

# 2009 APPLICATION FOR NRPA-SPONSORED BLANKET RECREATIONAL ACTIVITIES ACCIDENT INSURANCE COVERAGE



**National Recreation and Park Association**

Application is hereby made to Ace American Insurance Company for coverage. The effective date for this insurance is January 1, 2009 or the day after the date the application and payment is received by Aon Association Services, whichever is later. All premiums are fully earned regardless of the effective date. **ALL COVERAGE EXPIRES ON JANUARY 1, 2010.**

## A. YOUR INFORMATION

Name of Recreational Agency, Commission or Organization \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Day Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

## B. YOUR NRPA MEMBERSHIP INFORMATION

**(Be sure to provide this information. Your application cannot be processed without it.)**

Member Name \_\_\_\_\_  
 Name of Organization or Public Member Agency (mandatory) \_\_\_\_\_  
 Current NRPA Membership Number (if unknown, please call 1-800-626-NRPA) \_\_\_\_\_

**NRPA MEMBERSHIP IS REQUIRED FOR THIS COVERAGE.**

## C. RECREATIONAL ACTIVITIES INFORMATION

**Note - A participant in several sports or activities must be counted for each sport or activity.**

ATHLETIC ACTIVITIES & CHILD CARE	Number of Participants	
	Ages 19 and under	Ages 20-70
Baseball		
Basketball		
Softball		
Soccer		
Other Sports (such as Swimming, Volleyball, Skating, Wrestling and Tennis)		
Coaches, Volunteers, Managers		
Child Care		
Total Number of Participants in Athletic Sports & Child Care		
Rate	x \$2 per person	x \$14 per person
1. Subtotal:	\$ _____	\$ _____
NON-ATHLETIC ACTIVITIES	Number of Participants All up to age 70	
Including Arts, Crafts, Social Functions		
Rate	x \$1 per person	
2. Subtotal:	\$ _____	
<b>GRAND TOTAL TO BE REMITTED: (Add lines 1 and 2)</b>	<b>\$ _____</b>	

### IMPORTANT APPLICATION INSTRUCTIONS:

Please type or print the requested information. No change in name (substitution) may be made once this insurance is in force. Return this application with a check for your premium payment, *made payable to the program administrator: Aon Association Services*. Mail to: **Aon Association Services, National Recreation and Park Association Program, P.O. Box 19220A, Newark, NJ 07195-0220**. Please be sure to fill in your current NRPA Membership Number - your application cannot be processed without it.

**Signature X** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_