

2010 ACCIDENT ENROLLMENT FORM

AMERICAN FIDELITY ASSURANCE COMPANY

ENROLLMENT AND SPECIFICATIONS PAGE FOR: SPORTS ACCIDENT INSURANCE

1) Plan: FULL EXCESS – Since the policy contains an EXCESS MEDICAL EXPENSE BENEFIT, THE CLAIMANT MUST FIRST FILE THE CLAIM WITH HIS/HER EXISTING INSURANCE PLANS (including major medical) before the Company determines what payments, if any, will be considered. Note: If the family carrier is an HMO or PPO, he/she must always follow their rules.

ACCIDENT MEDICAL AMOUNT		ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT	
Maximum Amount per Accident:	\$250,000	Accidental Dismemberment Benefit:	
(Outings):	\$ 50,000	Principal Sum:	\$5,000
Benefit Period:	3 years (156 weeks)	Accidental Death Benefit:	\$5,000

2) Coverage Effective Date: Coverage will become effective on the Policy Effective Date, January 1, 2010 or on the date this Enrollment Form and premium are received, whichever is later, and continues until the Policy Termination Date, September 1, 2010. *Exception: "All Star Tournament Team(s) Only" Coverage Cannot Start Prior To June 5, 2010.*

This Space For Company Use Only

Enrollee: Dixie Youth Baseball, Inc.		Coverage Effective Date:	
Policy Number: AFS9936670		Coverage Termination Date: (12:01am) 09-01-2010	
FILL IN THE BOXES BELOW TYPE OR PRINT – USE BLACK INK		Dixie Youth Baseball Franchise #'s _____ (Please Indicate if # is applied for) List all Dixie Youth Teams & Franchise #'s On One Form	

3) ENROLLEE NAME:

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)**

4) Type Of Coverage Applied For (Please Check One):

<input type="checkbox"/>	Regular Season Including All Star Teams – 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 6-5-2010 and after) (you must apply under the name of your league's all star team(s) – ex: XYZ League All Star Team <i>(This option does not permit the purchase of the Fall Ball Extension.)</i>)

5. Enter your total number of teams below (include all Dixie Youth Baseball teams on one enrollment form)

DIVISION	AGE GROUP	# OF TEAMS	X	CHARGE PER TEAM	=	COST
Majors	12 & Under		X	\$ 24.60	=	\$
O-Zone	12 & Under		X	\$ 24.60	=	\$
Minors	10 & Under		X	\$ 21.20	=	\$
T-Ball – Coach Pitch	8 & Under		X	\$ 16.45	=	\$
Buddy Ball (player assisted / handicapped)	16 & Under		X	\$ 22.80	=	\$
NOTE: The Total Premium Must Be Submitted With The Enrollment Form. Make Check Or Money Order Payable To Sadler & Company, Inc.				TOTAL COST		\$

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

We hereby enroll for Excess Accident Medical Expense Benefits underwritten by American Fidelity Assurance Company. We understand that insurance will be in force as of the Effective Date indicated above, provided the enrollment form and required premium is received by the Company. 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 and MAIL OR FAX THIS ENROLLMENT FORM WITH YOUR CHECK TO: SADLER & COMPANY, INC. PO BOX 5866, COLUMBIA, SC 29250-5866 <i>OVERNIGHT DELIVERY ADDRESS:</i> 3014 DEVINE STREET, 2 ND FLOOR, COLUMBIA, SC 29205		Apply online at: www.sadlersports.com/dixieyouth PHONE TOLL-FREE: 800-622-7370 OR LOCAL: 803-254-6311 FAX: (803) 254-6311 (See Attached Instructions)
Licensed Agent/Broker SADLER & COMPANY, INC. Federal ID Number 57-0529969	Email: dixie@sadlersports.com	© 1997-2010 Sadler & Company, Inc. All Rights Reserved

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 Youth 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 the Policy Termination Date, September 1, 2010; (b) all star tournament play; or (c) approved awards and recognition events but in no event later 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 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 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 lenses; (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/dixieyouth

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.