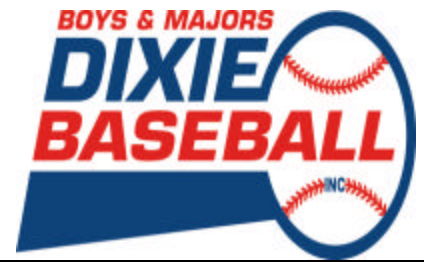


2010 Dixie Boys/Majors Insurance

Rate Reductions

PART 1:	Accident	\$ 250,000
PART 2:	General Liability	\$2,000,000
PART 3:	D&O Liability	\$1,000,000
PART 4:	Crime	\$ 25,000
PART 5:	Equipment	Your Choice



Two Ways To Apply For Coverage

1) For Fastest Service:

- ➔ Apply for coverage online at www.sadlersports.com/dixieboys by clicking on the "Apply For Coverage Online" icon.
- ➔ You can pay online with your check in a secure environment and your proof of coverage documents will be issued in seconds.
- ➔ No more worrying about the enrollment form getting lost in the mail or your fax not being received.

2) For Regular Service:

- ➔ Complete this paper enrollment form. Submit your completed enrollment form and full payment to Sadler & Company by mail, overnight delivery, or fax.
- ➔ If you fax your enrollment form, be sure to follow the special instructions that are on the next page.
- ➔ You should receive your proof of coverage documents in the mail within 14 business days.

NOTE: We will no longer be able to rush fax your proof of coverage documents. The only way to receive your proof of coverage documents immediately is to apply online under 1) above.

NOTE: Coverage is provided for the league and its officers and directors only if ALL of the teams in the league are insured under one enrollment form. Many leagues/associations make the mistake of allowing their teams or local leagues to purchase coverage on an individual basis. When things are done this way, there is no coverage for the league/association itself and its directors and officers. Instead, the league/association should purchase the coverage under its own name and should pay a premium on behalf of 100% of all member teams. This is the only way for the league/association to be covered – and it is free to the leagues/associations assuming that they can be reimbursed by the teams / leagues.



NEW - Instant Online Chat

What is it?: On our web pages (www.sadlersports.com) you will find the "Live Support" option. You can chat instantly online with one of our Customer Service Representatives. *Yes, They really are the people you would talk to if you called our office!

When is it Available? This live support is available daily from 8 a.m. - 5 p.m. ET

If you are no longer the proper league contact for handling the insurance matters it is imperative that you immediately forward this information to the new contact that will be taking your place. Failure to do so could possibly result in a claim not being covered.



John Sadler

"No One Offers The Same Incredible Coverage For Such An Affordable Price!"

IMPORTANT:

In addition to buying quality insurance, you should also implement the following risk management steps at a minimum:

- 1) Run Sexual Offender Registry Checks (free on internet) or Criminal Background Checks on all your volunteers.**
- 2) Require all participants to sign waiver/release forms.**

www.sadlersports.com/dixieboys

SADLER
SPORTS & RECREATION INSURANCE

1-800-622-7370 toll free

1-803-256-4017 fax

Email:

dixie@sadlersports.com

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2010 EXCESS ACCIDENT MEDICAL EXPENSE BENEFIT PLAN DESCRIPTION

Eligible Persons: All registered players, coaches, scorekeepers, umpires, batboys and girls, safety officers, managers, league officers, league board of directors, employees and other volunteers that participate on behalf of franchised teams.

Covered Activities: Insureds are covered while participating in a team or league activity including travel under adult (18 or over) supervision directly to or from such activity except that coverage will not apply to (1) Any team or league activity which is contrary to the rules or directives of Dixie Boys Baseball, Inc. (2) activities on a team level that are not directly supervised by the authorized team staff or that are contrary to league rules or directives (3) any baseball activity that occurs after the end of intra-league championship play except (a) regular season continuation, but in no event later than 12:01am on the Policy Termination Date, September 1, 2010 (b) all star tournament play; or (c) approved awards and recognition events but in no event later than 12:01am on the Policy Termination Date, September 1, 2010.

