

SADLER

SPORTS & RECREATION INSURANCE

P. O. Box 5866, Columbia, South Carolina 29250-5866

Phone (800) 622-7370, Fax (803) 256-4017

Email: dixie@sadlersports.com

Dear League Administrator:

The General Liability Policy protects the local league, executive officers and directors, other volunteers, and the owners of the league playing fields (if added) in the event of a covered claim or lawsuit alleging negligence that results in "bodily injury" or "property damage".

Enclosed is the General Liability Claim Notice that you should use to report any incidents or injuries that could lead to a lawsuit such as spectator injury or a non-routine participant injury. This form should be completed when property other than league property, has been damaged. However, there is usually no legal liability and thus no coverage when a parked automobile is damaged by a foul ball. Parking an automobile by a baseball or softball field is acceptance of a known risk.

NOTE: DO NOT USE THE ATTACHED CLAIM FORM FOR AN INJURY TO A PARTICIPANT WHICH OCCURS DURING THE PLAYING OR PRACTICING OF THE GAME.

YOU WILL NEED TO USE THE DIXIE ACCIDENT CLAIM FORM IF A PARTICIPANT (PLAYER, COACH, VOLUNTEER, ETC.) IS INJURED DURING THE PLAYING OR PRACTICING OF THE GAME.

It is our recommendation that you report all claims regardless of weather, in your opinion, there is liability or not. The attorneys for the insurance company can determine this. Please call K&K Claims Department at 1-800-237-2917 if you have any questions about a liability claim.

Mail the completed LIABILITY CLAIM NOTICE to:

K&K Insurance Group, Inc.
P O Box 2338
Fort Wayne, IN 46801
1-800-237-2917

If you need additional forms or assistance, please call our office between 8:00am and 5:00pm Eastern Time.

Sincerely,
Sports Insurance Division

Dixie Baseball and or Softball *** Liability Claim Notice

Please print or type information (use dark ink)

Mail completed Claim Notice to K&K Insurance Group
Phone: 1-800-237-2917

K&K Insurance Group
P.O. Box 2338 - Fort Wayne, IN 46801

PLEASE CHECK THE BOX BELOW TO INDICATE THE APPROPRIATE SPORTS PROGRAM:

<input type="checkbox"/> Dixie Youth Baseball Policy #KRO _____	<input type="checkbox"/> Dixie Boys/Majors Baseball Policy #KRO _____	<input type="checkbox"/> Dixie Softball Policy #KRO _____
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INSURED

Name of League: _____

Contact Person: _____ Email: _____

Address of Contact Person: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Daytime Phone: () _____

TIME AND PLACE OF INCIDENT

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

INJURED PERSON:

Name: _____

Age: _____ Date of Birth: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Daytime Phone: () _____

Occupation: _____

Employed by: _____

What was injured doing when hurt? _____

THE INJURY:

Nature and extent of injury: _____

Where was injured taken after accident: _____

Probable Disability: _____

Has injured resumed work? _____

PROPERTY DAMAGE:

Owner: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Daytime Phone: () _____

Type of Property: _____

List Damage(s) _____

Estimated Cost of Repairs: _____

WITNESSES:

NAME _____	Daytime Phone: () _____
ADDRESS: _____	
NAME _____	Daytime Phone: () _____
ADDRESS: _____	
NAME _____	Daytime Phone: () _____
ADDRESS: _____	

DESCRIPTION OF INCIDENT/ACCIDENT:

DATE: _____ SIGNATURE OF LEAGUE OFFICIAL: _____