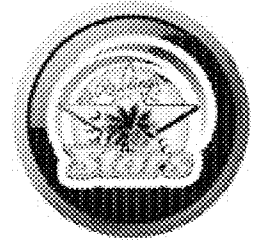




2017-2018 USABSA Endorsed Insurance Plan



United States Association of Baseball and Softball Academies

The Better Insurance Plan for the Better Run Professional Baseball Academies Affiliated with USABSA

General Liability / Accident

- Get instant quote with pre published rates
- Complete simple application for immediate coverage
- Minimum premiums as low as \$2,070
- \$2,000,000 Each Occurrence Limit
- \$1,000,000 Sexual Abuse & Molestation
- \$1,000,000 Non Owned & Hired Auto Liability
- Professional Liability coverage included
- Other sports can be insured under this program

Risk Management

- Safety Awareness Training Videos
- Sexual Abuse & Molestation Training Video
- Written Risk Management Program Template
- Written Sexual Abuse & Molestation Protection Program Template

Property / Equipment

- One stop policy for buildings, equipment, contents and computers
- Leading A rated insurance carrier
- Simple quote request form attached

Workers Compensation

- Available in most states
- Simple quote request form attached

A \$95.00 fee is required to become a registered academy with USABSA. Being a registered academy gives you the opportunity to purchase the coverages mentioned at the rates provided and receive the services shown.

The fee is included on the enclosed application. For additional information about being a registered USABSA academy and additional services available to you, please visit <http://usabsa.lockerdome.com/>.

www.sadlersports.com/usabsa



PO Box 5866, Columbia SC 29250-5866 Phone: 1-800-622-7370 Fax: 1-803-256-4017
Email: usabsa@sadlersports.com

2017-18 General Liability and Accident Plan Descriptions

General Liability

Carrier: Scottsdale Insurance Company (A.M. Best Rating A+, XV)

LIMITS

General Aggregate	NONE
Products / Completed Operations Aggregate	\$2,000,000
Each Occurrence	\$2,000,000
Personal & Advertising Injury	\$2,000,000
Damage to Premises Rented to You	\$1,000,000
Premises Medical Payments	\$ 5,000
Sexual Abuse & Molestation – Each Occurrence	\$1,000,000
Sexual Abuse & Molestation – Aggregate	\$2,000,000
Legal Liability to Participants	\$2,000,000*
Professional Liability for Coaches and Instructors	Included
Non Owned & Hired Auto Liability	\$1,000,000

*Coverage for brain injuries for soccer, basketball, cheer, lacrosse, and gymnastics limited to \$2,000,000 each occurrence and \$4,000,000 aggregate, and defense costs included inside the limits.

COVERED ACTIVITIES

Covered activities include instructions, skills and drills, batting cage, strength and agility, facility rental, sponsored teams or leagues, tryouts, showcases, camps, ancillary events such as arcades, parties, concessions, skills testing, and Stud Challenges while under the direction of the named insured.

RISK MANAGEMENT REQUIREMENTS

See application for list of risk management controls that are required for program eligibility.

SEXUAL ABUSE & MOLESTATION

With respect to Sexual Abuse & Molestation, it is agreed that no coverage applies to member academies that do not meet the following criteria:

1. System in place to perform criminal background checks on paid & volunteer staff.
2. Written procedure that includes sexual abuse & molestation prevention.
3. Written procedure that includes response plans for allegations of sexual abuse & molestation. The plan must specify that law enforcement be contacted in the event of an allegation.

Sadler Sports Insurance can provide a one-page program, that if adopted and implemented, will meet these requirements.

NON OWNED & HIRED AUTO LIABILITY

Provides coverage if the academy is sued as a result of liability arising out of the use of an auto on academy business if such auto is not owned by the academy (ex: employee'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.

Accident

Carrier: Nationwide Life Insurance Company (A.M. Best Rating A+, XV)

LIMITS

Accident Medical – Excess Limit	\$ 25,000
Deductible – Per Claim	\$ 1,000
Accidental Death & Specific Loss	\$ 1,500

EXCESS COVERAGE

The benefits provided under this plan are excess to any valid and collectible coverage. In the absence of other coverage, this policy will provide primary benefits, subject to the deductible.