Accident Medical Expense: If an Insured suffers an Injury that, within 90 days of the date of the accident that caused the Injury, requires him or her to be treated by a Physician, the Company will pay the Usual and Customary Charges incurred for Medically Necessary Covered Accident Medical Services received due to that Injury, up to the Maximum Amount per Insured for all Injuries caused by the same accident. The benefit is payable only for such charges incurred after the Deductible has been met. Benefits are then payable for charges incurred within 156 weeks after the date of the accident causing the Injury. (There is no deductible.)

Covered Accident Medical Service(s) include: (1) services of a Physician; (2) registered or licensed nurse (R.N.); (3) x-ray, MRI and laboratory tests; (4) anesthesia (including administration); (5) physiotherapy or similar treatment; (6) rental (or purchase, at the Company's discretion) of Durable Medical Equipment; (7) artificial limbs, artificial eyes, or other prosthetic appliances; (8) drugs and medications administered by a Physician or that can be obtained only with a Physician's prescription; (9) Ambulatory Medical Centers and day surgeries; (10) Hospital daily room and board and general nursing care charges according to the Hospital's most common charge for a semi-private room (or room and board in an intensive care unit); (11) Hospital miscellaneous services; (12) emergency room, outpatient; (13) ambulance service to initial treatment facility.

Since the policy contains an EXCESS MEDICAL EXPENSE BENEFIT, THE INSURED MUST FIRST FILE THE CLAIM WITH HIS/HER EXISTING INSURANCE PLANS (including major medical) before submitting a claim. If the insured has no other insurance in force, the policy will pay for all Usual and Customary charges for Allowable Expenses. If an existing plan pays all Allowable Expenses except for those not payable because of a deductible or coinsurance, the policy will pay for such deductible or coinsurance.

Accidental Death and Dismemberment Benefits: If Injury to the Insured results, within 180 days of the date of the accident that caused the Injury, in any one of the Losses specified below, the Company will pay the Maximum Amount shown below for that Loss:

Loss of Life	\$5,000	One Hand and One Foot	\$5,000	Speech and Hearing in Both Ears	\$5,000	Speech or Hearing in Both Ears	\$2,500
Both Hands or Both Feet	\$5,000	One Hand and the Sight of One Eye	\$5,000	One Hand or One Foot	\$2,500	Thumb and Index Finger of Same Hand	\$2,500
Sight of Both Eyes	\$5,000	One Foot and the Sight of One Eye	\$5,000	The Sight of One Eye	\$2,500	Hearing in One Ear	\$2,500

"Loss" of a hand or foot means complete severance through or above the wrist or ankle joint. "Loss" of sight of an eye means total and irrecoverable loss of the entire sight in that eye. "Loss" of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. "Loss" of speech means total and irrecoverable loss of the entire ability to speak. "Loss" of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits. **If more than one Loss is sustained by an Insured as a result of the same accident, only one amount, the largest, will be paid.**

Exclusions: The Policy does not cover any loss caused in whole or in part by, or resulting from the following: (a) suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted Injury; (b) sickness, disease or infections of any kind; except bacterial infections due to an accidental cut or wound, botulism or ptomaine poisoning; (c) the Insured's commission or attempt to commit a felony; (d) declared or undeclared war, or any act of declared or undeclared war; (e) participation in any team sport or any other athletic activity, except participation in a Covered Activity; (f) full-time active duty in the armed forces of any country or international authority, except the National Guard or organized reserve corps duty (unearned premium will be returned if the Insured enters military service); (g) travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured is: (1) riding as a passenger in any aircraft not licensed for the transportation of passengers for hire; (2) performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; (h) any condition for which the Insured is entitled to benefits under any Workers' Compensation Act or similar law; (i) the Insured being under the influence of drugs or intoxicants, unless taken under the advice of a Physician; (j) repair or replacement of existing artificial limbs, artificial eyes, or other prosthetic appliances or rental of existing Durable Medical Equipment (unless due to a covered Injury); (k) new, or repair or replacement of dentures, bridges, dental implants, dental bands or braces, or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement as a result of a covered Injury, up to the Dental Maximum shown in the Benefit Schedule; (l) (unless due to a covered Injury) new eyeglasses or contact lenses; examinations related to the correction of vision or to the fitting of glasses or contact lenses; repair or replacement of existing eyeglasses or contact lens; (m) (unless due to a covered Injury) new hearing aids or hearing examinations, repair or replacement of existing hearing aids; (n) rental of Durable Medical Equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred; however, the Company may, at its sole discretion, consider purchase rather than rental of such equipment when benefits for rental of Durable Medical Equipment are expected to exceed the usual purchase expense of such equipment; (o) any charge for medical care for which the Insured is not legally obligated to pay; (p) care, treatment or services provided by an Insured or by an Immediate Family Member; (q) routine physical exam and related services; (r) personal comfort or convenience items, such as, but not limited to, Hospital telephone charges, television rental, guest meals while confined in a Hospital; (s) treatment that is considered experimental; (t) hernia; (u) cosmetic surgery, except for reconstructive surgery on a part of the body Injured due to a covered Accident; (v) any treatment, service, or supply which is not Medically Necessary.

