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CA# 0334819

# NASOA CERTIFIED SLED INSURANCE ENROLLMENT FORM

**2026 PULLING SEASON**

**APPLICANT INFORMATION**

Sled Owner: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

I am submitting one for the following program: *(Please check one)*

NASOA only

**PREMIUM MUST BE PAID IN FULL PRIOR TO ISSUANCE OF CERTIFICATE OF INSURANCE**

WEIGHT TRANSFER		SLED LICENSE NUMBER & CLASSIFICATION NUMBER			SLED SIZE		
Year	Make	Name	NASOA#	CLASS#			
_____	_____	_____	_____	_____	<input type="checkbox"/> Large	<input type="checkbox"/> Mini	<input type="checkbox"/> Garden
_____	_____	_____	_____	_____	<input type="checkbox"/> Large	<input type="checkbox"/> Mini	<input type="checkbox"/> Garden
_____	_____	_____	_____	_____	<input type="checkbox"/> Large	<input type="checkbox"/> Mini	<input type="checkbox"/> Garden
_____	_____	_____	_____	_____	<input type="checkbox"/> Large	<input type="checkbox"/> Mini	<input type="checkbox"/> Garden
_____	_____	_____	_____	_____	<input type="checkbox"/> Large	<input type="checkbox"/> Mini	<input type="checkbox"/> Garden
_____	_____	_____	_____	_____	<input type="checkbox"/> Large	<input type="checkbox"/> Mini	<input type="checkbox"/> Garden
_____	_____	_____	_____	_____	<input type="checkbox"/> Large	<input type="checkbox"/> Mini	<input type="checkbox"/> Garden

NASOA Sled Rates for Liability & Medical			Premium	
Plan A	More than 4 Events	1st Large Sled	\$1,356.00	Annual
Plan A	More than 4 Events	Each Additional Sled	\$678.00	Annual
Plan A	More than 4 Events	1st Mini Sled	\$763.00	Annual
Plan A	More than 4 Events	Each Additional Sled	\$381.00	Annual
Plan B	4 Events or less	1st Large Sled	\$675.00	Annual
Plan B	4 Events or less	Each Additional Sled	\$337.00	Annual
Plan B	4 Events or less	1st Mini Sled	\$381.00	Annual
Plan B	4 Events or less	Each Additional Sled	\$192.00	Annual
1st Garden Tractor Sled			\$450.00	Annual
Garden Tractor Sled		Each Additional Sled	\$226.00	Annual

**LIST ALL ADDITIONAL SLEDS ON A SEPARATE SHEET AND SPECIFY EACH SLED AS LARGE OR MINI OR GARDEN**

Date sled was inspected / approved: \_\_\_\_\_

TOTAL PREMIUM REMITTED: \$ \_\_\_\_\_

\_\_\_\_\_  
Sled Owner and/or Operator Signature (MANDATORY)

\_\_\_\_\_  
Date (MM/DD/YY)

**MAKE CHECK PAYABLE TO: K&K INSURANCE GROUP  
 SEND TO: NASOA  
 1199 North Memorial Drive  
 Box 191  
 Lancaster, OH 43130**