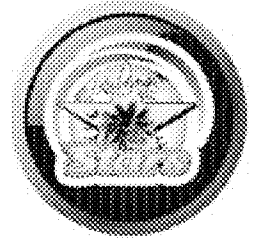
COVERED ACTIVITIES

Covered activities include instructions, skills and drills, batting cage, strength and agility, facility rental, sponsored teams or leagues, tryouts, showcases, camps, ancillary events such as arcades, parties, concessions, skills testing, and Stud Challenges while under the direction of the named insured.



2017-18 USABSA INSURANCE APPLICATION FOR BASEBALL / SOFTBALL ACADEMIES

\$2,000,000 General Liability and \$25,000 Accident



ORGANIZATION INFORMATION

Full Legal Name of Academy:		
Primary Location of Academy:		
City:	State:	Zip:
Academy Website Address:		
Academy Phone #:	Academy Service Provides: <input type="checkbox"/> Baseball <input type="checkbox"/> Softball <input type="checkbox"/> Both	

CONTACT INFORMATION

Name of Contact Person:		
Position:		
Mailing Address:		
City:	State:	Zip:
Email:		
Day Phone:	Cell:	Fax:

RISK MANAGEMENT ELIGIBILITY REQUIREMENTS

(All must be answered "yes" to qualify)

GENERAL INFORMATION

- | | | |
|--|------------------------------|-----------------------------|
| Do you have a written risk management program? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are basic rules posted and enforced at all times? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you make best efforts to obtain certificates of insurance evidencing General Liability for teams, independent contractors, or vendors that use your facility? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

STAFF AND SUPERVISION

- | | | |
|--|------------------------------|-----------------------------|
| Do you have a staff orientation program and refresher training program? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you regularly monitor staff performance as regards following required risk management controls? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Does your staff monitor activity on a regular basis? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

CUSTOMERS / PARTICIPANTS

- | | | |
|---|------------------------------|-----------------------------|
| Are your customers prohibited from using your facility without supervision? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are your customers required to sign an insurance carrier approved waiver / release form prior to participation? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

FACILITIES / EQUIPMENT

- | | | |
|---|------------------------------|-----------------------------|
| Do regular facility and equipment inspections occur including correction of all hazards? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you have appropriate fencing and netting in place to avoid injuries to participants and spectators? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you have appropriate walls / fencing in place to prevent trespassers from using your premises after hours? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

BATTING CAGES

- | | | |
|---|------------------------------|-----------------------------|
| Are customers required to wear batting helmets inside batting cages? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are batting cages completely self contained or enclosed? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are customers prohibited from altering the speed settings on the pitching machines? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are rules, operating instructions, and assumption of risk warnings posted in plain sight? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are accuracy and maintenance checks performed on a regular basis? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you have an age and height requirement for use of the pitching machines? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

PRIOR INSURANCE AND LOSS HISTORY

Current Insurance Carrier: _____

Have you ever had an injury that resulted in a claim? YES NO

If yes, provide date, description, and corrective action taken: _____

CHARGE COMPUTATION

GENERAL LIABILITY (Provide Annual Estimates)

Estimated Annual Receipts					
(Include the following revenue sources: memberships, batting cages, rental/leasing to outside groups)					
Est. Annual Receipts = _____	divided by 1,000 = _____	X	\$17.15	=	\$
Sponsored baseball / softball teams _____	no. teams _____	X	\$55.90	=	\$
Sponsored basketball teams _____	no. teams _____	X	\$55.90	=	\$
Sponsored cheerleading teams _____	no. teams _____	X	\$70.39	=	\$
Sponsored soccer teams _____	no. teams _____	X	\$83.84	=	\$
Sponsored lacrosse teams _____	no. teams _____	X	\$105.58	=	\$
Hosted baseball / softball tournaments _____	no. teams _____	X	\$10.77	=	\$
Hosted basketball tournaments _____	no. teams _____	X	\$10.77	=	\$
Hosted cheerleading tournaments _____	no. teams _____	X	\$12.73	=	\$
Hosted soccer tournaments _____	no. teams _____	X	\$15.06	=	\$
Hosted lacrosse tournaments _____	no. teams _____	X	\$19.10	=	\$
ID Camps/Showcases/Skills Testing/Stud Challenge Event					
Est. # days per Year _____	X	Est. # of Participants Per Day _____	= _____	X	\$0.49 = \$
				SUBTOTAL	= \$
				MINIMUM PREMIUM	= \$ 1,800.00
				GENERAL LIABILITY TOTAL	= \$ (A)
				(Greater of Subtotal or Minimum Premium)	

