

# Game-Fee Protection Program

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

**Information & Enrollment Form  
2012-2013**

## **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.

## 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.

**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.

## Questions & 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 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.**

## Servicing Agent

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

**American Specialty Insurance and Risk Services, Inc.**

142 N. Main Street  
P. O. Box 309  
Roanoke, IN 46783  
Phone: 800-245-2744  
Fax: 260-672-8835  
E-mail: [rwatson@amerspec.com](mailto:rwatson@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.



## How To Enroll

1. Complete the enrollment form on this page.
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  
Phone: 800-245-2744  
Fax: 260-672-8835  
E-mail: [rwatson@amerspec.com](mailto:rwatson@amerspec.com)

If you are not currently a NASO member, contact:  
NASO Headquarters  
2017 Lathrop Avenue  
Racine, WI 53405  
Phone: 262-632-5448

## Enroll 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 \_\_\_\_\_

One (1) enrollment per NASO Member

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