

2012 Dixie Softball Insurance



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/dixiesoftball 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.

- ❖ **FALL BALL ACTIVITIES ARE AUTOMATICALLY COVERED** (at no additional charge) when purchasing regular season coverage and insuring all teams under one application.
- ❖ **ONLINE RISK MANAGEMENT VIDEOS** available for setting up a League Risk Management Program and an Abuse/Molestation Protection Program.
- ❖ **24/7 SELF-ISSUANCE OF CERTIFICATES OF INSURANCE**

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/dixiesoftball

SADLER
SPORTS & RECREATION INSURANCE

1-800-622-7370 toll free

1-803-256-4017 fax

Email:

dixie@sadlersports.com

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How To Fax A Check

In Order To Send A Check By Fax, Please Follow These Simple Steps:

- 1) Complete the Enrollment Form/Application for insurance coverage.
- 2) Make check payable to: Sadler & Company, Inc. Fill check out for the correct amount and make sure that it is dated and signed. Do not “void” the check & please keep the original in case we need to have you forward it to us at a later date. *(This check may be processed as an EFT / ACH {electronic funds transfer} which may cause your check to clear immediately.)*
- 3) Photocopy your check so that the page can be faxed.

4) Sometimes, we can't read all of the numbers and words on the faxed check because they are too small or the fax is not clear. As a result, you are required to hand write the following on the photocopied page of the check:

A) Transit Number – (The Transit Number(s) are the small #'s with the “-“ and/or “/” in it. The Transit Number is found somewhere near the check number and date). The transit number **IS NOT** the number(s) at the bottom of the check.

B) Name and address of your bank exactly like it appears on your check do not look up the address in the phone book – we must duplicate your check exactly as it is printed.



NOTE: DO NOT FAX CASH, MONEY ORDERS, STARTER CHECKS, CASHIER CHECKS, COUNTER CHECKS, PURCHASE ORDERS, WARRANTS OR CHECKS THAT REQUIRE 2 SIGNATURES!!

- 5) Fax your Enrollment/Application and your check to us at: 1-803-256-4017.
- 6) Keep your original check for your records. Do NOT mail it to Sadler & Company as this could cause us to double issue your coverage and **DOUBLE DEPOSIT YOUR CHECK**. *(If there is a problem with processing your check, we will let you know and will then let you know what we need to do to process your application.)*

WE WILL EMAIL OR CALL YOU IF THERE IS A PROBLEM WITH YOUR CHECK OR APPLICATION.

DUE TO THE VOLUME OF APPLICATIONS THAT WE RECEIVE ON A DAILY BASIS, YOU WILL NOT RECEIVE CONFIRMATION BACK BY TELEPHONE, EMAIL OR FAX.

NOTE: We will not be able to rush fax your proof of coverage documents. Please allow 6 business days for processing and issuing of coverage.

2012 ACCIDENT ENROLLMENT FORM

Underwritten By: National Union Fire Insurance Company of Pittsburgh, Pa.,
with its principal place of business in New York, NY ("the Company")

ENROLLMENT AND SPECIFICATIONS PAGE FOR: SPORTS ACCIDENT INSURANCE

FULL EXCESS: Benefits are payable to the applicable maximum for Covered Accident Medical Service(s) expenses that are not recoverable from another Plan Providing Accident Medical Expense Benefits. If the Insured is not covered by another Plan Providing Accident Medical Expense Benefits, the excess provision shall not apply, and benefits are payable to the limits described in the Plan Description.

ACCIDENT MEDICAL EXPENSE BENEFIT

Maximum Amount per Accident: \$250,000
Deductible Amount (per injury): \$ - 0 -
Benefit Period: 3 years (156 weeks)

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT

Accidental Dismemberment Benefit:
Principal Sum: \$5,000
Accidental Death Benefit: \$5,000

Coverage Effective Date: Coverage starts January 1, 2012 or on the date this Enrollment Form and premium are received by the Company, whichever is later, and continues until the Policy Termination Date, January 1, 2013.

Exception: "All Star Tournament Team(s) Only" Coverage Cannot Start Prior To June 1, 2012.