General Liability charges shown include premium and all applicable taxes and fees

ACCIDENT (Must Be Purchased) (Provide Annual Estimates)

Sports Training Facility					
Est. # of Days of Operation Per Year _____	X	Est. # of Participants Per Day _____	= _____	X	\$ 0.05 = \$
Sponsored baseball / softball teams _____		no. teams _____		X	\$13.00 = \$
Sponsored basketball teams _____		no. teams _____		X	\$13.00 = \$
Sponsored cheerleading teams _____		no. teams _____		X	\$16.00 = \$
Sponsored soccer teams _____		no. teams _____		X	\$16.00 = \$
Sponsored lacrosse teams _____		no. teams _____		X	\$16.00 = \$
Hosted baseball / softball tournaments _____		no. teams _____		X	\$ 2.75 = \$
Hosted basketball tournaments _____		no. teams _____		X	\$ 2.75 = \$
Hosted cheerleading tournaments _____		no. teams _____		X	\$ 3.40 = \$
Hosted soccer tournaments _____		no. teams _____		X	\$ 3.40 = \$
Hosted lacrosse tournaments _____		no. teams _____		X	\$ 3.40 = \$
ID Camps/Showcases/Skills Testing					
Est. # days per Year _____	X	Est. # of Participants Per Day _____	= _____	X	\$0.05 = \$
Stud Challenge Event					
Est. # days per Year _____	X	Est. # of Participants Per Day _____	= _____	X	\$0.75 = \$
				SUBTOTAL	= \$
				MINIMUM PREMIUM	= \$ 175.00
				ACCIDENT TOTAL	= \$ (B)
				(Greater of Subtotal or Minimum Premium)	

USABSA REQUIRED REGISTRATION FEE = \$ 95.00 (C)

TOTAL AMOUNT DUE [(A) + (B) + (C)] = \$

****Premiums are fully earned upon acceptance and coverage may not be cancelled.****

SPONSORED TEAMS (if any) (add additional sheets if necessary)

Team Names	Ages

HOSTED TOURNAMENTS (BASEBALL/SOFTBALL, BASKETBALL, CHEERLEADING, SOCCER, LACROSSE)**(if any) (add additional sheets if necessary)**

Start Day	End Day	# of Teams	Start Day	End Day	# of Teams

ID CAMPS/SHOWCASES/SKILLS TESTING/STUD CHALLENGE EVENTS**(if any) (add additional sheets as necessary)**

Start Date	End Date	# of Days	# of Participants Per Day	Total Participants per Camp/Event

NOTIFICATIONS AND WARRANTY STATEMENT

Effective And Expiration Dates: The submission of this application does not guarantee coverage. Completion of this application confirms the applicant's desire to obtain coverage under this program. Coverage is effective on 3-1-2016 or the date that this application and complete check amount are received and approved by Sadler & Company, Inc., whichever is later and expires one year from the effective date.

Risk Purchasing Group: Acceptance of General Liability confirms our desire to obtain coverage through the ERS Risk Purchasing Group Association, Inc., domiciled in Illinois.

New Exposures Must Be Added: I agree to add any new sponsored teams, hosted tournaments or ID Camps/Showcases, that were not previously reported on this form, by completing a new Charge Computation Page and forwarding it with the appropriate premium amount to Sadler & Company, Inc. In addition, I agree that any other significant changes in our operations will be promptly reported.

Warranty Statement: I declare that the statements in the Eligibility Requirements section and the Charge Computation section are complete and true. I understand that any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly present false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Print Applicant Name:**Title:****Applicant Signature:****Date:**

Sign and send this enrollment form with your check payable to Sadler & Company Inc:

Mailing Address:
Sadler & Company Inc
PO Box 5866
Columbia SC 29250

Overnight Address:
Sadler & Company Inc
3014 Devine St, 2nd Floor
Columbia SC 29205

SADLER
SPORTS & RECREATION INSURANCE

Phone: 1-800-622-7370

Fax: 803-256-4017

Email: usabsa@sadlersports.comwww.sadlersports.com/usabsa

CERTIFICATES OF INSURANCE

- Please indicate the entities below that require a certificate of insurance and complete the requested information.
- The certificates of insurance will be emailed to you for you to deliver to the third party.
- If your certificate holder requires special wording or forms, please send a copy for our review.

