

Instructions for submitting ASA Individual Insurance

- * Complete information must be provided in order to issue cards and policy -- (Coach contact info, players/coaches name, complete address, and date of birth for **ALL** to be insured (players and coaches))
- * Payment **MUST** be received before cards and policy will be issued
- * If you have already submitted your team and are adding additional players/coaches, please use this same form but only list the add on's. You will be charged for ALL that you submit. Duplicates will not be checked for.
- * It is a 90/10 policy. (Meaning the insurance will pay 90% and the insured pays 10% after the deductible(if applicable))
- * If you have an entire league to submit, please complete the top portion of this form along with a spreadsheet (preferably) of all the same info as below

2012 Kentucky ASA Individual Insurance

Date _____

Complete information must be provided

Team Name: _____

←--Check here if these are additions to a previously insured team

If you are adding on, only submit the new ones. Duplicates are not checked for and you will be charged for them.

Age Division: Circle One: Coach Pitch Slow Pitch Fast Pitch

Coach Name: _____

Contact Person To Be Listed On Insurance Policy: _____

Contact Person Address To Be Listed On Ins. Policy: _____

Address

City

State

ZIP Code

Contact Person Email Address: _____

Contact Person Phone Number(s): _____

Deductible:
Check One
\$250ded -\$12.00/person
\$0ded -\$22.00/person

Players Name	Address	City	State	ZIP Code	Date of Birth		
						\$250	\$0
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Coaches Name	Address	City	State	ZIP Code	Date of Birth		
1							
2							
3							
4							
5							
6							

****PAYMENT MUST BE RECEIVED BEFORE CARDS AND POLICY WILL BE ISSUED****

ONLY SUBMIT ONCE (MAIL OR EMAIL). LIST PROVIDED WILL NOT BE CHECKED FOR DUPLICATES. YOU WILL BE CHARGED FOR ALL SUBMITTED.

You may call Brenda Petty at 270-779-2689 or email at BPettyASA@aol.com

COMPLETE information must be provided in order to issue policy 11/15/11

Make check or money order payable to: Brenda Petty/Kentucky ASA

Mail to: Brenda Petty 4505 Sunnyside Gott Road Bowling Green, KY 42101

For Official Use: Policy _____ Emailed _____ Cards _____ Total _____ Paid _____