1) ENROLLEE NAME (Please complete sections below – type or print – in black ink):

Dixie Softball Franchise # - List all Dixie Softball Teams & Franchise #'s On One Form			
S _____ S _____ S _____ S _____			
Participating Organization Name (Be Specific):			
Contact Name:			
Mailing Address**:			
City:		State:	Zip:
Home Phone: ()	Daytime Phone: ()	Fax #: ()	
Email**:		Website:	

**Note – this should be the mailing and email address that will receive all future correspondence, including renewal notices

2) TYPE OF COVERAGE APPLIED FOR (Please Check One):

<input type="checkbox"/>	Regular Season Including All Star Teams and Fall Ball – if applying under league name, you must insure all teams and franchises in your league.
<input type="checkbox"/>	All Star Tournament Team(s) Only – (available 6-1-2012 and after) – Excludes Regular Season and Fall Ball activities (you must apply under the name of your league's all star team(s) – ex: XYZ League All Star Team)

3) ENTER TOTAL NUMBER OF TEAMS BELOW (include all Dixie Softball franchises on one enrollment form)

DIVISION	AGE GROUP	# OF TEAMS	X	PREMIUM PER TEAM	=	PREMIUM
SweeTees	6 & under		X	\$ 25.75	=	\$
Angels / Darlings / Ponytails	7 - 12		X	\$ 39.55	=	\$
Belles	13 - 15		X	\$ 63.50	=	\$
Debs	16-18		X	\$109.60	=	\$
NOTE: Total Premium Must Be Submitted With The Enrollment Form. Make Check Or Money Order Payable To Sadler & Company, Inc.			TOTAL PREMIUM:			\$

4) DATE AND SIGN BELOW

Individual Whose Signature Appears Below Is Authorized To Certify Injuries To Be Recognized By The Company

We hereby enroll for Excess Accident Medical Expense Benefit coverage underwritten by National Union Fire Insurance Company of Pittsburgh, Pa. We understand that insurance will be in force as of the Effective Date indicated above, provided the enrollment form is accepted by the Company and the required premium is received by the Company when due. We acknowledge that we have read, understand and agree to the terms and conditions of coverage as detailed in the Excess Accident Medical Expense Benefit Plan Description. Anyone who includes false or misleading information is subject to criminal and civil penalties.

Date:	Print Name of League Official:	Signature of League Official:
SIGN & MAIL OR FAX THIS ENROLLMENT FORM WITH YOUR CHECK TO: SADLER & COMPANY, INC. PO BOX 5866, COLUMBIA, SC 29250-5866 <u>OVERNIGHT DELIVERY ADDRESS:</u> 3014 DEVINE STREET, 2ND FLOOR, COLUMBIA, SC 29205		Apply online at: www.sadlersports.com/dixiesoftball PHONE TOLL-FREE: 800-622-7370 OR LOCAL: 803-254-6311 FAX: (803) 256-4017 (See Attached Instructions) Email: dixie@sadlersports.com
		Licensed Agent/Broker: SADLER & COMPANY, INC. Federal ID # 57-0529969 © 1997-2012 Sadler & Company, Inc. All Rights Reserved
Company Use Only	Enrollee: Dixie Softball, Inc. REFERENCE #CHS9936662 / POLICY #SRG9133991	Coverage Effective Date: Coverage Termination Date: 01-01-2013 (12:01am)

2012 EXCESS ACCIDENT MEDICAL EXPENSE BENEFIT PLAN DESCRIPTION

Eligible Persons: All registered players, coaches, scorekeepers, umpires, bat boys and girls, safety officers, managers, league officers, league board of directors, employees, and other volunteers that participate on behalf of teams for which a premium has been paid.

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 Softball, Inc. (2) activities on a team level that are not directly supervised by the Participating Organization or the Participating Organization's authorized team staff or that are contrary to league rules or directives (3) any scrimmages, tournaments, or other game play against non Dixie Softball, Inc. teams unless such play is approved by the league president, follows Dixie Softball, Inc. safety rules and regulations, and is played with players who are officially registered with such league for regular season play.

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) Hospital semi-private room and board (or room and board in an intensive care unit); Hospital ancillary services (including, but not limited to, use of the operating room or emergency room); or use of an Ambulatory Medical Center; (2) services of a Physician or a registered nurse (R.N.); (3) ambulance service to or from a Hospital; (4) laboratory tests; (5) radiological procedures; (6) anesthetics and the administration of anesthetics; (7) blood, blood products and artificial blood products, and the transfusion thereof; (8) physical therapy and occupational therapy; (9) rental of Durable Medical Equipment; (10) artificial limbs, artificial eyes or other prosthetic appliances; (11) medicines or drugs administered by a Physician or that can be obtained only with a Physician's written prescription.

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 an Accidental Death or Dismemberment, the Company will pay the maximum amount for that loss. Full details of this benefit are provided in the policy.

