

NMYSA INSURANCE INFORMATION
Filing a Soccer Related Injury Claim

The NMYSA accident insurance benefit is a secondary insurance policy with a \$500.00 deductible. If the player does not have primary insurance, this policy will act as a primary insurance.

How to file a Claim:

The team coach or league/club official must report the injury of a registered player, participating in a sanctioned event to the league Registrar/Risk Manager, (in accordance with league policies) or direct to the state office, as soon as possible following the incident. Insurance claims must be filed within 90 days of the incident.

The league registrar/official reports the injury in writing to the NMYSA State Office via the "NMYSA injury report" (www.nmysa.net).

Upon receipt of the injury report, the NMYSA State Office will mail claim instructions to the injured member/member's parents.

The member, parent or guardian completes the AliveRisk "Policyholder's Report" and returns that to the NMYSA Office.

The NMYSA State Office will verify the claim information, sign and mail the form to AliveRisk Insurance, (done the same day received from member).

Member/member's parents will be contacted by AliveRisk directly and then can communicate directly with AliveRisk by phone. If the member has other insurance, submit your itemized bills to the other carrier first. You will receive an Explanation of Benefits (EOB) from your other carrier. This along with any other receipts can be forwarded directly to AliveRisk Insurance once the State Office has sent them the "Policyholder's report", (sent the same day received from member).

The New Mexico Youth Soccer Association Accident Insurance Policy is with:

Alive Risk
431 Lake Street
Wayzata, NM 55391
ariggers@allrisks.com
260-210-1960



NEW MEXICO YOUTH SOCCER

The governing body for youth soccer in New Mexico, affiliated with United States Youth Soccer, the United States Soccer Federation (USSF), and the Fédération Internationale de Football Association (FIFA)

NMYSA Injury Report

To be completed by a League Official and sent to NMYSA

Player Information:

Name: _____

Date of Birth: _____

Address: _____

City/State: _____ Zip: _____

NMYSA ID#: _____ Team #: _____ League: _____

Other Information:

Parent/Guardian: _____

Date of Injury: _____

Identify event at which injury occurred: _____

Describe injury and how it occurred:

Date reported to State Office: _____

For NMYSA Office Use:

Sent: _____ Received: _____ Insurance: _____

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2825 Broadbent Parkway NE, Suite D • Albuquerque, NM 87107

Administrative Office: (505) 830-2245 • office@nmysa.net

Coaching Department: (505) 830-2246 • coach@nmysa.net

(800) 976-2245 • fax (505) 830-2247 • http://www.nmysa.net/



General Liability Insurance

NMYSA provides General Liability Insurance for our registered members to cover incidents occurring at NMYSA sanctioned events at facilities used by NMYSA members.

General Liability Insurance certificates are issued annually for a September 1, effective date and are automatically mailed from the NMYSA office to the Certificate Holder(s) a couple of weeks prior to the policy effective date. Renewal Certificates are issued to all existing insured facilities automatically.

Copies of the Liability Insurance certificates are also mailed to the league office(s) so that they can retain copies for their records and have them available for facilities if they request them.

For new facilities, please contact the NMYSA State office via email at office@nmysa.net with the name of the facility/certificate holder, certificate holder address, contact person email address and contact fax number. We are able to issue the certificates electronically this way and usually on the same day as requested. All practice and game facilities must be insured.

NMYSA Policy Insurance Limits 2015-2016

General Aggregate-Per Event	\$5,000,000
Products-Completed Operations Aggregate	\$5,000,000
Personal and Advertising Injury	\$1,000,000
Each Occurrence	\$1,000,000
Damage to Premises Rented to You	\$1,000,000