximum per year; Benefits payable up to 26 straight weeks; Initial treatment received within 30 days of injury

** Includes \$5 administration fee.*

CLAIMS PAID*

**Oklahoma
baseball umpire
... heel and foot injury ...
\$745 paid**

**Texas basketball
official ... torn lateral
meniscus in knee ...
\$810 paid**

**Ohio basketball official
... broken toe ...
\$1,900 paid**

* Claims paid by previous NASO-provided coverage.



DEFINITIONS

Hospital means any of the following places: (a) a place which is licensed or recognized as a general hospital by the proper authority of the state in which it is located; (b) a place operated for the care and treatment of resident inpatients with a registered graduate nurse (RN) always on duty and with a laboratory and X-ray facility; (c) a place recognized as a general hospital by the Joint Commission on the Accreditation of Hospitals; or (d) a place certified as a hospital by Medicare. Not included is a hospital or institution or a part of such hospital or institution which is licensed or used principally: (1) for the treatment or care of drug addicts or alcoholics; or (2) as a clinic, continued or extended care facility, skilled nursing facility, convalescent home, rest home, nursing home or home for the aged.

Injury means accidental bodily injury resulting independently of sickness and all other causes.

Legally Qualified Physician means a physician: (a) other than the Insured; (b) practicing within the scope of his or her license; and (c) recognized as a physician in the state where services are rendered.

QUESTIONS AND ANSWERS

Q. Who is covered?

A. NASO members who complete the enrollment form and pay the designated fee. You are covered for game fees lost from scheduled contests held under the auspices of sports organizations, leagues, associations, etc.

Q. Why is there a 10-day waiting period before benefits are payable? When does it start?

A. There is a waiting period in order to keep the premium costs reasonable and to provide benefits for the more seriously injured. The waiting period starts on the date immediately following the date of the game injury.

Q. Only one week of games is assigned in advance by my assigner. How do I prove lost fees for missed assignments if I don't have a written contract?

A. You will need to show the procedures which have been used to assign officials and then show that except for the injury you received you would

How To Enroll

1. Complete the enrollment form on the reverse side of this brochure.

2. Enclose a check or money order payable to **American Specialty Insurance and Risk Services, Inc.** for the total amount. Return of a check by a bank for any reason will invalidate the insurance.

3. Send the enrollment form and payment to:

American Specialty Insurance and Risk Services, Inc.
142 N. Main Street
P.O. Box 309
Roanoke, IN 46783
Ph.: 800-245-2744
Fax: 260-672-8835
E-mail: rwateron@amerspec.com

If you are not currently a NASO member, contact:

NASO Headquarters
2017 Lathrop Avenue
Racine, WI 53405
Ph.: 262/632-5448

have been assigned the missed (lost) games. The written statement of the designated assigner of officials, including fees normally paid may be enough. In some cases the claims department could require more information.

Q. If I'm injured in an auto accident and can't work games for which I was scheduled, can I get the lost game fees paid?

A. Yes, if the auto accident occurred while you were on your way to or returning from a regularly scheduled activity.

Q. I officiate three sports. If I get hurt during basketball (winter) and the injury is "long term," do I have coverage for lacrosse in the spring?

A. Yes, your coverage continues providing: a) the basketball injury was a result of a covered accident; b) the assigned schedule of lacrosse games would have included you except that you were injured; and c) you have not exceeded the policy's annual maximum payment or benefit period time limit.

EXCLUSIONS

This policy does not cover: (a) suicide, attempted suicide or intentionally self-inflicted injury while sane or insane (in Missouri while sane only); (b) Injuries caused by an act of declared or undeclared war; (c) Injuries received while acting as a pilot or crew member; (d) Injuries resulting from air travel, except as a passenger for transportation only; (e) Injuries resulting from the Insured's engagement in or attempt to commit a felony or being engaged in an illegal occupation; (f) Injuries received while under the influence of any controlled substance, unless administered on the advice of a Legally Qualified Physician; (g) Injuries received while intoxicated as specifically defined in this policy; (h) Injuries sustained while traveling other than as specifically stated herein.

You must be a current member of the **National Association of Sports Officials** to enroll in this program. Membership will be verified by NASO.



ENROLLMENT FORM

I select this NASO GAME-FEE PROTECTION
COVERAGE option (check one):

_____ **Option 1 - \$114 Annual Payment***
\$50 maximum per game; \$1,000 maximum per
year; Benefits payable up to 26 straight weeks;
Initial treatment received within 30 days of injury

_____ **Option 2 - \$277 Annual Payment***
\$75 maximum per game; \$2,000 maximum per
year; Benefits payable up to 26 straight weeks;
Initial treatment received within 30 days of injury

**Includes \$5 administration fee.*

Name _____

Street _____

City _____

State/Zip _____

Phone _____

E-mail _____

My check/money order payable to **American Specialty Insurance and Risk Services, Inc.** is enclosed. I understand this entitles me to the coverage specified in this brochure, subject to the limitations and provisions as stated, for one full year. I further understand my coverage becomes effective on the day the servicing agent receives the fee and the enrollment form. The servicing agent will verify membership with NASO.

Signature _____

Date _____

SERVICING AGENT

If you have questions or need further information, please contact NASO's Insurance Agent directly:

**AMERICAN SPECIALTY
INSURANCE SERVICES AND RISK
SERVICES, INC.**

142 N. Main Street

P. O. Box 309

Roanoke, IN 46783

Ph.: 800-245-2744

Fax: 260-672-8835

E-mail: rwaterston@amerspec.com

Upon notice of claim, membership will be verified with NASO.

NASO GAME-FEE PROTECTION PROGRAM

This brochure has been designed to illustrate the highlights of this insurance. All information in this brochure is subject to the provisions of Policy Form T5MP, underwritten by Mutual of Omaha Insurance Company. If there is any conflict between this brochure and the policy, policy provisions will prevail.