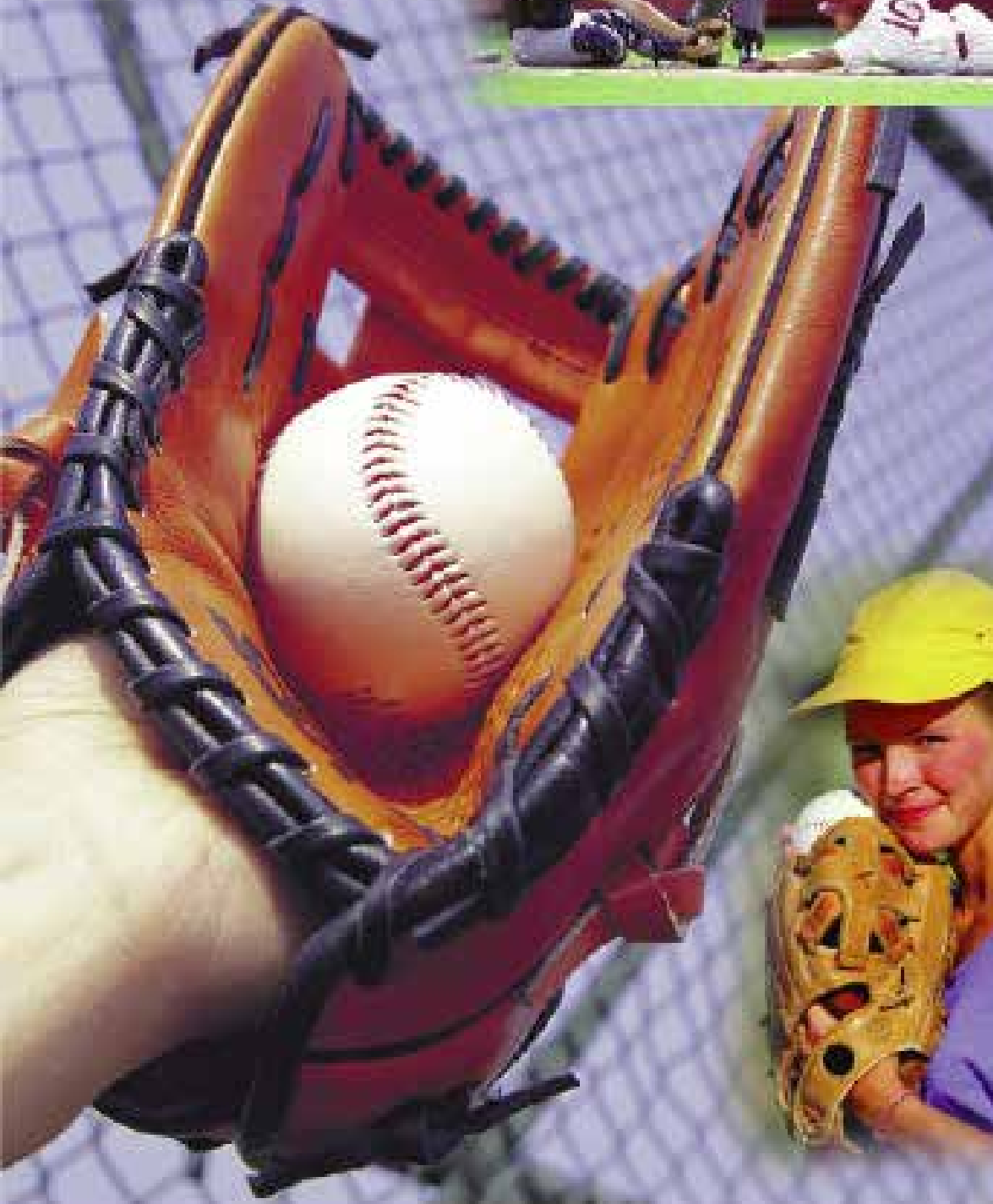


# Baseball/Softball/T-ball Liability Insurance



■ Baseball

■ Softball

■ T-ball

Francis L. Dean & Associates, LLC



*The Leader in Sports, Leisure and Entertainment Insurance*

# Baseball/Softball/T-Ball Liability Insurance

## **\$1,000,000.00 Coverage**

(Protects you in the event of a lawsuit or property damage)

### **Requirements**

An accident medical policy issued through Francis L. Dean & Associates with at least a \$10,000.00 medical expense benefit is required.

### **Who is Covered**

This program provides protection for coaches, volunteers, officers, directors, teams, associations, or leagues against claims of bodily injury, property damage, personal and advertising injury liabilities, and the litigation costs to defend against such claims. Coverage is offered through the Sports and Recreation Providers Association Purchasing Group. There is no deductible amount for this coverage.