(1) Name:

Mailing Address:

City:	State:	Zip:
Relationship to You: <input type="checkbox"/> Property Owner/Lessor <input type="checkbox"/> Sponsor <input type="checkbox"/> Other (please describe): _____	<input type="checkbox"/> CG2011 <input type="checkbox"/> CG2026	<input type="checkbox"/> Waiver of Subrogation <input type="checkbox"/> Endorsement required

(2) Name:

Mailing Address:

City:	State:	Zip:
Relationship to You: <input type="checkbox"/> Property Owner/Lessor <input type="checkbox"/> Sponsor <input type="checkbox"/> Other (please describe): _____	<input type="checkbox"/> CG2011 <input type="checkbox"/> CG2026	<input type="checkbox"/> Waiver of Subrogation <input type="checkbox"/> Endorsement required

(3) Name:

Mailing Address:

City:	State:	Zip:
Relationship to You: <input type="checkbox"/> Property Owner/Lessor <input type="checkbox"/> Sponsor <input type="checkbox"/> Other (please describe): _____	<input type="checkbox"/> CG2011 <input type="checkbox"/> CG2026	<input type="checkbox"/> Waiver of Subrogation <input type="checkbox"/> Endorsement required

Property / Equipment Insurance – For Building/Contents/Equipment

Please complete the information requested below and return it with your completed application in order to receive a quote for Property/Equipment coverage.

Building #1	Building #2	Building #3
Address: _____	Address: _____	Address: _____
City: _____	City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____	State: _____ Zip: _____
Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Home Office	Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Home Office	Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Home Office
Building Occupied Primarily As:	Building Occupied Primarily As:	Building Occupied Primarily As:
(ex: office, training, retail sales, etc.)	(ex: office, training, retail sales, etc.)	(ex: office, training, retail sales, etc.)
Year Built _____ Sq. ft. area _____	Year Built _____ Sq. ft. area _____	Year Built _____ Sq. ft. area _____
Sprinklered? Y N	Sprinklered? Y N	Sprinklered? Y N
Inside City Limits? Y N	Inside City Limits? Y N	Inside City Limits? Y N
Number of Stories: _____	Number of Stories: _____	Number of Stories: _____
Building Improvement:	Building Improvement:	Building Improvement:
Wiring—Yr. Updated: _____	Wiring—Yr. Updated: _____	Wiring—Yr. Updated: _____
Plumbing—Yr. Updated: _____	Plumbing—Yr. Updated: _____	Plumbing—Yr. Updated: _____
Heating—Yr. Updated: _____	Heating—Yr. Updated: _____	Heating—Yr. Updated: _____
Roof—Yr. Updated: _____	Roof—Yr. Updated: _____	Roof—Yr. Updated: _____
Roof Type: _____	Roof Type: _____	Roof Type: _____
Type of Construction:	Type of Construction:	Type of Construction:
<input type="checkbox"/> Frame (<i>wood wall supports and roof supports</i>)	<input type="checkbox"/> Frame (<i>wood wall supports and roof supports</i>)	<input type="checkbox"/> Frame (<i>wood wall supports and roof supports</i>)
<input type="checkbox"/> Joisted Masonry (<i>concrete/block wall supports and wood roof supports</i>)	<input type="checkbox"/> Joisted Masonry (<i>concrete/block wall supports and wood roof supports</i>)	<input type="checkbox"/> Joisted Masonry (<i>concrete/block wall supports and wood roof supports</i>)
<input type="checkbox"/> Non-Combustible (<i>metal wall supports and roof support</i>)	<input type="checkbox"/> Non-Combustible (<i>metal wall supports and roof support</i>)	<input type="checkbox"/> Non-Combustible (<i>metal wall supports and roof support</i>)
<input type="checkbox"/> Masonry Non Combustible (<i>concrete/block wall supports and metal roof supports</i>)	<input type="checkbox"/> Masonry Non Combustible (<i>concrete/block wall supports and metal roof supports</i>)	<input type="checkbox"/> Masonry Non Combustible (<i>concrete/block wall supports and metal roof supports</i>)
<input type="checkbox"/> Fire Resistive (<i>concrete wall supports and concrete roof supports</i>)	<input type="checkbox"/> Fire Resistive (<i>concrete wall supports and concrete roof supports</i>)	<input type="checkbox"/> Fire Resistive (<i>concrete wall supports and concrete roof supports</i>)
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
Amount of Insurance Needed For 100% Replacement (Brand New):	Amount of Insurance Needed For 100% Replacement (Brand New):	Amount of Insurance Needed For 100% Replacement (Brand New):
Building: \$ _____	Building: \$ _____	Building: \$ _____
Furniture/Equipment/Contents/Stock: \$ _____	Furniture/Equipment/Contents/Stock: \$ _____	Furniture/Equipment/Contents/Stock: \$ _____
Computer Hardware/Software: \$ _____	Computer Hardware/Software: \$ _____	Computer Hardware/Software: \$ _____
Tenants Improvements & Betterments: \$ _____	Tenants Improvements & Betterments: \$ _____	Tenants Improvements & Betterments: \$ _____
Outdoor Fences/Cages/Equipment In Open: \$ _____	Outdoor Fences/Cages/Equipment In Open: \$ _____	Outdoor Fences/Cages/Equipment In Open: \$ _____
Sports Equipment That Leaves Premises (maximum value at any one time): \$ _____	Sports Equipment That Leaves Premises (maximum value at any one time): \$ _____	Sports Equipment That Leaves Premises (maximum value at any one time): \$ _____

