

ACTIVITY INFORMATION FORM FOR NIRSA ACCIDENT INSURANCE PROGRAMS SPORT CLUBS

NAME OF SCHOOL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

NAME (Please Print) _____ EMAIL ADDRESS _____

TELEPHONE _____ FAX _____

TITLE OR POSITION _____ DATE _____

SPORTS ACTIVITY	#PARTICIPANTS			#PARTICIPANTS	
	MALE	FEMALE		MALE	FEMALE
Rodeo	_____	_____	Fencing	_____	_____
Tackle Football	_____	_____	Rowing/Crew	_____	_____
Rugby	_____	_____	Sailing	_____	_____
Flag/Touch Football	_____	_____	Archery	_____	_____
Ice Hockey	_____	_____	Riflery	_____	_____
Lacrosse	_____	_____	Bowling	_____	_____
Wrestling	_____	_____	Volleyball	_____	_____
Gymnastics	_____	_____	Badminton	_____	_____
Swimming	_____	_____	Equestrian	_____	_____
Diving	_____	_____	Weight Lifting	_____	_____
Outdoor/Hiking	_____	_____	Field Hockey	_____	_____
Mtn.Biking & Kayaking	_____	_____	Cycling	_____	_____
Skiing	_____	_____	Frisbee	_____	_____
Snowboarding	_____	_____	Student Managers	_____	_____
Martial Arts	_____	_____	Student Trainers	_____	_____
Soccer	_____	_____	Student Coaches	_____	_____
Ultimate Frisbee	_____	_____	Cheerleaders	_____	_____
Ultimate Disc	_____	_____	Dance	_____	_____
Flag/Touch Football	_____	_____	Other	_____	_____
(NIRSA Rules)	_____	_____	Other	_____	_____
Judo/Karate	_____	_____	Other	_____	_____
Basketball	_____	_____	Other	_____	_____
Baseball	_____	_____			
Softball	_____	_____			
Track & Field	_____	_____			
Squash	_____	_____			
Racquetball	_____	_____			
Water Polo	_____	_____			
Cross Country	_____	_____			
Tennis	_____	_____			
Table Tennis	_____	_____			
Golf	_____	_____			

Please check programs you would like quoted.

Basic Accident Medical _____

Deductibles:
 _____ \$250 _____ \$500
 _____ \$1,000 _____ \$2,500

Catastrophic Injury Insurance _____

NIRSA Insurance
 Summit America Insurance Services, L.C.
 2180 South 1300 East, Suite 520 • Salt Lake City, UT 84106
 Phone (801) 412-2622 • **CAROL MALOUF** • Fax (801) 412-2625
 Email: carol@summitamerica-ins.com

ACTIVITY INFORMATION FORM FOR NIRSA ACCIDENT INSURANCE PROGRAMS
INTRAMURAL SPORTS

NAME OF SCHOOL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

NAME (Please Print) _____ EMAIL ADDRESS _____

TELEPHONE _____ FAX _____

TITLE OR POSITION _____ DATE _____

#PARTICIPANTS

SPORTS ACTIVITY

MALE

FEMALE

Nordic Skiing	_____	_____
Alpine Skiing	_____	_____
Diving	_____	_____
Ice Hockey	_____	_____
Gymnastics	_____	_____
Lacrosse	_____	_____
Rugby	_____	_____
Wrestling	_____	_____
Baseball	_____	_____
Softball	_____	_____
Basketball	_____	_____
Handball	_____	_____
Racquetball	_____	_____
Squash	_____	_____
Martial Arts	_____	_____
Roller Hockey	_____	_____
Soccer	_____	_____
Flag/Touch Football	_____	_____
Volleyball	_____	_____
Flag/Touch Football (NIRSA Rules)	_____	_____
Tennis	_____	_____
Track & Field	_____	_____
Bowling	_____	_____
Other _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please check programs
you would like quoted.

Basic Accident Medical _____

Deductibles:

_____ \$250 _____ \$500
 _____ \$1,000 _____ \$2,500

Catastrophic Injury Insurance _____

NIRSA Insurance

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ACCIDENT INSURANCE PROGRAMS

for

Club Sports and Intramural Sports Participants
Sponsored by NIRSA for Institutional Members

ELIGIBILITY: All colleges/universities who are Institutional Members of the National Intramural-Recreational Sports Association.

INSURED PERSONS: The plans cover all student participants in an institution approved Club Sport or Intramural Sport program.

INSURED ACTIVITIES:

- **CLUB SPORTS** - The plans cover injuries that occur during play or practice of a Club Sports game, contest or match. Participants are covered while traveling as defined in the applicable Basic and/or Catastrophic policy.
- **INTRAMURAL SPORTS** - The plans cover injuries that occur during play of insured Intramural games, contests or matches. Participants are covered while traveling as defined in the applicable Basic and/or Catastrophic policy.

BASIC ACCIDENT MEDICAL INSURANCE

PLAN HIGHLIGHTS:

- A Medical/Dental benefit of \$25,000 or \$30,000 per person per covered accidental injury.
- Benefits are payable for covered expenses which exceed the deductible and/or the total benefits received from all other obtainable benefits, whichever is greater.
- Benefits payable for expenses incurred within TWO years from the date of injury as long as the deductible is reached within the first year.
- Standard deductibles of \$250, \$500, \$1,000 and \$2,500 - with higher amounts available upon request.
- \$10,000 Accidental Death & Dismemberment Benefit.

CATASTROPHIC INJURY INSURANCE

PLAN HIGHLIGHTS:

- **LIFETIME** Medical, Dental and Rehabilitation Benefits with a **MAXIMUM of \$5,000,000**.
- Monthly Benefits payable if Totally or Partially Disabled.
- A Covered Accident Deductible of \$25,000; \$30,000 or \$50,000 (as selected by school), for medical, dental or rehabilitation expenses which must be incurred within TWO years from the date of injury.
- \$10,000 Accidental Death & Dismemberment Benefit.
- Benefits are payable for covered expenses which exceed the deductible and/or the total benefits received from all other obtainable benefits, whichever is greater.

This outline summarizes the provisions of the policies underwritten by Mutual of Omaha Insurance Company. Should there be any discrepancy between this outline and the policy, the policy provisions will prevail.



NIRSA Insurance Division

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Mutual of Omaha

Underwritten By:
Mutual of Omaha Insurance Company
Home Office: Omaha, Nebraska