



2012 Dizzy Dean Insurance

PART 1:	Accident	\$ 50,000
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



2012 Rate Reduction

Two Ways To Apply For Coverage!

1) For Fastest Service:

- Apply for coverage online at www.sadlersports.com/dizzydean by clicking the “Instant Online Quote & Purchase” 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 fax not being received.

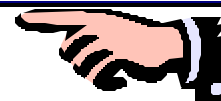
2) For Regular Service:

- 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 10 business days.

- **24/7 SELF-ISSUANCE OF CERTIFICATES OF INSURANCE** – Be sure to save your proof of coverage email so you can print your documents anytime you need to, access claim forms, and issue additional certificates of insurance as needed.
- **ONLINE RISK MANAGEMENT VIDEOS** on setting up a League Risk Management Program and an Abuse/Molestation Protection Program.

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 make the mistake of allowing their teams to purchase coverage on an individual basis. **When things are done this way, there is no General Liability coverage for the league itself and its directors and officers.**

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 the policy not being renewed and resulting lapse of coverage.



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.

SADLER
SPORTS & RECREATION INSURANCE

800-622-7370 toll free
1-803-256-4017 fax

Email:

dizzy@sadlersports.com

www.sadlersports.com/dizzydean

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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:



1) 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.



2) 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 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.

YOUR PROOF OF COVERAGE (Certificates & Claim Forms) WILL BE EMAILED, FAXED OR MAILED TO YOU WITHIN 5 TO 6 BUSINESS DAYS AFTER YOUR FAX IS RECEIVED IN OUR OFFICE.

2012 DIZZY DEAN BASEBALL ACCIDENT AND GENERAL LIABILITY PLAN ENROLLMENT FORM

INSURANCE CARRIERS & COVERAGE LIMITS

General Liability

Excess Accident

Carrier: Philadelphia Indemnity Insurance Company
 Policy Number: PHPK806975
 \$2,000,000 General Liability
 (Bodily Injury and Property Damage)

Carrier: ACE American Insurance Company
 Policy Number: PTPN00720185
 \$50,000 Excess Accident (No Deductible)
 \$25,000 Face Amount for Accidental Death and Specific Losses

COVERAGE PERIOD

Coverage starts the later of February 01, 2012, or the date and time that this enrollment form is received and approved, concurrent with the payment of the total amount due. All coverages expire on February 01, 2013 (12:01am), regardless of the effective date of coverage.

COMPANY USE ONLY: Effective Date: () ET) Expiration Date: (12:01am ET)

PLEASE COMPLETE SECTIONS 1-5 TYPE OR PRINT – USE BLACK INK

(1) APPLICANT – DIZZY DEAN 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**

(2) INDICATE NUMBER OF TEAMS FOR EACH CATEGORY & COMPUTE THE TOTAL COST(S)

Please insure all teams within the league under only one enrollment form.

Sport/Age Group	# of Teams	X	Cost Per Team	Total Cost(s)
Baseball 12 & Under		X	\$ 57.96	\$
Baseball 13-14		X	\$ 94.56	\$
Baseball 15-16		X	\$125.16	\$
Baseball 17-19		X	\$125.16	\$
Softball 12 & Under		X	\$ 56.06	\$
Softball 13-14		X	\$ 66.56	\$
Softball 15-16		X	\$125.16	\$
Softball 17-19		X	\$125.16	\$

Charges shown include all administrative fees. Total Amount Due: \$

(3) HOW DID YOU FIND OUT ABOUT SADLER & COMPANY? (PLEASE CHECK ONE)

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

(4) CERTIFICATE OF INSURANCE (COI) REQUEST SECTION:

Please indicate the entities on the top of the next page that require a COI and complete the requested information. ***If you do not provide the complete mailing address and 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 to deliver.***

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



Your Organization Name
(Be Specific):

(4) CERTIFICATE OF INSURANCE (COI) REQUEST SECTION continued:

(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.

(5) ACKNOWLEDGEMENT & SIGNATURE SECTION

COMPENSATION DISCLOSURE: I understand and, by my signature below, agree that Sadler & Company, Inc., in consideration of services rendered, will receive a fee in lieu of commission on the General Liability policy. Please contact Sadler & Company, Inc. for more information.

RISK PURCHASING GROUP: The completion of this enrollment form confirms our desire to obtain General Liability insurance through the ERS Risk Purchasing Group Association, Inc., domiciled in IL.

Enclosed is our check made payable to SADLER & COMPANY. The undersigned understands that coverage begins only if qualified and as stated in the "Coverage Period" section above. I acknowledge that I have read, understand and agree to the terms and conditions of coverage as detailed in the General Liability and Accident Plan Descriptions.

