

# 2020 TEAM/LEAGUE INSURANCE PLAN & ENROLLMENT FORM

Available 02-01-2020 to 01-31-2021



## COVERAGES & LIMITS AVAILABLE

PART 1: Medical Payments for Participants (Accident)	\$ 100,000 (\$100 Deductible)
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

## TO APPLY FOR COVERAGE

### For Fastest Service:

Instant Online Quote & Purchase 

- Apply for coverage online at [www.sadlersports.com/nays](http://www.sadlersports.com/nays) 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 and certificates for field/facility owners can be instantly printed!

### For Regular Service:

- Complete the attached enrollment form.
- Make your **check** payable to Sadler & Company, Inc., for the total amount due.
- Send your completed enrollment form and check to Sadler & Company, Inc., either via fax, scan/email, 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/nays](http://www.sadlersports.com/nays).)
- Proof of coverage documents will be emailed to the email address provided on the enrollment form.



**John Sadler**

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

## Risk Management Content

Check out our free risk management content including legal forms, articles, videos, and risk management templates

[www.sadlersports.com/nays](http://www.sadlersports.com/nays)

**SADLER**  
SPORTS & RECREATION INSURANCE

1-800-622-7370 toll free

1-803-256-4017 fax

Email:

[sport3@sadlersports.com](mailto:sport3@sadlersports.com)

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# NAYS

## 2020 TEAM/LEAGUE INSURANCE PROGRAM



Combined \$2,000,000 General Liability / \$100,000 Medical Payments for Participants (\$100 Deductible)

Rates Available: 02-01-2020 to 01-31-2021

**SPORT                      AGE 12 & UNDER                      AGE 13 – 15                      AGE 16 - 19**

**THE FOLLOWING SPORTS ARE BASED ON THE # OF TEAMS / PER AGE & SPORT**

T-Ball	\$ 79.00 per team	Not Available	Not Available
Baseball	\$ 81.00 per team	\$131.00 per team	\$167.00 per team
Basketball	\$ 80.00 per team	\$ 96.00 per team	\$170.00 per team
Field Hockey	\$110.00 per team	\$130.00 per team	\$153.00 per team
Ice Ringette	\$157.00 per team	\$157.00 per team	\$157.00 per team
Inline Hockey	\$247.00 per team	\$ 247.00 per team	\$ 247.00 per team
Lacrosse	\$168.00 per team	\$168.00 per team	\$168.00 per team
Roller Hockey	\$237.00 per team	\$237.00 per team	\$237.00 per team
Soccer	\$118.00 per team	\$138.00 per team	\$161.00 per team
Softball	\$ 79.00 per team	\$ 94.00 per team	\$165.00 per team
Touch/Flag Football	\$ 76.00 per team	\$ 95.00 per team	\$119.00 per team

**THE FOLLOWING SPORTS ARE BASED ON THE # OF PLAYERS / PER AGE & SPORT**

Adaptive Baseball/Softball	\$12.40 per participant	\$12.40 per participant	\$12.40 per participant
Adaptive Basketball	\$12.40 per participant	\$12.40 per participant	\$12.40 per participant
Adaptive Swimming	\$12.40 per participant	\$12.40 per participant	\$12.40 per participant
Adaptive Tennis	\$12.40 per participant	\$12.40 per participant	\$12.40 per participant
Adaptive Track & Field	\$12.40 per participant	\$12.40 per participant	\$12.40 per participant
Badminton	\$ 4.81 per participant	\$ 4.81 per participant	\$ 4.81 per participant
Bowling	\$ 4.81 per participant	\$ 4.81 per participant	\$ 4.81 per participant
Cheerleading	\$17.49 per participant	\$17.49 per participant	\$17.49 per participant
Cross Country	\$ 4.81 per participant	\$ 4.81 per participant	\$ 4.81 per participant
Dodgeball	\$ 4.81 per participant	\$ 4.81 per participant	\$ 4.81 per participant
Double Dutch	\$ 4.81 per participant	\$ 4.81 per participant	\$ 4.81 per participant
Drill Team	\$ 4.81 per participant	\$ 4.81 per participant	\$ 8.09 per participant
Golf	\$ 4.81 per participant	\$ 4.81 per participant	\$ 4.81 per participant
Kickball	\$ 4.81 per participant	\$ 4.81 per participant	\$ 4.81 per participant
Swimming	\$ 4.81 per participant	\$ 4.81 per participant	\$ 4.81 per participant
Tennis	\$ 4.81 per participant	\$ 4.81 per participant	\$ 4.81 per participant
Track & Field	\$ 4.81 per participant	\$ 4.81 per participant	\$ 4.81 per participant
Volleyball	\$ 4.81 per participant	\$ 4.81 per participant	\$ 4.81 per participant
Wrestling	\$17.49 per participant	\$17.49 per participant	\$17.49 per participant

