

2009 APPLICATION FOR NRPA-SPONSORED INSTRUCTORS & INTERNS LIABILITY INSURANCE COVERAGE



National Recreation and Park Association

Application is hereby made to include the following person(s), named below, as Additional Insured(s) under the NRPA-sponsored Instructors & Interns Liability Insurance Coverage general liability policy. 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 Sponsoring Organization
(Note: Sponsor is NOT an Additional Insured) _____

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. NAMES OF ADDITIONAL INSURED(S)

Name	Address	Description of Duties	Location of Duties	Employer/Municipality	Specify Limit: \$1,000,000 or \$500,000	Insured's Signature	Cost Per Person

TOTAL TO BE REMITTED: \$ _____

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** ____/____/____