Date:	Signature of League Official:	
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SIGN AND SEND THIS ENROLLMENT FORM WITH YOUR CHECK PAYABLE TO:
SADLER & COMPANY, INC.

(Remember – Coverage is effective the date Sadler & Company receives your check along with the completed enrollment form.)

Option #1: For Fastest Service:

Apply for coverage online at www.sadlersports.com/dizzydean 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 that the enrollment form will get lost in the mail or your fax not being received.

<p>OPTION 2 FAX TO: (803) 256-4017</p> <p>Follow Attached HOW TO FAX A CHECK Instructions</p>	<p>OPTION 3 OVERNIGHT DELIVERY:</p> <p>SADLER & COMPANY, INC. Attn: Sports Department 3014 DEVINE ST., 2ND FLOOR COLUMBIA, SC 29205 Phone: 1-803-254-6311</p>	<p>OPTION 4 U.S. MAIL:</p> <p>SADLER & COMPANY, INC. Attn: Sports Department PO BOX 5866 COLUMBIA, SC 29250-5866 (Allow up to 10 business days for processing)</p>
<p>Page 2 of 2 – You Must Return Both Pages</p>	<p>Email: dizzy@sadlersports.com</p>	<p>© 1997-2012 Sadler & Company, Inc. All Rights Reserved</p>

2012 DIZZY DEAN BASEBALL, INC. GENERAL LIABILITY PLAN DESCRIPTION

BODILY INJURY AND PROPERTY DAMAGE
Philadelphia Indemnity Insurance Company

COVERAGE PERIOD:

Coverage starts the later of February 01, 2012, or the date that this enrollment form is received and approved, concurrent with the payment of the total amount due. All coverages expire on February 01, 2013 (12:01am ET), regardless of the effective date of coverage.

WHO IS COVERED:

Coverage is provided for your association, league, and its directors, officers and volunteers for injuries or damages (claims) you become legally obligated to pay, including applicable legal costs for defense, as described below under "COVERAGE IS PROVIDED FOR THE FOLLOWING," "GENERAL LIABILITY LIMITS OF COVERAGE," AND "EXCLUSIONS."

COVERAGE IS PROVIDED FOR THE FOLLOWING:

Activities Necessary and Incidental to Conduct of Practices and Games
Participant Injury
Property Damage Liability
Spectator Injury
Sponsored Functions like Meetings, Banquets and Fundraisers
Volunteer Injury

GENERAL LIABILITY LIMITS OF COVERAGE:

Each Occurrence	\$2,000,000	Fire Damage Legal Liability	\$ 100,000
Personal/Advertising Injury	\$2,000,000	Non-Owned/Hired Auto Liability	\$1,000,000
General Aggregate (per league)	\$2,000,000	Abuse/Molestation (per person)	\$1,000,000
Products/Completed Operations Aggregate	\$2,000,000	Abuse/Molestation Aggregate (Program)	\$2,000,000

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 enrollment form. Many leagues make the mistake of allowing their teams to purchase coverage on an individual basis. **When things are done this way, there is no coverage for the league itself and its directors and officers.** However, an individual team may purchase coverage with the limitations noted above.

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.

ABUSE/MOLESTATION (Requirement To Screen Volunteers):

No coverage will be provided for abuse or molestation if there is no system in place to perform at least one of the following background checks on all your employees, volunteers, or subcontracted labor with repeated access to youth: a) internet sexual offender registry check for your state on an annual basis, or b) criminal background check through a third party vendor. This check must be performed once upon initial employment, subcontracting, or volunteering and at least once every third year on each person 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/dizzydean.

EXCLUSIONS:

YOU MUST REFER TO THE POLICY FOR COMPLETE INFORMATION ON POLICY EXCLUSIONS.

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

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, 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.

2012 DIZZY DEAN BASEBALL, INC.

ACCIDENT PLAN DESCRIPTION

EXCESS MEDICAL EXPENSE COVERAGE

ACE American Insurance Company

The coverage provides Accident Benefits for covered losses while the coverage is in force for defined Insureds, subject to the following limits and exclusions.

COVERAGE PERIOD:

Coverage starts the later of February 01, 2012, or the date that this enrollment form is received and approved, concurrent with payment of the total amount due. All coverages expire on February 01, 2013, regardless of the effective date of coverage.

WHO IS COVERED:

Insured persons include athletes, coaches, managers, officials, employees, volunteers and VIP's of the participating Dizzy Dean League.

