

## **NATIONAL ORGANIZATION OF COACHES ASSOCIATION DIRECTORS**

The National Organization of Coaches Association Directors (NOCAD) was established June 26, 1991. The organization consists of 33 state coaches associations with over 90,000 members.

Commercial General Liability coverage which is provided to each State Association and its members is issued to the National Organization of Coaches Association Directors.

**Carrier:** Lexington Insurance Company

**Policy Period:** 8/1/06 to 8/1/08

<b>Limits of Insurance:</b> Each Occurrence	\$1,000,000
General Aggregate	\$1,000,000
Products & Completed Operations	\$1,000,000
Personal & Advertising Injury	\$1,000,000
Fire Damage	\$ 50,000
Medical Payments	\$ Excluded

## **CAMP COVERAGE**

Today, most coaches are involved in some type of sports camps. Coverages such as General Liability for coaches and Participant/Accident for participants are available through the NOCAD master policies. Please note that the current NOCAD General Liability policy covers all member State Associations and their members while working at camps and/or conducting their own personal camp.

### **CERTIFICATE OF INSURANCE & PARTICIPANT ACCIDENT**

- Certificates of Insurance and Participant/Accident request forms are available through your State Association.
- If you have a camp and require proof of General Liability Insurance, certificates are at no additional charge.
- If you have a camp and require a certificate of insurance naming an Additional Insured the cost is \$300.00.
- Participant/Accident Coverage must be in place for all participants prior to the issuance of a certificate of insurance naming Additional Insured. Please complete the form and follow the instructions for a quotation.

# N.O.C.A.D.

## *CERTIFICATE OF INSURANCE REQUEST FORM*

➤ ALL STAR GAMES ➤ SUMMER CAMPS ➤ CLINICS

Montana Coaches Association

Please Type or Print Legibly

Proof of Insurance Only (PLEASE CHECK)	
Venue Requesting Certificate – (This will be the Certificate Holder)	
Address of Venue:	
Contact Person:	Email
Phone#	Fax#
Date of Event:	
Coverage Dates Requested:	
Name / Type of Event:	
Location of Event – <b>including City &amp; State:</b>	
Additional Insureds Complete Address/Contact Person and Phone numbers & Relationship to the insured:  (Please use separate sheet if need for additional insureds)	
Name of Requestor Signature of Requestor Phone#	Email  Fax#

Please fax to Loomis & LaPann, Inc. 518-792-3426 Attention: Greg Joly/and or Karen Boller  
Inquires to Greg Joly 800-566-6479, or email to [Gjoly@loomislapann.com](mailto:Gjoly@loomislapann.com). or [Kboller@loomislapann.com](mailto:Kboller@loomislapann.com)

# N.O.C.A.D

## PARTICIPANT / ACCIDENT REQUEST FORM

Maximum Medical \$25,000 ♦ AD&D Benefit \$25,000 ♦ Deductible \$250.00  
Excess Coverage-52 Week Benefit Period

Montana Coaches Association

Name of Event: \_\_\_\_\_

Address: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Effective date of coverage: \_\_\_\_\_ Termination date of coverage: \_\_\_\_\_

# of Participants: \_\_\_\_\_ # of Days: \_\_\_\_\_ # of Coaches/Volunteers \_\_\_\_\_ Sport \_\_\_\_\_

# of Participants: \_\_\_\_\_ # of Days: \_\_\_\_\_ # of Coaches/Volunteers \_\_\_\_\_ Sport \_\_\_\_\_

# of Participants: \_\_\_\_\_ # of Days: \_\_\_\_\_ # of Coaches/Volunteers \_\_\_\_\_ Sport \_\_\_\_\_

Optional Catastrophic Cost Benefit: \$25,000 Lump Sum  Yes  No  
Optional Catastrophic Medical Limit: \$300,000 Deductible \$25,000  Yes  No

Prior Insurance History: Prior Coverage  Yes  No

Name of Carrier: \_\_\_\_\_

Year	Premium Paid	Losses Paid
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signed Statement: \_\_\_\_\_

The above information is correct to the best of my knowledge. I understand the company must approve my request form before coverage is effective. Coverage is not bound until payment is received.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

For a quotation, please fax to Loomis & LaPann, Inc. 518-792-3426 Attention: Greg Joly/and or Karen Boller  
Inquiries to Greg Joly 800-566-6479 or email: [gjoly@loomislappann.com](mailto:gjoly@loomislappann.com) [kboller@loomislappann.com](mailto:kboller@loomislappann.com)

Rating completed by Loomis & LaPann, Inc.

# of Participants \_\_\_\_\_ x days \_\_\_\_\_ x rate \_\_\_\_\_ = Premium \_\_\_\_\_  
Minimum premium \$250.