Workers Compensation Information

Locations:

#	STREET, CITY, COUNTY, STATE, ZIP CODE

Employers Liability Limits – choose one of the following options:

<input type="checkbox"/> \$100,000 Each Accident <input type="checkbox"/> \$500,000 Disease – Policy Limit <input type="checkbox"/> \$100,000 Disease Each Employee	<input type="checkbox"/> \$500,000 Each Accident <input type="checkbox"/> \$500,000 Disease – Policy Limit <input type="checkbox"/> \$500,000 Disease Each Employee	<input type="checkbox"/> \$1,000,000 Each Accident <input type="checkbox"/> \$1,000,000 Disease – Policy Limit <input type="checkbox"/> \$1,000,000 Disease Each Employee
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Do you have a written Drug Free Workplace Program? _____

Rating Information:

STATE	LOC #	CLASS CODE	CATEGORIES, DUTIES, CLASSIFICATION	OWNER OFFICER INC/EXC	# OF EMPLOYEES	# OF SUBCONTRACTORS/ INDEPENDENT CONTRACTORS	TOTAL PROJECTED ANNUAL PAYROLL*
		8810	Clerical Workers (in office >90%) (No instruction)				
			Outside Sales (out of office > 10%) (No instruction)				
		9015	Instructors/Coaches				
			Other:				
			Other:				

*Includes payments to employees plus payments to uninsured sub contractors

General Information – Explain all “Yes” responses in the space provided below.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	1. Any work performed underground or above 15 feet?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2. Any work performed on barges, vessels, docks, bridge over water?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3. Is applicant engaged in any other type of business?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	4. Are sub-contractors used? (If yes, give % of work subcontracted.)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	5. Any work sublet without certificates of insurance?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	6. Is a written safety program in operation?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	7. Any group transportation provided?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	8. Any employees under 16 or over 60?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	9. Any seasonal employees?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	10. Is there any volunteer or donated labor?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	11. Any employees with physical handicaps?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	12. Do employees travel out of state?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	13. Are physicals required after offers of employment are made?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	14. Are employee health plans provided?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	15. Is there a labor interchange with any other business/subsidiary?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	16. Do you lease employees to or from other employers?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	17. Do any employees predominantly work at home?

Prior Carrier and Loss History:

YEAR	INSURANCE CARRIER	PREMIUMS PAID	LOSSES PAID
CURRENT			
1 ST PRIOR			
2 ND PRIOR			
3 RD PRIOR			

If any losses paid in past four (4) years, please provide narrative below of circumstances of injury and preventative measures taken: _____