# 2020 Team/League Insurance Plan & Enrollment Form

General Liability /Medical Payments for Participants (Accident)



National Alliance for Youth Sports

## INSURANCE CARRIERS AND COVERAGE LIMITS

Carrier: A.M. Best Rating A+ (Superior), XV

\$2,000,000 General Liability - All Sports  
\$1,000,000 Sexual Abuse & Molestation Liability

\$100,000 Medical Payments for Participants (Accident)

\$1,000,000 Non Owned and Hired Auto Liability

This plan is only available to leagues that are affiliated with NAYS by having their coaches trained / certified by NAYS

## COVERAGE EFFECTIVE DATE

Coverage starts the later of February 01, 2020, or the date and time that this enrollment form is received & approved, concurrent with the payment of the total amount due. All coverages expire one year from the effective date. If you would like an effective date that is in the future, please provide that date here: \_\_\_\_/\_\_\_\_/\_\_\_\_.

## APPLICANT – NATIONAL ALLIANCE OF YOUTH SPORTS

Organization Name: (Be Specific):

Contact Name:

Mailing Address\*\*:

City:

State:

Zip:

Home Phone:

Cell:

Fax #:

Email\*\*:

Website:

\*\*Note – this should be the mailing and email address that will receive all future correspondence, including renewal notices

Alternate Authorized Contact: Alternate contact is for Sadler information only. Contact is not authorized to request changes without approval from Primary Contact and will not receive this initial documentation. By providing his/her information below you authorize Sadler to discuss the account with the Alternate Contact and provide documents in the future.

Alternate Authorized Contact – Name:

Daytime Phone:

Email:

## INDICATE # OF TEAMS or PARTICIPANTS FOR EACH SPORT AND COMPUTE THE TOTAL PREMIUM

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

SPORT	AGE GROUP	Number of:		X	Premium Per Team or Participant	=	Premium
		<input type="checkbox"/> Teams	<input type="checkbox"/> Participants				
				X	\$	=	\$
				X	\$	=	\$
				X	\$	=	\$

(All sports are listed on the rate chart)

**Subtotal**

**\$**

## OPTIONAL 24/7 FIELD OWNERS COVERAGE

Number of Practice/Playing Fields	X	Rate per field	=	Premium (Subject to a minimum premium of \$100)
	X	\$50	=	\$

(Team/Participant + Optional Field Owners)

**Total Premium**

**\$ \_\_\_\_\_**

*All charges are fully earned at inception and there are no provisions for cancellations or refunds.*

## 2020 NAYS Team/League Insurance Plan – Enrollment Form – Page 2

NOTE: Coverage is provided for a multi-team organization and its officers and directors only if ALL of the teams/players in the multi-team organization are insured under one enrollment form. Many multi-team organizations 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 multi-team organization itself and its directors and officers. Instead, the multi-team organization should purchase the coverage under its own name and should pay a premium on behalf of 100% of all member teams/players.

### CERTIFICATE OF INSURANCE (COI) REQUEST

Please indicate the entities below that require a COI and complete the requested information. If you do not provide the complete mailing address & indicate the Relationship we cannot issue the COI. Property Owners/Lessors, Co-Promoters and Sponsors are automatically included as Additional Insureds on the General Liability policy 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 for you to deliver.

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

**(1) Name:**

**Mailing Address:**

**City:**

**State:**

**Zip:**

**Relationship to you:**  Property Owner/Lessor  Sponsor  
 Other: \_\_\_\_\_

CG2012

Waiver of Subrogation

CG2026

Endorsement Required

If additional certificates are needed, please attach a separate piece of paper with all of the information indicated above.

### HOW DID YOU HEAR ABOUT SADLER & COMPANY

Already doing business with Sadler

Recommended By Another Team/League

Mailing From NAYS Headquarters

Email Blast From NAYS

Referral from Recreation Dept:

School District:

Phone Call from Sadler & Company

Search Engine

Social Media

Other:

### WARRANTY STATEMENT

I understand that the insurance company, in determining whether to provide insurance coverage will rely on the information contained in this form and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

I am aware that the insurance company expects accurate reporting for my charge calculation, and should my figures exceed my estimates during the coverage term I will make arrangements to pay the additional charges. I understand that my books and records may be examined or audited by the insurance company at any time during the coverage period and up to three years afterwards. Intentional misrepresentation or misreporting may jeopardize coverage

I further acknowledge that I have reviewed the insurance plan descriptions provided with this enrollment form and understand the exclusions that apply, as well as the activities and operations for which coverage is not provided.

I further acknowledge that I have reviewed the insurance plan descriptions provided with this enrollment form and understand the exclusions that apply, as well as the activities and operations for which coverage is not provided.