### **Coverage Includes Suits Arising Out Of:**

- Injury or death of participants
- Injury or death of spectators
- Injury or death of volunteers
- Property damage liability
- Host liquor liability (non-profit)
- All activities necessary to conduct practices or games
- Ownership, use, or maintenance of fields or practice areas
- General negligence claims
- Cost of investigation and defense of claims, even if groundless

### **Exclusions**

Abuse or molestation, aircraft, all acts of terrorism, asbestos liability, assault and battery, collapse of temporary structure, owned auto coverage, employment related practices, fungi and bacteria, hepatitis, HIV, HTVL, AIDS, transmissible spongiform encephalopathy, lead poisoning, medical payments, nuclear energy liability, professional liability, pyrotechnics activity, total pollution, war liability, and liability for occurrences prior to the effective date of coverage. All of the above are subject to the terms and conditions of the policy.

## **The Optional Coverages**

### **Hired and Non-Owned Automobile Liability Coverage**

This liability coverage provides protection for rented, borrowed and other non-owned vehicles driven on league or team business.

### **Increased Aggregates**

This option increases the aggregate limit of liability insurance from \$1,000,000 to larger amounts.

### **Sexual Abuse and Molestation**

Liability coverage is provided for claims arising out of alleged sexual abuse and/or molestation.

### **\$5,000.00 Medical Expense Benefit**

This coverage will reimburse an injured spectator or guest for medical and/or funeral expenses incurred as a result of bodily injury or death sustained by, regardless of whether you are liable or not. This coverage does not apply to your participants.

### **Equipment Coverage**

This Inland Marine insurance product provides coverage for your equipment and contents up to the specified limit. This option requires a separate application and further underwriting.

### **Excess Liability Coverage**

This coverage provides additional liability limits increasing the per occurrence and aggregate limits. This option requires further underwriting.

# Baseball/Softball/T-Ball Liability Insurance

## Part I Proposed Policyholder Please print or type

- a. Full Legal Name of Proposed Policyholder** \_\_\_\_\_
- b. Mailing Address** \_\_\_\_\_  
Street City State Zip
- c. Contact Person** \_\_\_\_\_  
**Phone Number** \_\_\_\_\_ **E-mail Address** \_\_\_\_\_
- d. Requested Effective Date** \_\_\_\_\_ **Termination Date** \_\_\_\_\_  
*Policy will become effective on the Requested Effective Date if (a) all required information is provided and (b) the Company has received the initial premium on or before that date.*
- e. Please list all sports activities:** \_\_\_\_\_
- f. Has your past liability coverage been cancelled or non-renewed in the last three years?**  Yes  No  
**If so, please be specific.** \_\_\_\_\_
- g. Does your organization currently have a risk management plan?**  Yes  No
- h. Does your organization currently utilize a waiver system?**  Yes  No
- i. This coverage requires an accident medical policy with at least a \$10,000.00 medical expense benefit issued through Francis L. Dean & Associates. Have you included your application for the accident medical policy?**  Yes  No

## Part II Premium Rates And Benefits (minimum premiums are fully earned at inception)

Choose Your Plan \$1,000,000.00 per occurrence/ \$1,000,000.00 aggregate	Youth Teams			Adult Teams			Less Than Annual Minimum Premium	Annual Minimum Premium
	Rate Per Team	Number of Teams	Youth Premium	Rate Per Team	Number of Teams	Adult Premium		
AK, CA, MD, NY, WA	\$50.00			\$85.00			\$250.00	\$300.00
CT, FL, MS, NV, RI, SC	\$63.00			\$108.00			\$330.00	\$390.00
All Other States	\$52.50			\$90.00			\$275.00	\$325.00

