



DIXIE SOFTBALL, INC

2019 INSURANCE PLAN & ENROLLMENT FORMS

COVERAGES & LIMITS AVAILABLE

PART 1:	Accident Medical Expense	\$ 250,000
PART 2:	General Liability	\$ 2,000,000
PART 3:	Directors & Officers Liability	\$ 1,000,000
PART 4:	Crime	\$ 25,000
PART 5:	Equipment	Your Choice

HOW TO APPLY FOR COVERAGE

For Fastest Service:

Instant Online Quote & Purchase 

- Apply for coverage online at www.sadlersports.com/dixies by clicking on the “Instant Online Quote & Purchase” icon (picture of icon shown above).
- Pay with a check or credit card in a secure environment.
- Proof of coverage documents will be issued and emailed to you within seconds!

For Regular Service:

- Complete the attached enrollment forms.
- Make your check payable to Sadler & Company, Inc., for the total amount due.
- Send your completed enrollment forms and check to Sadler & Company, Inc., either via fax, mail or overnight delivery.
- Processing time is 6-10 business days. (We cannot rush processing. If you need proof of coverage sooner than this, please apply online at www.sadlersports.com/dixies.)
- Proof of coverage documents will be emailed to the email address provided on the enrollment form.

SPECIAL ENHANCEMENTS

- 24/7 self-issuance of certificates of insurance! Save your proof of coverage email and you can use the “Self-Issue COI” link in the email to add additional certificate holders 24/7.
- Online Risk Management Videos are available for setting up a League Risk Management Program and an Abuse/Molestation Protection Program.



John Sadler

“No One Offers The Same Incredible Coverage For Such An Affordable Price!”

SADLER
SPORTS & RECREATION INSURANCE

PO Box 5866
Columbia SC 29250

Phone: 1-800-622-7370

Fax: 803-256-4017

Email: Dixie@sadlersports.com

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DIXIE SOFTBALL, INC

2019 GENERAL LIABILITY AND ACCIDENT INSURANCE ENROLLMENT FORM

COVERAGE EFFECTIVE DATE

Coverage starts January 1, 2019, or on the date this completed Enrollment form and premium payment are received by Sadler & Company, Inc., whichever is later, and continues for 12 months from effective date.

For Office Use Only: Effective date _____ Expiration Date: _____

ENROLLEE INFORMATION (Type or print – use black ink only)

Dixie Softball Franchise #'s - List all Dixie Softball Teams & Franchise #'s On One Form

S _____ S _____ S _____ S _____ S _____

Participating Organization Name (Be Specific): _____

Contact Name: _____

Mailing Address**:

City: _____

State: _____

Zip: _____

Home Phone: _____

Cell: _____

Fax: _____

Email**:

Website: _____

Alternate Authorized Contact - Name: _____

Phone: _____

Email: _____

**Note – this should be the mailing address and email address that will receive all future correspondence, including renewal notices. Proof of coverage will be emailed to you within 6-10 business days. Please be sure to check your junk/spam email folders.

PLEASE CHECK TYPE OF COVERAGE APPLYING FOR (there is no difference in premium)

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

All Star Tournament Team(s) Only– Excludes Regular Season & Fall Ball Activities – you must apply under the name of your league’s All Star Team(s), example: XYZ League All Star Team. All Star Only coverage ONLY applies to the teams that are sanctioned Dixie Softball All Star Teams and does not provide coverage for any regular season activities.

Important- Dixie Softball Tournament Hosts: Both Accident and General Liability are required by DS rules. There are two ways for a tournament host to purchase coverage for hosting officially sanctioned Dixie tournaments. **The first is to buy regular season coverage on behalf of all teams in the league which automatically extends coverage for hosting officially sanctioned tournaments.** The second way is to purchased tournament host coverage through the Dixie program. Please contact Sadler for details on how to purchase tournament host coverage.

PREMIUM CALCULATION

(Complete chart – include ALL Dixie Softball teams/franchises on one enrollment form)

For Teams participating in officially sanctioned DSB Tournaments: Both Accident and General Liability are required by DSB rules.

Accident Insurance: Pays covered medical bills of injured participants on an excess basis.

General Liability Insurance: Lawsuits arising out of bodily injury to spectators and participants or due to property damage.

PLEASE CHOOSE THE TYPE OF COVERAGE YOU WISH TO PURCHASE AND MULTIPLY BY THE NUMBER OF TEAMS IN YOUR ORGANIZATION

DIVISION	<input type="checkbox"/> General Liability / Accident Charge Combined (Per Team) RECOMMENDED	<input type="checkbox"/> General Liability Charge Only (Per Team)	<input type="checkbox"/> Accident Charge Only (Per Team)	X	# of Teams (Include All Teams In League)	=	TOTAL CHARGE
Sweet Tees (6 & Under)	\$49.04	\$32.04	\$17.00	X		=	\$
Angels, Darlings, Ponytails (12 & Under)	\$58.19	\$32.04	\$26.15	X		=	\$
Belles (13 - 15)	\$74.04	\$32.04	\$42.00	X		=	\$
Debs (16-19)	\$106.49	\$32.04	\$74.45	X		=	\$

TOTAL CHARGES DUE WITH THIS ENROLLMENT FORM = \$

Note: General Liability coverage is provided for the league and its Directors and Officers 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 team basis. When things are done this way, there is no General Liability coverage for the league itself and its Directors and Officers.

HOW DID YOU FIND OUT ABOUT SADLER & COMPANY? (Please check one)

- Already doing business with Sadler
- Mailing From Dixie Headquarters
- Social Media (Facebook, Twitter, LinkedIn)
- Dixie Rulebook Ad
- Dixie Website
- Search Engine
- Recommended By Another Team/League
- Recommended By Dixie Headquarters
- Recommended By Dixie State or District Director

NEW OR RENEWAL

- I am renewing coverage with Sadler
- I am a new account
- I am a former insured and returning to Sadler

If renewing, which type of communication that you received best prompted you to renew your coverage?

- Letter
- Email
- Post Card
- Dixie Rule Book Ad
- Other: _____

CERTIFICATE OF INSURANCE REQUEST

Please indicate the entities below that require a Certificate of Insurance (COI) and complete the requested information. Property Owners/Lessors and Sponsors are automatically included as additional insured on the General Liability policy (if purchased) and will be shown as such on the COI. The requested COI's will be included in the proof of coverage email that is sent to you, we do not send copies to the third party.

Name:		
Mailing Address:		
City:	State:	Zip:
Relationship to you: <input type="checkbox"/> Property Owner/Lessor <input type="checkbox"/> Sponsor <input type="checkbox"/> Other: _____	<input type="checkbox"/> CG2011 <input type="checkbox"/> CG2026	<input type="checkbox"/> Waiver of Subrogation <input type="checkbox"/> Endorsement Required

Name:		
Mailing Address:		
City:	State:	Zip:
Relationship to you: <input type="checkbox"/> Property Owner/Lessor <input type="checkbox"/> Sponsor <input type="checkbox"/> Other: _____	<input type="checkbox"/> CG2011 <input type="checkbox"/> CG2026	<input type="checkbox"/> Waiver of Subrogation <input type="checkbox"/> Endorsement Required

FRAUD STATEMENT AND SIGNATURE SECTION (Date & Sign Below)

We hereby enroll for General Liability coverage underwritten by National Casualty Company and/or Blanket Accident Insurance coverage underwritten by ACE American Insurance Company, depending on which options we have chosen on this enrollment form. We understand that insurance will be in force as of the Effective Date indicated on the prior page, provided the enrollment form is accepted by Sadler & Company, Inc. and the required premium is received by Sadler & Company, Inc. when due. Acceptance of the General Liability insurance confirms our desire to obtain insurance through the ERS Risk Purchasing Group Association, Inc., domiciled in IL. We have read, understand and agree to the terms and conditions of coverage as detailed in the General Liability Plan Description and/or the Blanket Accident Insurance Plan. We understand that all premiums are fully earned at inception and there are no provisions for cancellations or refunds.

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insured may deny insurance benefits if false information materially related to a claim was provided by the applicant.

League Official Signature: _____

League Official Printed Name: _____ Date: _____

Sign & Send this Enrollment Form with your check, payable to Sadler & Company, Inc., to us via one of the following:

Option 1 – Fax To:
803-256-4017
 Phone: 1-800-622-7370
 Email: Dixie@sadlersports.com

Option 2 – Overnight Delivery To:
Sadler & Company, Inc.
Attn: Sports Department
3014 Devine St, 2nd Floor
Columbia, SC 29205

Option 3 – U.S. Mail to:
Sadler & Company, Inc.
Attn: Sports Department
PO Box 5866
Columbia SC 29250

Remember – Coverage is effective the day the check and completed Enrollment Form are received in our office. You can apply online at www.sadlersports.com/dixies and receive instant proof of coverage!