WHAT IS COVERED:

Accidental injuries that occur during Covered Activities. Covered Activities are scheduled, approved and adult supervised team or league activities including but not limited to tryouts, practice, play, tournaments, clinics, fundraisers, award banquets, team outings, and parades including direct travel to and from the place of such covered activity.

LIMITS:

\$50,000 Excess Medical Limit (Benefits are excess to any other valid and collectible insurance covering the same injury)

\$25,000 Face Amount for Accidental Death and Specific Losses

SYNOPSIS OF COVERAGE:

EXCESS MEDICAL EXPENSE

The plan pays covered expenses resulting from an Accidental Injury that are incurred within three years of the accident. The first expense must be incurred within 90 days of the accident. Covered Expenses include, but are not limited to, the reasonable and customary charges for local, professional ambulance service; hospital or surgical center care; medical treatment; nursing care; x-ray and lab exams; prescription drugs and other therapeutic services and supplies; dental treatment of sound, natural teeth; and certain home health care services.

ACCIDENTAL DEATH AND SPECIFIC LOSSES – PRINCIPAL SUM: \$25,000

The plan pays the benefit shown for certain losses occurring within one year of the Covered Accident:

100% of Principal Sum

Loss of Life; Loss of both hands or feet or sight of both eyes; Loss of either hand or foot and sight of one eye; Loss of one hand and one foot; or Loss of speech and hearing.

50% of Principal Sum

Loss of either hand or foot; Loss of sight in one eye; or Loss of speech or hearing.

25% of Principal Sum

Loss of thumb and index finger of the same hand

"Loss of 'Hand or Foot'" means complete severance through or above the wrist or ankle joint. "Loss of Sight" means the total permanent Loss of Sight of one eye that is irrevocable by natural, surgical or artificial means. "Loss of Speech" means total and permanent loss of audible communication that is irrevocable by natural, surgical or artificial means. "Loss of Hearing" means total and permanent Loss of Hearing in both ears that is irrevocable and cannot be corrected by any means. "Loss of Thumb and Index Finger on the Same Hand" means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). "Severance" means the complete separation and dismemberment of the part from the body.

IMPORTANT NOTICE:

This information is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policy issued in the state in which the policy was delivered. The policy is subject to the laws of the state in which it was issued. Please keep this information as a reference.

(See Reverse For a List of Exclusions)

2012 DIZZY DEAN BASEBALL, INC.
ACCIDENT PLAN DESCRIPTION
EXCESS MEDICAL EXPENSE COVERAGE
ACE American Insurance Company

We will not pay benefits for any loss or Injury that is caused by, or results from:

1. intentionally self-inflicted Injury.
2. suicide or attempted suicide.
3. war or any act of war, whether declared or not.
4. service in the military, naval or air service of any country.
5. sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food.
6. piloting or serving as a crewmember or riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.
7. commission of, or attempt to commit, a felony, an assault or other illegal activity.
8. alcoholism, drug addition or the use of any drug or narcotic except as prescribed by a Doctor.

In addition to the exclusions above, We will not pay Accident Medical Expense Benefits for any loss, treatment or services resulting from or contributed to by:

1. Treatment by persons employed or retained by a Policyholder, or by any Immediate Family or member of the Insured's household.
2. Treatment of sickness, disease or infections except pyogenic infections or bacterial infections that result from the accidental ingestion of contaminated substances.
3. Treatment of hernia, Osgood-Schlatter's Disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, hernia, detached retina unless caused by an Injury, or mental disorder or psychological or psychiatric care or treatment (except as provided in the Policy), whether or not caused by a Covered Accident.
4. Pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions.
5. Mental and Nervous Disorders (except as provided in the Policy).
6. Damage to or loss of dentures or bridges, or damage to existing orthodontic equipment (except as specifically covered by the Policy).
7. Expense incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofascial pain (except as provided by the Policy).
8. Injury covered by Workers' Compensation, Employer's Liability Laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
9. Injury or loss contributed to by the use of drugs unless administered by a Doctor.
10. Injury or death to which a contributing cause is the Insured's violation or attempt to violate any duly-enacted law, or the commission or attempt to commit an assault or a felony, or that occurs while the Insured is engaged in an illegal occupation.
11. Cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.
12. Any elective treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: (a) are deemed by Us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States.
13. Eyeglasses, contact lenses, hearing aids, wheelchairs, braces, appliances, examinations or prescriptions for them, or repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.
14. Expenses payable by any automobile insurance policy without regard to fault. (This exclusion does not apply in any state where prohibited).
15. Conditions that are not caused by a Covered Accident.
16. This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims