



# DIZZY DEAN BASEBALL, INC

## 2019 INSURANCE PLAN & ENROLLMENT FORMS

### COVERAGES & LIMITS AVAILABLE

PART 1:	Accident Medical Expense	\$ 50,000
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/dizzy](http://www.sadlersports.com/dizzy) 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/dizzy](http://www.sadlersports.com/dizzy).)
- 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.

### IMPORTANT INFORMATION

- In addition to buying quality insurance, you should also implement the following risk management steps at a minimum:
  - Run Criminal Background Checks on all your volunteers who have access to youth.
  - Implement a written abuse/molestation risk management program.
  - Train your staff on concussion recognition, removal from play, return to activity and prevention
  - Require all participants to sign waiver/release forms



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: [Dizzy@sadlersports.com](mailto:Dizzy@sadlersports.com)

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# DIZZY DEAN BASEBALL, INC

## 2019 GENERAL LIABILITY PLAN DESCRIPTION

Underwritten By: National Casualty Company

### LIMITS OF INSURANCE

\$2,000,000	Each Occurrence Limit
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
\$1,000,000	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

Coverage is provided by Members of Dizzy Dean Baseball Association and/or Teams that have activities that are scheduled, sanctioned, approved, organized and supervised by such member teams and associations. Coverage includes, but is not limited to, tryouts; practices; clinics; camps; tournaments; fundraising; meetings; premises operations; field preparation and maintenance. Coverage also includes event set-up and tear-down periods, banquets and ceremonies.

### 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. Have a system in place to perform criminal background checks on paid and volunteer staff
2. Have written procedures that include sexual abuse and molestation prevention
3. Have 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/dizzy](http://www.sadlersports.com/dizzy).

### 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/dizzy](http://www.sadlersports.com/dizzy).

### 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.***

# DIZZY DEAN BASEBALL, INC

## 2019 BLANKET ACCIDENT INSURANCE PLAN DESCRIPTION

Underwritten By: ACE American Insurance Company

ACCIDENT MEDICAL EXPENSE BENEFIT (FULL EXCESS)	ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT
Maximum Benefit Amount: \$50,000	Accidental Death Benefit Maximum Amount: \$25,000
Deductible (per injury): \$0	Accidental Dismemberment Benefit Maximum Amount: \$25,000
Benefit Period: 3 years (156 weeks)	
Dental Maximum: \$50,000	

### ELIGIBLE PERSONS

All athletes, coaches, managers, officials, volunteers and VIP's of the participating Dizzy Dean league, including umpires. (VIP's means guests of the Policyholder who have been granted access to restricted areas where the general public is not allowed.)

### 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.

### ACCIDENTAL DEATH AND SPECIFIC LOSSES – PRINCIPLE SUM (\$25,000)

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 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.

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

# DIZZY DEAN BASEBALL, INC

## 2019 INSURANCE ENROLLMENT FORM

### INSURANCE CARRIERS & COVERAGE LIMITS

**General Liability**  
 Carrier: National Casualty Company  
 \$2,000,000 General Liability  
 (Bodily Injury and Property Damage)

**Blanket Accident**  
 Carrier: ACE American Insurance Company  
 \$50,000 Excess Accident (no deductible)  
 \$25,000 Face Amount for Accidental Death & Specific Losses

### COVERAGE EFFECTIVE DATE

- Coverage starts February 1, 2019, or on the date this completed Enrollment form and premium payment are received by Sadler & Company, Inc., whichever is later, and continues to February 1, 2020 regardless of the effective date of coverage.

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

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.

### TOTAL # OF TEAMS

(Complete chart – include ALL teams within the league on one 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.

DIVISION	AGE GROUP	# OF TEAMS	X	COST PER TEAM	=	TOTAL COST
Baseball	12 & Under		X	\$50.62	=	\$
Baseball	13 – 14		X	\$76.72	=	\$
Baseball	15 – 16		X	\$96.62	=	\$
Baseball	17 – 19		X	\$96.62	=	\$
Softball	12 & Under		X	\$49.32	=	\$
Softball	13 – 14		X	\$56.57	=	\$
Softball	15 – 16		X	\$96.62	=	\$
Softball	17 – 19		X	\$96.62	=	\$
<b>TOTAL COSTS DUE WITH THIS ENROLLMENT FORM</b>					=	\$
<i>(Costs shown include all administrative fees.)</i>						

### 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 |

**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

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

**SIGNATURE SECTION (Date & Sign Below)**

**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.

We hereby enroll for General Liability coverage underwritten by National Casualty Company and Blanket Accident Insurance coverage underwritten by ACE American Insurance Company. 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. We have read, understand and agree to the terms and conditions of coverage as detailed in the General Liability Plan Description and in the Blanket Accident Insurance Plan Description. We understand that all premiums are fully earned at inception and there are no provisions for cancellations or refunds. Anyone who includes false or misleading information is subject to criminal and civil penalties.

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: [Dizzy@sadlersports.com](mailto:Dizzy@sadlersports.com)

**Option 2 – Overnight Delivery To:**  
Sadler & Company, Inc.  
Attn: Sports Department  
3014 Devine St, 2<sup>nd</sup> 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/dizzy](http://www.sadlersports.com/dizzy) and receive instant proof of coverage!**

# Concussion Awareness Risk Management Program

For \_\_\_\_\_ (insert name of sports organization.)

## Staff Concussion Awareness Online Video Training

All paid and volunteer staff who interact with participants at practice and games will be required to complete an online video training course on concussion awareness and safety which includes what happens during a concussion and the impact on participant health, recognition of concussion signs and symptoms and how to respond, safe return to play, and focus on prevention and preparedness. The required online course is the Concussion Course offered by the Centers for Disease Control and Prevention which can be found at

[http://www.cdc.gov/concussion/headsup/online\\_training.html](http://www.cdc.gov/concussion/headsup/online_training.html). The sports organization will collect and retain documentation of initial completion for staff. Once a staff member has received this training, no additional training is required other than receipt of the Concussion Awareness Information Sheet referenced below.

## Staff / Participant / Parent Concussion Awareness Information Sheet

To follow is the required educational information sheet which must be distributed annually to all staff, participants, and parents (if minor participants): [http://www.cdc.gov/concussion/headsup/pdf/Parent Athlete Info Sheet-a.pdf](http://www.cdc.gov/concussion/headsup/pdf/Parent_Athlete_Info_Sheet-a.pdf)

The sports organization will provide this information sheet as part of the registration materials either as a paper handout or in electronic format.

The sports organization has formerly adopted this program by board action and will implement this concussion risk management program prior to the start of every season and within 30 days of the effective date of the annual General Liability policy renewal.

Name of authorized sports organization official: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**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 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,

1. FOR MYSELF, SPOUSE, AND CHILD, 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's participation; and,
2. 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's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,
3. I myself, my spouse, my child, 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's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.**
4. 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 involvement or participation in these programs, **EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.**
5. I, the parent/guardian, assert I have explained to my child/ward: the risks of the activity, his/her responsibilities for adhering to the rules and regulations, and that my child/ward understands this agreement.

**I, FOR MYSELF, MY SPOUSE, AND CHILD/WARD, HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT WE 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 with some modifications by Sadler Sports & Recreation Insurance.

**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.**