Definitions: **Ambulatory Medical Center** - means a licensed facility providing ambulatory surgical or medical treatment, other than a Hospital, clinic, or Physician's office. **Hospital** - means a facility that: (a) is duly licensed and operated according to law for the care and treatment of injured and sick people; (b) has, on its premises, permanent and full-time facilities for the care of overnight resident bed patients, for which a charge is made; (c) is under the supervision of one or more Physicians; (d) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a pre-arranged basis; and (e) has 24-hour nursing service by registered nurse (R.N's). A Hospital does not include: (a) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; (b) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or (c) any military or Veterans Hospital or soldiers home or any Hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces, except where there is a legal obligation to pay. **Injury** - means bodily injury caused by an Accident that: (a) occurs while the Insured's coverage is in force; and (b) occurs while the Insured is participating in a Covered Activity; and (c) results directly and independently of all other causes in a covered loss. **Medically Necessary** - means a drug, device, procedure, service or supply that is: (a) necessary and appropriate for the diagnosis or treatment of the injury for which it is prescribed or performed; (b) based on generally accepted current medical practice in the United States at the time it is provided; and (c) is ordered by a Physician and performed under his or her care, supervision or order. **Usual and Customary** - means a Covered Charge that is the smallest of: (a) the actual charge; (b) the negotiated rate, if any; (c) the usual level of charges for similar treatment, services, or supplies in the locality where the expense is incurred; and (d) the charge usually made for a covered service by the provider who furnishes it. This term does not include charges that would have been made if no insurance existed.

Date(s) of Coverage: Coverage will become effective on the Policy Effective Date, January 1, 2010, or the date on which the Enrollment Form and premium payment are received, whichever is later, and continues until the completion of the playing season as outlined above under "Covered Activities" but in no event later than the Policy Termination Date, September 1, 2010. **(SEE FALL BALL EXTENSION BELOW) Exception: All Star Tournament Team Only coverage cannot be effective prior to June 5, 2010 and is not eligible for Fall Ball Extension.**

Fall Ball Extension: Contact Sadler & Company to request a supplementary application in the event that your league wishes to extend coverage past the Policy Termination Date, September 1, 2010, or you may print it from the website at www.sadlersports.com/dixieboys

THIS BROCHURE IS FOR ILLUSTRATIVE PURPOSES ONLY AND NOT A CONTRACT OF INSURANCE. YOU MUST REFER TO THE POLICY FOR COMPLETE INFORMATION ON POLICY COVERAGES, LIMITS AND EXCLUSIONS.

2010 GENERAL LIABILITY PLAN DESCRIPTION

*THIS BROCHURE IS FOR ILLUSTRATIVE PURPOSES ONLY AND NOT A CONTRACT OF INSURANCE.
YOU MUST REFER TO THE POLICY FOR COMPLETE INFORMATION ON POLICY COVERAGES, LIMITS AND EXCLUSION*

WARNING:

The General Liability Policy Requires That An Excess Accident Policy With A Limit Of At Least \$100,000 (including coverage for all players, coaches, employees and volunteers) Be In Force, Otherwise General Liability Coverage Will Be Voided In The Event Of Injury To A Sports Participant.

BACKGROUND CHECK REQUIREMENT

Coverage for sexual abuse or molestation will not apply unless there is a system in place to perform at least one of the following background checks: a) internet sexual offender registry checks on all persons with repeated access to youth. This check must be done on at least an annual basis. b) criminal background checks through a third party vendor. This check must be done once upon initial employment, subcontracting or volunteering of a person with repeated access to youth and at least once every third year thereafter.

