



2024 Dixie Softball, Inc. Insurance Plan & Endorsement Forms

Coverage starts January 1, 2024 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.

***Available Only for Affiliated Leagues of Dixie Softball, Inc.**

How to apply for Coverage:

For Fastest Service:

- Apply for coverage online at <https://www.sadlersports.com/dixies/> by clicking on the “Instant Online Quote & Purchase” icon. Renewing clients should click on the renewal link.
- 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 <https://www.sadlersports.com/dixies/>.)
 - Proof of coverage documents will be emailed to the email address provided on the enrollment form.
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Coverage Limits Available:

Accident Medical Expense	\$ 250,000
General Liability	\$ 2,000,000
Directors & Officers Liability	\$ 1,000,000 or \$ 2,000,000
Crime	\$ 25,000
Equipment	Your Choice

Special Enhancements:

- Fall Ball activities are automatically covered (at no additional charge) when purchasing regular season coverage and insuring all teams under one application.
- 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 resources are available at <https://www.sadlersports.com/dixies/> on a variety of topics including waiver/release, lightning safety, bleacher collapse, what you need to know before you sign the facility lease agreement, concussion, child abuse/molestation, and COVID.

Accident Medical Insurance Plan Description

Underwritten by ACE American Insurance Company (A.M. Best rated A+, XV)

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

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

Who is Covered: 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.

What is Covered: 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 DSI, 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-DSI, Inc. teams unless such play is approved by the league president and follows DSI, Inc. safety rules and regulations.

Accidental Death and Specific Losses – Principal 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 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.***

General Liability Insurance Plan Description

Underwritten By: State National Insurance Company, Inc. (A.M. Best rated A,X)

Purpose of Coverage: The General Liability policy protects leagues affiliated with DSI, Inc.'s program and its covered persons against certain lawsuits alleging bodily injury, property damage, and personal/advertising injury. This policy provides an attorney for your defense and will pay up to the policy limit in the event of a settlement or an adverse jury verdict.

Who is Covered: 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.

Limits Afforded by this Policy:

\$2,000,000	Each Occurrence Limit
\$5,000,000	General Aggregate
\$2,000,000	Products/Completed Operations Aggregate
\$1,000,000	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 Aggregate)
\$2,000,000	Participant Liability Sublimit
\$1,000,000	Non-Owned/Hired Automobile Liability
\$1,000,000	Neurodegenerative Injury Sublimit

Covered Activities: Covered activities include team or league activities subject to policy terms and conditions except no coverage will be provided for: (1) any team or league activity which is contrary to the rules or directives of DSI, 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 DSI, Inc. teams unless such play is approved by the league president and follows DSI, Inc. safety rules and regulations. (4) high risk fund-raising activities, including, but not limited to concerts with more than 2,000 in attendance, any rock, rap, or hip hop concert, moon walks 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 DSI, Inc. organizations or for non DSI, Inc. 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 Sex Abuse & 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 all managers, coaches and other authorized adult participants in the league who have repetitive access to and close contact with minor athletes
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

Adoption and implementation of the DSI Child Abuse Risk Management Plan will satisfy these requirements.

Important Recommendation – Waivers & Release Forms: It is strongly recommended that all players and parents sign the recommended waiver/release form. The recommended template and answers to your questions about waiver/release forms can be found under the risk management section of the following website – <http://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

2024 Dixie Softball, Inc. Insurance Enrollment Form Endorsed Accident & General Liability Insurance Plan

SECTION - INFORMATION

Name of Sports Organization:		
DSI Franchise Number:		
Contact Name:		
Mailing Address:		
City:	State:	Zip:
Phone:	Cell:	
Email:	Website:	

Please Check type of Coverage Applying For (there is no difference in premium)

Regular Season Including All Star Teams & Fall Ball – 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 DSI All Star Teams and does not provide coverage for any regular season activities.

Important- DSI Tournament Hosts: Both Accident and General Liability are required by Dixie Softball, Inc. rules. There are two ways for a tournament host to purchase coverage for hosting officially sanctioned DSI, Inc 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 contact Sadler for details on how to purchase tournament host coverage through a separate program.

Premium Calculation – Complete Chart – Include All DSI, Inc. teams/franchises on one enrollment form

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

DIVISION	<input type="checkbox"/> General Liability / Accident Charge (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
4 & U T-Ball instructional	\$56.13	\$43.38	\$12.75	X		=	
Sweetees (6&U)	\$56.13	\$43.38	\$12.75	X		=	
Angels/Darlings/ Ponytails (12&U)	\$63.08	\$43.38	\$19.70	X		=	
Belles (13-15)	\$75.03	\$43.38	\$31.65	X		=	
Debs (16-19)	\$99.48	\$43.38	\$56.10	X		=	
Total Charge Due:						=	

Underwriting Information

1. Have you ever had a sexual abuse/molestation claim? Yes No
2. Have you had any claim greater than \$25,000 over the past three years? Yes No

How did you find out about Sadler?

- | | | |
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| <input type="checkbox"/> Already doing business with Sadler | <input type="checkbox"/> Search Engine | <input type="checkbox"/> Recommended By DSI Headquarters |
| <input type="checkbox"/> Mailing From DSI Headquarters | <input type="checkbox"/> DSI Rulebook Ad | <input type="checkbox"/> Recommended By DSI State or District Director |
| <input type="checkbox"/> Social Media (Facebook, Twitter, LinkedIn) | <input type="checkbox"/> DSI Website | <input type="checkbox"/> Recommended By Another Team/League |

Agreements and Disclosure

We hereby enroll for General Liability coverage underwritten by State National Insurance Company, Inc. 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. Since liability insurance is provided through a risk purchasing group, an insured may not have the protection of an insolvency guaranty fund in some states.

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. We understand and agree that the charges shown include (1) a 22% commission on the General Liability policy, in consideration of insurance and risk management services rendered and, (2) a 30% commission on the Accident policy, in consideration of insurance and risk management services rendered and, (3) a marketing / administrative fee paid to DSI, Inc. equal to 5% of the Accident premiums in consideration of non-insurance services rendered.

We understand that this online enrollment provides the option for us to select Accident, General Liability, Directors & Officers Liability, Crime, and Equipment. However, Sadler offers other types of insurance policies that are not available on this online enrollment such as Workers' Compensation, Excess Liability, Property (building and contents), Event Cancellation, Cyber Risk, Business Auto, Professional Liability, etc. If we are interested in a quote for these other types of policies, we will need to inform Sadler in writing.

We understand that we will not receive paper copies through U.S. mail. We are aware that because this coverage is written on a master policy, only the verification of coverage document and the certificate(s) of insurance will be received. However, a copy of the master policy is available at any time by emailing a request to dsi@sadlersports.com.

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.

Signature Section

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: DSI@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 <http://www.sadlersports.com/dixies> and receive instant proof of coverage!*

AGENT INFO	Sadler & Company Inc. PO Box 5866, Columbia SC 29250 Agent: John Sadler (P) 800-622-7370 (F) 803-256-4017 Email: dsi@sadlersports.com
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Sadler & Company of SC, Inc.-AR (License #254179) D/B/A Sadler Insurance Agency - CA (License # 0B57651) John Sadler Insurance Services - MA
Sadler Agency - NY (PC-532473 and LA-532473) Sadler Insurance Agency- OK/ Sadler & Company, Inc. - TX (License #19495) / Sadler and Company-VT
(License#577)