



2024 Dizzy Dean Baseball, Inc. Insurance Plan & Endorsement Forms

Coverage starts February 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 Dizzy Dean Baseball, Inc.**

How to apply for Coverage:

For Fastest Service:

- Apply for coverage online at <https://www.sadlersports.com/dizzy> 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/dizzy>)
 - 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	\$ 50,000
General Liability	\$ 2,000,000
Directors & Officers Liability	\$ 1,000,000 or \$ 2,000,000
Crime	\$ 25,000
Equipment	Your Choice

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 content including articles, forms, and templates for your easy adoption and implementation.

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 that complies with federal Safe Sport Act. (See our template.)
- Train your staff on concussion recognition, removal from play, return to activity and prevention (See Dizzy Dean Child Abuse: Risk Management Plan
- Require all participants to sign waiver/release forms (See our form.)

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: \$50,000	Accidental Death & Dismemberment Benefit: \$25,000 Aggregate Limit for all losses per Covered Accident: \$1,000,000
Dental Limit Maximum: \$50,000	
Deductible (per injury): \$0	
Benefit Period: 3 years (156 weeks)	

Who is Covered: 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 – Principal Sum (\$25,000)

If Accidental Death to the Insured occurs, we will pay 100% of the Principal Sum listed above. If Injury to the Insured results within 365 days of the date of a Covered Accident, 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.

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.

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.

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 Dizzy Dean Baseball 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)
\$1,000,000	Non-Owned/Hired Automobile Liability
\$2,000,000	Participant Liability Sublimit
\$1,000,000	Neurodegenerative Injury Sublimit

Covered Activities: 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 it 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 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

Adopt and implement the [Dizzy Dean Child Abuse Risk Management Plan](#) to satisfy these requirements and comply with Safe Sport Act.

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.

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 Dizzy Dean Baseball, Inc. Insurance Enrollment Form

Endorsed Accident & General Liability Insurance Plan

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

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

DIVISION	AGE GROUP	# OF TEAMS	X	COST PER TEAM	=	TOTAL COST	
Baseball	12 & Under		X	\$76.80	=	\$	
Baseball	13 – 14		X	\$98.30	=	\$	
Baseball	15 – 16		X	\$117.60	=	\$	
Baseball	17 – 19		X	\$117.60	=	\$	
Softball	12 & Under		X	\$75.70	=	\$	
Softball	13 – 14		X	\$81.65	=	\$	
Softball	15 – 16		X	\$117.60	=	\$	
Softball	17 – 19		X	\$123.55	=	\$	
TOTAL COSTS DUE WITH THIS ENROLLMENT FORM						=	\$
<i>(Costs shown include all administrative fees.)</i>							

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?

- | | | |
|---|---|--|
| <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 |

Agreements and Disclosure

We hereby enroll for General Liability coverage underwritten by State National Insurance Company, Inc. 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. 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 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. I understand and agree that the charges shown include (1) a 27% commission on the General Liability policy in consideration of insurance and risk management services rendered, (2) a 27% commission on the Accident policy in consideration of insurance and risk management services rendered and, (3) a marketing / administrative fee paid to Dizzy Dean equal to 5% of the General Liability and Accident premiums in consideration of non-insurance services rendered.

RISK PURCHASING GROUP: The completion of this enrollment form confirms our desire to obtain General Liability insurance through the ERS Risk Purchasing Group Association, Inc., domiciled in IL. Since liability coverage is provided through a risk purchasing group, an insured may not have the protection of an insolvency guaranty fund.

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 dizzy@sadlersports.com.

IMPORTANT NOTICE: 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 insurer 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: dizzy@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 <https://www.sadlersports.com/dizzy> 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: dizzy@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)