WAIVER AND RELEASE FORMS:

IT IS STRONGLY RECOMMENDED THAT ALL PLAYERS AND PARENTS SIGN THE RECOMMENDED WAIVER/RELEASE FORM THAT IS ATTACHED TO THIS BROCHURE. ANSWERS TO YOUR QUESTIONS ABOUT WAIVER/RELEASE FORMS CAN BE FOUND UNDER THE RISK MANAGEMENT SECTION OF THE WEBSITE AT www.sadlersports.com/dixieboys

WHO IT COVERS:

The policy provides coverage for local leagues, executive officers and directors while serving in their official capacity, including coaches, assistants, managers, safety officers, players, umpires, representatives, employees and volunteer workers, but only as respects their liability arising out of authorized activities of the insured local league as such, or for authorized activities performed on behalf of the insured local league.

NOTE: Coverage is provided for the league and its officers and directors only if ALL of the teams in the league are insured under this policy.

Many leagues/associations make the mistake of allowing their teams or local leagues to purchase coverage on an individual basis. When things are done this way, there is no coverage for the league/association itself and its directors and officers. Instead, the league/association should purchase the coverage under its own name and should pay a premium on behalf of 100% of all teams.

UNDER WHAT CIRCUMSTANCES:

Subject to policy conditions and exclusions, coverage MAY be provided for Bodily Injury and Property Damage liability resulting from team or league activities except that no coverage is provided for: (1) any team or league activity, which is contrary to the rules or directives of Dixie Boys Baseball, Inc. (2) Activities on a team level that are not directly supervised by the insured or the insured's authorized team staff or that are contrary to league rules or directives (3) any scrimmages, tournaments, or other game play against non Dixie Boys Baseball, Inc. teams unless such play is approved by the league president, follows Dixie Boys Baseball, Inc. safety rules and regulations, and is played with players who are officially registered with such league for regular season play (4) Fall baseball conducted after August 31st unless such coverage has been formally applied for and is endorsed to the policy (5) High risk fundraising activities, including, but not limited to: concerts with more than 2000 in attendance, any rock, rap or hip hop concert, moonwalks or moon bounces, climbing walls, all inflatable devices, mechanical rides, amusement devices, dunk tanks, animal rides, petting zoos, go-karts, bicycle racing, BMX bicycle or bicycle stunting, obstacle courses, and extreme sports. (6) Leasing or subleasing of premises to non-Dixie Boys Baseball, Inc. organizations or for non-Dixie Boys related activities such as sporting events, fairs, or other special events and (7) hosting an official world series unless the policy is endorsed and the appropriate additional premium is paid prior to the event.

LIMITS:

\$2,000,000	Each occurrence Limit - Combined Single Limit Bodily Injury and Property Damage, including Premises/Operations, Products/Completed Operations, Personal and Advertising Injury, Contractual Liability, and Participants Legal Liability
\$2,000,000	Products/Completed Operations aggregate
\$ 300,000	Fire Damage Legal Liability (any one fire)
\$1,000,000	Non-Owned/Hired Auto Liability
\$ 5,000	Medical Expense Payments (any one person)
\$1,000,000	Sexual Abuse and Molestation (\$2,000,000 per League Aggregate)
Cost of investigation of covered claims, defense of suits, and other legal expenses are paid by the Company in addition to the above limits.	

NON-OWNED AND HIRED AUTO COVERAGE

Provides coverage if the league is sued as a result of liability arising out of the use of an auto on league business if such auto is not owned by the league (ex: parent's auto, a hired rental auto, or an auto that is borrowed from a church). This coverage extends only to the league, and not to the owner or operator of the auto. Coverage is excluded for 15 passenger vans. This policy does not cover physical damage to the non-owned or hired auto itself and as a result, separate arrangements must be made for such coverage.

FALL BALL EXTENSION: Contact Sadler & Company to request a supplementary Enrollment Form in the event that your league wishes to extend coverage past **August 31, 2010.**

NOTE: All Star Tournament Team only coverage cannot be effective prior to **June 5, 2010** and is not eligible for the Fall Ball Extension.