**Part II Premium Subtotal** = \$ \_\_\_\_\_  
(Youth Premium + Adult Premium subject to Minimum Premium)

## Part III Optional Coverage (premiums are fully earned at inception)

- Optional Increased General Aggregate to \$2,000,000.00 \_\_\_\_\_ x 5% = \$ \_\_\_\_\_  
Part II Premium Subtotal
- Optional Increased General Aggregate to \$3,000,000.00 \_\_\_\_\_ x 10.25% = \$ \_\_\_\_\_  
Part II Premium Subtotal
- Optional Increased General Aggregate to \$4,000,000.00 \_\_\_\_\_ x 15.76% = \$ \_\_\_\_\_  
Part II Premium Subtotal
- Optional Increased General Aggregate to \$5,000,000.00 \_\_\_\_\_ x 21.55% = \$ \_\_\_\_\_  
Part II Premium Subtotal
- Optional \$5,000.00 medical expense benefit \_\_\_\_\_ x 2% = \$ \_\_\_\_\_  
Part II Premium Subtotal
- Optional \$150,000.00 hired and non-owned automobile liability coverage is available for an additional \$225.00. = \$ \_\_\_\_\_
- Optional \$500,000.00 hired and non-owned automobile liability coverage is available for an additional \$500.00. = \$ \_\_\_\_\_  
• Note: \$1,000,000.00 hired and non-owned automobile liability coverage is available but subject to additional underwriting. Please contact your agent if wishing to apply for coverage.
- Optional \$100,000.00 sexual abuse and molestation liability coverage is available for an additional \$1,000.00. = \$ \_\_\_\_\_
- Follow form excess liability limits of up to \$4,000,000.00 are available but subject to additional underwriting. Please contact your agent if wishing to apply for coverage.
- Equipment coverage up to \$750,000.00 is available but subject to additional underwriting. Please contact your agent if wishing to apply for coverage.

**Part III Premium Subtotal** = \$ \_\_\_\_\_

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## Part IV Additional Insureds

Standard additional insureds are included at no additional cost. Please include a separate sheet for more additional insureds if needed.

Name, Address and Relationship of all additional insureds to be added to the policy:

Full Legal Name, E-mail Address	Full Mailing Address (including City, State and Zip)	Relationship (see legend)	Endorsements
			<input type="checkbox"/> Primary <input type="checkbox"/> Waiver
			<input type="checkbox"/> Primary <input type="checkbox"/> Waiver
			<input type="checkbox"/> Primary <input type="checkbox"/> Waiver

L - Landlord, V - Venue, E - Event Operator, F - Franchisor/Franchise Owner, G - Governmental Entity, O - Other (include details)

Additional Insureds requiring Primary Non-Contributory Endorsements \_\_\_\_\_ x \$100.00 = \$ \_\_\_\_\_

Additional Insureds requiring Waiver of Subrogation Endorsements \_\_\_\_\_ x \$100.00 = \$ \_\_\_\_\_

**Part IV Premium Subtotal** = \$ \_\_\_\_\_

Choose one of the following options. Please initial your choice: **Total Policy Premium** = \$ \_\_\_\_\_

## Part V Payment

(If you purchase both accident and liability coverage, you only need to complete payment information once)

Choose one of the following options. Please initial your choice:

Enclosed is my payment for the total premium.  Check  Credit Card ( see below)

Account Billing Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Please charge my:  Visa  MasterCard  Discover  American Express

Cardholder Name \_\_\_\_\_

Card # \_\_\_\_\_

Exp. Date (mm/yyyy) \_\_\_\_\_

Security Code \_\_\_\_\_

A Convenience Fee of 3% will be added to Credit Card Transactions.

## Part VI Acknowledgements and Signatures

a. This summary of coverage and exclusions is no substitute for reading the entire policy. To receive an entire policy, contact the program administrator.

### b. Waiver Requirement

Each policyholder must implement a Release and Waiver of Liability and Indemnity Agreement for all participants and staff members. Unintentional error on your part in securing Waiver and Release forms shall not void your coverage in the event of an occurrence to a participant or staff member. However, your failure to maintain an adequate system to regularly secure Waiver and Release forms shall void your coverage in the event of an occurrence to a participant or staff member. A full supply of Waiver and Release forms shall be shipped to your policyholder upon request.

b. **Fraud Warning** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material there to, commits a fraudulent insurance act, which may be a crime.

c. **Applicant's Acknowledgement** I, the applicant, declare, to the best of my knowledge and belief, that all statements and answers in this application are true and complete. I understand and agree that (a) this application will form part of any policy issued, (b) no information given to or acquired by any representative of the Company will bind it, unless it is in writing on this application, (c) no waiver or modification will bind the Company unless it is in writing and is signed by an executive officer of the Company, and (d) only those persons eligible under the terms of an issued policy will be insured.

\_\_\_\_\_  
Signed for the Proposed Policyholder

\_\_\_\_\_  
Signed by Licensed Agent

\_\_\_\_\_  
Agency Name and License Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent Phone Number

\_\_\_\_\_  
Agent E-mail Address

\_\_\_\_\_  
Agency Mailing Address

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Processing Center: 12800 University Drive, Suite 125  
Fort Myers, FL 33907  
(800) 745-2409 • FAX (630) 665-7294 • info@fdean.com  
www.fdean.com

United States Fire Insurance Company, "A" rated by A.M. Best Company. A member of the Crum & Forster group of companies.

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