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DIXIE SOFTBALL, INC
2019 GENERAL LIABILITY PLAN DESCRIPTION

Underwritten By: National Casualty Company

LIMITS OF INSURANCE

\$2,000,000	Each Occurrence Limit – Combined Single Limit Bodily Injury and Property Damage
NONE	General Aggregate
\$2,000,000	Products/Completed Operations Aggregate
\$2,000,000	Personal and Advertising Injury
\$1,000,000	Damage to Premises Rented to You
\$ 5,000	Premises Medical Payments
\$2,000,000	Sexual Abuse and Molestation Each Occurrence (\$2,000,000 per League Aggregate)
\$2,000,000	Legal Liability to Participants
\$2,000,000	Non-Owned/Hired Automobile Liability

Cost of investigation of covered claims, defense of suits, and other legal expenses are paid by the Company in addition to the above limits.

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.

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, and follows Dixie Softball, Inc. safety rules and regulations,) high risk fundraising activities, including, but not limited to: concerts with more than 2,000 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 and (5) leasing or subleasing of premises to non-Dixie Softball, Inc. organizations or for non-Dixie Youth related activities such as sporting events, fairs, or other special events.

IMPORTANT REQUIREMENT – EXCESS ACCIDENT

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.

IMPORTANT REQUIREMENT OF SEXUAL ABUSE/MOLESTATION COVERAGE

Coverage for sexual abuse and molestation will **not** apply unless the insured team or league implements the following requirements:

1. Has a system in place to perform criminal background checks on paid and volunteer staff
2. Has written procedures that include sexual abuse and molestation prevention
3. Has written procedures that include a response plan for allegations of sexual abuse or molestation including a requirement that law enforcement be contacted.

Sadler Sports Insurance provides a one page document, that if adopted and implemented, will satisfy these requirements. See the Abuse/Molestation Risk Management Program (short-form) that is attached to this brochure. The brochure can also be found at www.sadlersports.com/riskmanagement.

IMPORTANT RECOMMENDATION – WAIVERS & 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 following website – www.sadlersports.com/dixies.

NON-OWNED AND HIRED AUTOMOBILE 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.

***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.***

2019 DIXIE SOFTBALL, INC BLANKET ACCIDENT INSURANCE PLAN DESCRIPTION

Underwritten by: ACE American Insurance Company

ACCIDENT MEDICAL EXPENSE BENEFIT (FULL EXCESS)	ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT
Full Excess Accident Medical: \$250,000 Dental Limit Maximum: \$50,000 Deductible (per injury): \$0 Benefit Period: 2 years (104 weeks)	Accidental Death & Dismemberment \$5,000

ELIGIBLE PERSONS

All registered players, coaches, scorekeepers, umpires, bat boys and girls, safety officers, managers, league officers, league Board of Directors, employees, and volunteers that participate on behalf of teams for which a premium has been paid.

COVERED ACTIVITIES

Insured is 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 rule 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 and follows Dixie Softball, Inc., safety rules and regulations.

ACCIDENTAL DEATH AND SPECIFIC LOSSES – PRINCIPLE SUM (\$5,000)

If Accidental Death to the Insured occurs, we will pay 100% of the Principal Sum. If Injury to the Insured results, in any one of the losses shown below, we will pay the Benefit Amount shown below for that loss. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Accident. Time period for loss is 180 days.

Two or More Members	100% of the Principal Sum
One Member	50% of the Principal Sum
Thumb & Index Finger of the Same Hand	25% of the Principal Sum

EXCLUSIONS

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 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 addiction 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 ACE American Insurance Company 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) Participation in any activity or hazard not specifically covered by the Policy. 17) Any treatment, service or supply not specifically covered by the Policy.

This insurance does not apply to the extent that trade or economic sanctions, other laws or regulations prohibit ACE American Insurance Co. from providing insurance, including, but not limited to, the payment of claims.

This brochure is for illustrative purposes only and not a contract of insurance.

The terms and conditions of coverage are set forth in the policy. Complete details may be found in the policies on file at the administrator's office.