GENERAL LIABILITY PLAN COST

PER TEAM CHARGE \$25.38
In addition to Baseball Accident Plan Cost

Email: dixie@sadlersports.com

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Minor Waiver/Release
RELEASE OF LIABILITY FOR MINOR PARTICIPANTS
READ BEFORE SIGNING

IN CONSIDERATION OF _____, my child/ward, being allowed to
Name Of Minor Child/Ward
participate in any way in the _____ related events and activities, the
Legal Name Of Your Sports Program, Ex: League Name
undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child/ward from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I FOR MYSELF, SPOUSE, AND CHILD/WARD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child/ward's participation; and,
3. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child/ward's readiness for participation and/or in the program itself, I will remove my child/ward from the participation and bring such attention of the nearest official immediately; and,
4. I for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS _____;
Legal Name Of Your Sports Program, Ex: League Name
its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child/ward's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself, my spouse, my child's/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my child's/ward involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(PARENT/GUARDIAN SIGNATURE)

(PRINT NAME)

Date Signed: _____

UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

(PARTICIPANT SIGNATURE)

(PRINT NAME)

Date Signed: _____

NOTE: This is a SAMPLE WAIVER FORM only. Final wording should be as directed by the insured's counsel, but must observe the principles represented within the above. This form provided courtesy of K&K Insurance Group.

This signed waiver/release should be kept on file by the sports organization for at least 7 years or possibly longer if the player has been involved in a serious injury.

2010 Non-Profit Sports Organization

DIRECTORS & OFFICERS LIABILITY PLAN DESCRIPTION

Philadelphia Indemnity Insurance Co. / (Louisiana Only: Philadelphia Insurance Co.)

(The Accident/General Liability Policy Must Be Purchased From Sadler & Company To Qualify For These Coverages)

DIRECTORS & OFFICERS LIABILITY

This plan is available only for Non-Profit Organizations that are members of Dixie Youth Baseball, Dixie Boys Baseball, Dixie Softball, and Dizzy Dean Baseball/Softball

NEEDED PROTECTION:

Leagues should consider a D&O POLICY IN ADDITION TO THE GENERAL LIABILITY policy because many types of lawsuits are not covered by the General Liability policy. The General Liability policy only covers lawsuits that arise out of "bodily injury" or "property damage" whereas a D&O Policy covers certain lawsuits that arise out of actual or alleged wrongful acts in the running of a league.

WHO IS COVERED:

The local sports organization itself, Directors, Officers, and other volunteers including Coaches, Managers, Umpires/Referees, Scorekeepers, and Committee Personnel while operating on behalf of the covered organization.

COVERAGE:

Coverage is provided for "Wrongful Acts" or "Errors and Omissions" that result in legal liability lawsuits including the cost of defense and settlement.

Examples of potentially covered lawsuits include:

- * Discrimination (age, race, sex, handicap)
- * Failure to enforce rules or bylaws
- * Failure to deliver services
- * Violation of State and Federal Laws (Anti Trust, IRS, EEOC)
- * Suppression of First Amendment Rights (speech, expression, etc.)
- * Failure to properly manage league financial affairs

LIMIT: \$1,000,000

DEDUCTIBLE: \$1,000 per claim

PREMIUM / CHARGE \$350 per Board of Directors – Only one charge is required when a single league entity operating under the same articles/bylaws, oversees multiple organizations.

(Please note: In the state of Louisiana, you must add a surplus lines tax to the premium. In all other states listed below, you must add a state surcharge to the premium)

Florida – add 5% = (1% x \$350.00 = \$17.50 Total Due is \$367.50)

Kentucky (You must call or email us – charge varies by county)

Louisiana – add 5% = (5% x \$350.00 = \$17.50 Total Due is \$367.50)

PLEASE NOTE: Premiums & Taxes are fully earned at inception, and there are no provisions for refunds.

You must enclose a \$5.00 annual membership fee (in addition to above insurance premiums) to join the National Sports Lawsuit Protection Association (NSLPA). THIS FEE MUST BE PAID BEFORE COVERAGE CAN BE EFFECTIVE.

NOTE: THIS PROTECTION IS IN ADDITION TO AND DOES NOT REPLACE THE BODILY INJURY OR PROPERTY DAMAGE LIABILITY COVERAGE THAT IS AVAILABLE IN A GENERAL LIABILITY POLICY.