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 of 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, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.); (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 for the purpose of modifying the item because Injury has caused further impairment in the underlying bodily condition*; (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 of sound natural teeth damaged or lost as a result of Injury up to the Dental Maximum shown in the Benefit Schedule*; (l) new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless Injury has caused impairment of sight; or repair or replacement of existing eyeglasses or contact lenses unless for the purpose of modifying the item because Injury has caused further impairment of sight*; (m) new hearing aids or hearing examinations unless Injury has caused impairment of hearing; or repair or replacement of existing hearing aids unless for the purpose of modifying the item because Injury has caused further impairment of hearing*; (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 (but if, in the Company's sole judgment, Accident Medical Expense benefits for rental of Durable Medical Equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may, but is not required to, choose to consider such purchase expense as a Usual and Customary Covered Accident Medical Expense in lieu of such rental expense)*; (o) personal comfort or convenience items, such as but not limited to Hospital telephone charges, television rental, or guest meals. *

*Applicable to Accident Medical Expense only

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: (1) is operated according to law for the care and treatment of injured people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; (2) 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 (3) 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. **Injury** - means bodily injury caused by an accident that: (1) occurs while the Policy is in force as to the person whose injury is the basis of claim; (2) occurs while such person is participating in a Covered Activity; and (3) results directly and independently of all other causes in a covered loss. **Medically Necessary** - means that a Covered Accident Medical Service is: (1) is essential for diagnosis, treatment or care of the Injury for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician and performed under his or her care, supervision or order. **Usual and Customary Charge(s)** - means a charge that: (1) is made for a Covered Accident Medical Service; (2) does not exceed the usual level of charges for similar treatment, services or supplies in the locality where the expense is incurred (for a Hospital room and board charge, other than for a Medically Necessary stay in an intensive care unit, does not exceed the Hospital's most common charge for semi-private room and board); and (3) does not include charges that would not have been made if no insurance existed.

This Plan Description is a brief description of the coverages available under policy series C11695DBG-AL. The policy contains reductions, limitations, exclusions, definitions and termination provisions. Full details of the coverage are contained in the policy on file with the Policyholder. If there are any conflicts between this document and the policy, the Policy shall govern in all cases.

2012 GENERAL LIABILITY PLAN ENROLLMENT FORM

**Insurance for Dixie Softball, Inc.
Underwritten by National Casualty Company**

LIMITS: \$2,000,000 Combined Single Limit for Bodily Injury and Property Damage Liability.

(This space for company use only)	Policy # <u>KRO000002229200</u>
	Effective Date: _____
	Expiration Date: <u>01-01-2013 12:01am</u>

TYPE OR PRINT – USE BLACK INK

1) APPLICANT NAME: Dixie Softball, Inc.

Dixie Softball Franchise # (Please Indicate if # is applied for) - List all Dixie Softball Teams & Franchise #'s On One Form		
Organization Name (Be Specific):		
Contact Name:		
Mailing Address**:		
City:	State:	Zip:
Home Phone: ()	Daytime Phone: ()	Fax #: ()
Email**:	Website:	

****Note – this should be the mailing and email address that will receive all future correspondence, including renewal notices**

2) TYPE OF COVERAGE APPLIED FOR (Please Check One):

<input type="checkbox"/>	Regular Season Including All Star Teams and Fall Ball – Strongly Recommended (if applying under league name, you must insure all teams and franchises in your league.)
<input type="checkbox"/>	All Star Tournament Team(s) Only – (available 6-1-2012 and after) – Excludes Regular Season and Fall ball activities (you must apply under the name of your league’s all star team(s) – ex: XYZ League All Star Team)

3) ENTER YOUR TOTAL NUMBER OF TEAMS (include all Dixie Softball franchises on one enrollment form)

DIVISION	AGE GROUP	# OF TEAMS	X	PREMIUM PER TEAM	=	PREMIUM
SweeTees	6 & under		X	\$23.85	=	\$
Angels / Darlings / Ponytails	7 - 12		X	\$23.85	=	\$
Belles	13 - 15		X	\$23.85	=	\$
Debs	16-18		X	\$23.85	=	\$
TOTAL PREMIUM:						\$

NOTE: General Liability coverage is provided for the league and its officers and directors only if ALL of the teams in the league are insured under one General Liability 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 General Liability coverage for the league/association itself and its directors and officers.

4) COVERAGE EFFECTIVE DATE: Coverage starts **January 1, 2012** (or on the date that this completed enrollment form and correct check amount or money order are received by Sadler & Co., whichever date is later) and continues to **January 1, 2013**.
*Exception: All Star Tournament Team(s) Only coverage cannot start prior to **June 1, 2012**.*

5) Enclosed is our check made payable to SADLER & COMPANY. The undersigned understands that coverage begins only if qualified and as stated in Section 4 above. Acceptance of this insurance confirms your desire to obtain insurance through the Sports, Leisure & Entertainment Risk Purchasing Group. I acknowledge that I have read, understand and agree to the terms and conditions of coverage as detailed in the General Liability Plan Description.

