

# 2010 GENERAL LIABILITY PLAN ENROLLMENT FORM

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

**1) WARNING:** The General Liability policy requires that an Excess Accident policy with a limit of at least \$100,000 (covering all players, coaches, volunteers, and employees) be in force, otherwise General Liability coverage will be voided in the event of injury to a sports participant. In addition, you must implement and maintain a system for screening your volunteers and staff members with repeated access to youth on your state's sexual offender registry (free on the internet) or a criminal background check; otherwise, Sexual Abuse & Molestation coverage will be voided in the event of an incident. See General Liability Plan Description for details.

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

**List all Dixie Youth Teams & Franchise #'s On One Form**  
Dixie Youth Franchise # - (Please Indicate if # is applied for)

Policy # **KRO0000000735700**

(This space for company use only)      Effective Date: \_\_\_\_\_  
Expiration Date: **01-01-2011 12:01am**

TYPE OR PRINT - USE BLACK INK

**3) Applicant Name: Dixie Youth Baseball, Inc.**

**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):**

**Regular Season Including All Star Teams** – Strongly Recommended (if applying under league name, you must insure all teams and franchises in your league.)

**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 *(This option does not permit the purchase of the Fall Ball Extension.)*)

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

DIVISION	AGE GROUP	# OF TEAMS	X	CHARGE PER TEAM	=	COST
Majors	12 & Under		X	\$25.38	=	\$
O-Zone	12 & Under		X	\$25.38	=	\$
Minors	10 & Under		X	\$25.38	=	\$
T-Ball – Coach Pitch	8 & Under		X	\$25.38	=	\$
Buddy Ball (player assisted / handicapped)	16 & Under		X	\$25.38	=	\$
<b>TOTAL COST:</b>						\$

*(Costs shown include administrative fees)*

**6) COVERAGE EFFECTIVE DATE:** Coverage starts **January 1, 2010** (or 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, 2011** subject to the limitations under General Liability Plan Description. *(Exception: All Star Tournament Team(s) Only coverage cannot start prior to June 5, 2010 and is not eligible for the Fall Ball Extension.). Coverage does not extend to Fall Baseball after August 31, 2010, unless the FALL BASEBALL Enrollment Form from Sadler & Company has been completed with the appropriate premium paid.*

**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 General Liability 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.

**7) Enclosed is our check made payable to SADLER & COMPANY. The undersigned understands that coverage begins only if qualified and as stated in Section 6 above.**

**Date:** \_\_\_\_\_ **Signature of League Official:** \_\_\_\_\_



Your Organization Name  
(Be Specific):

**8) Certificate or Additional Insured Requests:** You will receive a certificate of insurance showing evidence that coverage has been bound. Use this section to request any additional certificate needed for another entity. List those entities that contractually require you to name them as Additional Insured on your league's General Liability policy. We will only honor such requests that are made by a field owner/lessor or a team or league sponsor. Please note that certificates will not be sent directly to these entities – they will be sent to you for you to deliver. **(If you do not provide the complete mailing address of the Certificate Holder or Additional Insured we cannot issue the certificate of insurance.)**

**If your property owner requires an "Additional Insured Endorsement" you must specifically request this and send a copy of their requirement/instructions so that we can make sure we issue what they require.**

Check the type of certificate that you are requesting:

Additional Insured OR  Certificate Holder / Evidence of Coverage only

(1) Name of Certificate Holder:

Contact Name:

Complete Mailing Address:

City: State: Zip:

Relationship to you:  Property/Field Owner  Property/Field Lessor  Sponsor  Endorsement Required  
 Other (please specify/explain):

Check the type of certificate that you are requesting:

Additional Insured OR  Certificate Holder / Evidence of Coverage only

(2) Name of Certificate Holder:

Contact Name:

Complete Mailing Address:

City: State: Zip:

Relationship to you:  Property/Field Owner  Property/Field Lessor  Sponsor  Endorsement Required  
 Other (please specify/explain):

**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)**

Already doing business with Sadler       Recommended By Another Team/League  
 Mailing From Dixie Headquarters       Dixie Website       Dixie Rulebook Ad  
 Recommended By Dixie State or District Director       Recommended By Dixie Headquarters

Search Engine: Other:

**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: [www.sadlersports.com/dixieyouth](http://www.sadlersports.com/dixieyouth)

**OPTION 1**

**FAX TO:  
(803) 256-4017**

*(Follow Attached For  
Instructions on  
HOW TO FAX A CHECK)*

**OPTION 2**

**OVERNIGHT DELIVERY:**

**SADLER & COMPANY, INC.  
Attn: Sports Department  
3014 DEVINE ST., 2<sup>ND</sup> 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**

# 2010 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, 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/dixieyouth](http://www.sadlersports.com/dixieyouth)

## 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 one 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 General Liability coverage for the league/association itself and its directors and officers. Instead, the 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 Youth 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 Youth Baseball, Inc. teams unless such play is approved by the league president, follows Dixie Youth 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 31<sup>st</sup> 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 Youth Baseball, Inc. organizations or for non-Dixie Youth 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(s) Only coverage cannot start prior to June 5, 2010 and is not eligible for the Fall Ball Extension. Coverage does not extend to Fall Baseball after August 31, 2010, unless the FALL BASEBALL Enrollment Form from Sadler & Company has been completed with the appropriate premium paid.

GENERAL LIABILITY PLAN COST  
PER TEAM CHARGE . . . . . \$25.38  
In addition to Baseball Accident Plan Cost

Email: [dixie@sadlersports.com](mailto: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: \_\_\_\_\_

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**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.**