If Purchaser's Coverage Is Non-Renewed, The Carrier Shall Endeavor, But Shall Not Be Required, To Provide Purchaser With Prior Notice Of Non-Renewal Equal To The Time Allotted By Purchaser's Domiciliary State. By Signing The Application, Purchaser Acknowledged: (1) That This Evidence Of Insurance (Hereinafter "EOI") Shall Be Non-Renewed Effective The Expiration Date; And, (2) That, Upon The Expiration Of Purchaser's EOI, The Carrier May Offer A Renewal, But Reserves The Rights, Because Of Aforesaid Non-Renewal, To Change The Terms & Conditions Of Coverage As Compared With The Expiring Coverage.

SADLER
SPORTS & RECREATION INSURANCE

1-800-622-7370 – Fax (803) 256-4017
P O Box 5866, Columbia, SC 29250

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This brochure is not a solicitation but only a description of this insurance program. The precise coverage afforded is subject to the terms, conditions and exclusions of the policies as issued. Refer all questions to Sadler & Company, Inc. (803)-254-6311 OR (800)-622-7370.

CRIME INSURANCE PLAN DESCRIPTION

Philadelphia Indemnity Insurance Co. / (*Louisiana Only: Philadelphia Insurance Co.*)

(The Accident/General Liability Policy Must Be Purchased From Sadler & Company To Qualify For These Coverages)

PROTECT YOUR ASSETS:

This policy protects the local sports organization against a monetary loss caused by theft of money, securities, or other property (equipment, machinery, concession supplies) by dishonest volunteers. This includes forgery by an identifiable officer or volunteer. Coverage is also provided for theft of money or securities by outsiders.

This policy does not cover vandalism or theft of property by outsiders. See the optional Equipment Coverage section if such protection is desired.

LIMIT: Maximum of \$25,000 per loss

DEDUCTIBLE: \$500 for each loss

PREMIUM / CHARGE: \$175 per Board of Directors - Only one charge is required when a single league entity operating under the same articles/bylaws, oversees multiple organizations.

(Please note: In the state of Louisiana, you must add a surplus lines tax to the premium. In all other states listed below, you must add a state surcharge to the premium)

Florida – add 5% = (5% x \$175.00 = \$8.75 Total Due is \$183.75)

Kentucky (call us – charge varies by county)

Louisiana – add 5% = (5% x \$175.00 = \$8.75 Total Due is \$183.75)

New Jersey - add 1.6% = (1.6% x \$175 = \$2.80 Total Due is \$177.80)

West Virginia: add .55% = (.55% x \$175 = \$0.96 Total Due is \$175.96)

PLEASE NOTE: Premiums & Taxes are fully earned at inception, and there are no provisions for refunds.

NOTE: *There is no coverage for fund solicitors while soliciting charitable contributions. However, fund solicitors will be covered while conducting other activities such as collecting registration fees and running concession stands.*

If Purchaser's Coverage Is Non-Renewed, The Carrier Shall Endeavor, But Shall Not Be Required, To Provide Purchaser With Prior Notice Of Non-Renewal Equal To The Time Allotted By Purchaser's Domiciliary State. By Signing The Application, Purchaser Acknowledged: (1) That This Evidence Of Insurance (Hereinafter "EOI") Shall Be Non-Renewed Effective The Expiration Date; And, (2) That, Upon The Expiration Of Purchaser's EOI, The Carrier May Offer A Renewal, But Reserves The Rights, Because Of Aforesaid Non-Renewal, To Change The Terms & Conditions Of Coverage As Compared With The Expiring Coverage.

This brochure is not a solicitation but only a description of this insurance program. The precise coverage afforded is subject to the terms, conditions and exclusions of the policies as issued. Refer all questions to Sadler & Company, Inc. (803) 254-6311 OR (800) 622-7370.

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SPORTS & RECREATION INSURANCE
1-800-622-7370 – Fax (803) 256-4017
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2010 Sports - Equipment Plan Description

Philadelphia Indemnity Insurance Co. / (Louisiana Only: Philadelphia Insurance Co.)

(The Accident/General Liability Policy Must Be Purchased From Sadler & Company
To Qualify For This Coverage)

EQUIPMENT

DESCRIPTION: Items that can be covered include sports equipment, field maintenance equipment, concession stand equipment, concession stock, or small storage sheds that you own or lease/rent. This coverage is for loss or damage to your equipment due to fire, theft, vandalism, or other specified causes (subject to actual policy terms and conditions.) Payment will be made on a Replacement Cost Basis.