Date:	Signature of League Official:
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Your DSB Organization
Name (Be Specific)

6) Certificate Of Insurance (COI) Request: Please indicate the entities below that require a COI and complete the requested information. *If you do not provide the complete mailing address & indicate the Relationship we cannot issue the COI. Property Owners/Lessors and Sponsors are automatically included as Additional Insureds on the General Liability policy (if purchased) and will be shown as such on the COI. Please note that COI's will not be sent directly to these entities – they will be sent to you for you to deliver.*

If your certificate holder requires any special wording or forms, please send a copy for our review.

(1) Name:

Mailing Address:

City: _____ **State:** _____ **Zip:** _____

Relationship to you: Property Owner/Lessor Sponsor CG2011 Waiver of Subrogation
 Other: _____ CG2026 Endorsement Required

(2) Name:

Mailing Address:

City: _____ **State:** _____ **Zip:** _____

Relationship to you: Property Owner/Lessor Sponsor CG2011 Waiver of Subrogation
 Other: _____ CG2026 Endorsement Required

(3) Name:

Mailing Address:

City: _____ **State:** _____ **Zip:** _____

Relationship to you: Property Owner/Lessor Sponsor CG2011 Waiver of Subrogation
 Other: _____ CG2026 Endorsement Required

If additional certificates are needed, please attach a separate piece of paper with all of the information indicated above.

How did you find out about Sadler & Company? (Please Check One)

- | | | |
|---|--|--|
| <input type="checkbox"/> Already doing business with Sadler | <input type="checkbox"/> Dixie Rulebook Ad | <input type="checkbox"/> Recommended By Another Team/League |
| <input type="checkbox"/> Mailing From Dixie Headquarters | <input type="checkbox"/> Dixie Website | <input type="checkbox"/> Recommended By Dixie Headquarters |
| <input type="checkbox"/> Phone call from Sadler & Company | <input type="checkbox"/> Search Engine | <input type="checkbox"/> Recommended By Dixie State or District Director |

**SIGN AND SEND THIS ENROLLMENT FORM WITH YOUR CHECK PAYABLE TO:
SADLER & COMPANY, INC.:**

(Remember – Coverage is effective the date the check & completed enrollment form are received in our office.)
You Can Also Apply Online (using a check) at: <http://www.sadlersports.com/dixiesoftball>

**OPTION 1
FAX TO:**

(803) 256-4017

*Follow Attached
HOW TO FAX A CHECK
Instructions*

OPTION 2

OVERNIGHT DELIVERY:

**SADLER & COMPANY, INC.
Attn: Sports Department
3014 DEVINE ST., 2ND FLOOR
COLUMBIA, SC 29205**

Phone: 1-803-254-6311

OPTION 3

U. S. MAIL:

**SADLER & COMPANY, INC.
Attn: Sports Department
PO BOX 5866
COLUMBIA, SC 29250-5866**

*(Allow 6-10 business days for
processing)*

For immediate proof of coverage use our online application at www.sadlersports.com/dixiesoftball

2012 GENERAL LIABILITY PLAN DESCRIPTION

Underwritten by National Casualty Company

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, scorekeepers, umpires, bat boys and girls, safety officers, managers, league officers, board members, 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/dixiesoftball

WHO IT COVERS:

Local League and its member teams, directors, officers, officials, players, managers, coaches, assistants, umpires, representatives, employees, and volunteers all while acting within the scope of their official duties on behalf of the local league.

NOTE: General Liability coverage is provided for the league and its officers and directors only if ALL of the teams in the league are insured under one General Liability 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 General Liability coverage for the league/association itself and its directors and officers.

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 Softball, 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 Softball, Inc. teams unless such play is approved by the league president, follows Dixie Softball, Inc. safety rules and regulations, and is played with players who are officially registered with such league for regular season or fall ball play (4) 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. (5) Leasing or subleasing of premises to non-Dixie Softball, Inc. organizations or for non-Dixie Softball related activities such as sporting events, fairs, or other special events and (6) 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)
\$2,000,000	Non-Owned/Hired Auto Liability
\$ 5,000	Medical Expense Payments (any one person)
\$2,000,000	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, auto that is borrowed from a church or is hired from a rental car company). Coverage is excluded for 15 passenger vans. There is no coverage for the driver of any auto while transporting youth or adult participants. 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.

NOTE: All Star Tournament Team(s) Only coverage cannot be effective prior to **June 1, 2012.**

GENERAL LIABILITY PLAN COST
PER TEAM CHARGE \$23.85
In addition to Softball 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:

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,

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,

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,

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.

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.