**Signature:**

**Printed Name:**

**Title:**

**Date:**

IF APPLYING USING THIS ENROLLMENT FORM (INSTEAD OF APPLYING ONLINE) CERTIFICATES EVIDENCING COVERAGE WILL BE ISSUED WITHIN 6 BUSINESS DAYS OF RECEIPT AND WILL BE EMAILED TO YOU

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

**Option 1 – Fax or Scan/Email**  
 Fax: 803-256-4017

Phone: 1-800-622-7370  
 Email: [nays@sadlersports.com](mailto:nays@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/nysca](http://www.sadlersports.com/nysca) and receive instant proof of coverage!**

Note to Insurance Agents/Brokers: There are no commissions included in this program. Premiums are GROSS and may not be altered on the enrollment form. All proof of coverage documents will be sent directly to the insured organization.

**PAGE 2 OF 2 – YOU MUST RETURN BOTH PAGES**

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# **NAYS 2020 MEDICAL PAYMENTS TO PARTICIPANTS (Accident) PLAN DESCRIPTION**

Underwritten By: Nationwide Mutual Insurance Company

The coverage provides Medical Payments for Participants (Accident) Benefits for defined Insureds, subject to the following limits and exclusions.

## **WHO IS COVERED:**

Athletes, coaches, team/league workers, volunteers and officials while participating in the covered activities.

## **WHAT IS COVERED:**

NAYS Sports that are scheduled, sanctioned, approved, organized and supervised by the insured, including practices, tryouts, clinics, games, competitions, playoffs, end of season tournaments, fund raising drives, parades, picnics, award banquets and ceremonies.

## **LIMITS:**

**\$100,000 Excess Medical Payments for Participants (Accident)**  
(Benefits are excess to any other valid and collectible insurance covering the same injury)  
\$100 Deductible (per claim)

## **SYNOPSIS OF COVERAGE:**

### **MEDICAL**

The plan pays covered expenses resulting from an Accidental Injury that are incurred within 104 weeks of the accident. Covered expenses include first aid administered at the time of the accident; necessary medical, surgical, x-ray and dental services including prosthetic devices; and necessary ambulance, hospital, professional nursing and funeral services.

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.

## NAYS 2020 GENERAL LIABILITY PLAN DESCRIPTION

Underwritten By: Nationwide Mutual Insurance Company (AM Best Rating A+, XV)

### LIMITS OF INSURANCE

\$2,000,000	Each Occurrence Limit – Combined Single Limit Bodily Injury and Property Damage
\$4,000,000	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 (\$1,000,000 Aggregate)
\$1,000,000	Legal Liability to Participants
\$1,000,000	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

Your association, league, and its directors, officers and volunteers for covered claims.  
Owner/Lessor of Premises, Co-Promoters, and Sponsors are included as Additional Insureds

### COVERED ACTIVITIES

Listed sports and activities that are scheduled, sanctioned, approved, organized and supervised by the insured including practices, tryouts, clinics, operation of concession stands at covered activities, games, competitions, playoffs, end of season tournaments, fund raising drivers, parades in which the covered teams/leagues participate, picnics, award banquets and ceremonies. Insureds that own fields/facilities or are responsible under a lease must purchase the optional 24/7 premises liability coverage to be protected.

### IMPORTANT RECOMMENDATION – 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 our website at

[www.sadlersports.com/nays](http://www.sadlersports.com/nays)

### 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:

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

Sadler Sports Insurance provides free child abuse protection plans, that if adopted and implemented, will satisfy these requirements.

See [www.sadlersports.com/nays](http://www.sadlersports.com/nays) for a copy of these plans.

### IMPORTANT NOTE

The intent of this insurance program is to insure all teams within a league under one enrollment form. Insuring all of the teams under one enrollment form in the name of the league allows General Liability coverage to be extended to the league and its directors and officers. Please refrain from insuring all the teams within the league under separate enrollment forms as this reduces coverage and results in additional administrative expense. However, an individual team may purchase coverage with the limitations noted above.

### NON-OWNED AND HIRED AUTOMOBILE COVERAGE

Provides coverage if the team or 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 your league (ex: parent's auto, a hired rental auto, or an auto that is borrowed from a church). Employees and volunteers are covered while operating a hired or rented vehicle under a contract in their name with your permission and while performing duties on your behalf. Coverage does not apply for bodily injury or property damage arising out of the transportation of participants or the use of passenger vans (9 or more). 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.

### NOTABLE EXCLUSIONS

Asbestos; Nuclear Energy Liability; War Liability; Pollution with Hostile Fire Exception; Employment Related Practices; Mold, Mildew, Fungi, and Bacteria (as approved in applicable states); Silica or Related Dust (as approved in applicable states); Lead (as approved in applicable states); Violation of Communication (as approved in applicable states); Bodily Injury to Employees; Player vs. Player Claims; Fireworks; Medical Payments to Participants; Medical Payments to Volunteers; Airports and Aircraft; Hot Air Balloon; Motorized Vehicles; Watercraft and Powerboat; Dunk Tanks; Haunted Houses; Amusement Devices; Rodeos; Bungee Operations and Concerts.

**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 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.**