PREMIUM / CHARGE: \$ 2.75 per \$100 of coverage (subject to a \$250 minimum premium)

Example: \$8,500 limit divided by 100 = 85 x \$ 2.75 = \$233.75 total / \$250 total payment due

Florida – 5% Louisiana – 5% New Jersey: - 1.6% West Virginia: - .55%

Kentucky: You MUST call or email our office to obtain the correct tax amount based on your county.

New Jersey Example: \$8,500 limit divided by 100 = 85 x \$ 2.75 = \$233.75 (\$250 total premium)

\$250 total premium x 1.6% NJ Tax = \$254.00 total payment due

PLEASE NOTE: Premiums & Taxes are fully earned at inception, and there are no provisions for refunds.

CONDITIONS:

❖ **Policy is subject to a minimum premium of \$250**

(Please note: In FL, KY, NJ and WV you must add a state surcharge to the premium. In LA you must add a surplus lines tax to the premium {Tax / Surcharge is "in addition to" the minimum premium}).

❖ \$1,000 Deductible (per claim)

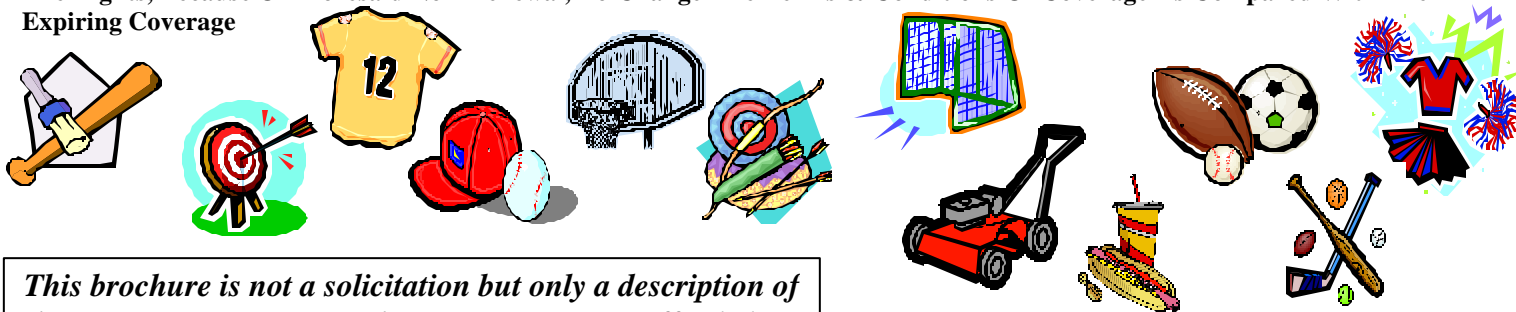
❖ Coverage will be effective the date that we receive the properly completed enrollment form with the premium. . (NOTE: Certain weather conditions (ex: tropical storms and hurricanes) in your area may prevent us from binding coverage upon receipt of the application and premium payment. If this happens, we will make coverage effective as soon as the insurance company allows us to do so.)

❖ You must cover the replacement cost value of 100% of all your equipment to comply with the policy's 100% coinsurance requirement. **You must specifically schedule any equipment with a replacement cost value greater than \$1,000 below.** (Itemized Inventory will be required at time of loss.)

❖ You must provide the storage location of your equipment during the off-season.

❖ **EXCLUSION:** There is no coverage for losses caused by wind and/or storm surge on property located in Florida, property that is two (2) miles from the Eastern Seaboard (in states where there are barrier islands the starting point is the coastline not the barrier island), and ten (10) miles from the Gulf Coast.

Prior Notice Of Non-Renewal Equal To The Time Allotted By Purchaser's Domiciliary State. By Signing The Application, Purchaser Acknowledged: (1) That This Evidence Of Insurance (Hereinafter "EOI") Shall Be Non-Renewed Effective The Expiration Date; And, (2) That, Upon The Expiration Of Purchaser's EOI, The Carrier May Offer A Renewal, But Reserves The Rights, Because Of Aforesaid Non-Renewal, To Change The Terms & Conditions Of Coverage As Compared With The Expiring Coverage



This brochure is not a solicitation but only a description of this insurance program. The precise coverage afforded is subject to the terms, conditions and exclusions of the policy issued. Refer all questions to Sadler & Company, Inc. (803) 254-6311 or (800) 622-7370.

SADLER
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