



Dear Dizzy Dean Baseball/Softball - League Administrator:

The General Liability Policy protects the local league, executive officers and directors, other volunteers, and the owners of the league playing fields (if added) in the event of a covered claim or lawsuit alleging negligence that results in "bodily injury" or "property damage".

Enclosed is the **General Liability Claim Notice** that you should use to report any incidents or injuries that could lead to a lawsuit such as spectator injury or a non-routine participant injury. This form should be completed when property other than league property, has been damaged. However, there is usually no legal liability and thus no coverage when a parked automobile is damaged by a foul ball. Parking an automobile by a baseball or softball field is acceptance of a known risk.

NOTE: DO NOT USE THE ATTACHED CLAIM FORM FOR A ROUTINE INJURY TO A PARTICIPANT THAT OCCURS DURING THE PLAYING OR PRACTICING OF THE GAME. YOU WOULD NEED TO USE THE DIZZY DEAN ACCIDENT CLAIM FORM IF A PARTICIPANT (PLAYER, COACH, VOLUNTEER, ETC.) IS INJURED.

It is our recommendation that you report all claims regardless of whether, in your opinion, there is liability or not. The attorneys for the insurance company can determine this. Please call the CoverGame Insurance Group (1-908-370-7730) if you have any questions about a general liability claim.

Send the completed GENERAL LIABILITY CLAIM NOTICE to:

CoverGame Insurance - Claims
1055 Westlakes Drive
Berwyn, PA 19312
Phone: 1-908-370-7730

If you need additional forms or assistance, please call our office between 8:00am and 5:00pm Eastern Time (Monday-Friday).

Sincerely,
Sadler Sports

Dizzy Dean Baseball & Softball General Liability Claim Notice

Mail, Fax or Email completed Claim Notice & Documentation to:

CoverGame Insurance - Claims
1055 Westlakes Drive
Berwyn, PA 19312
Phone: 1-908-370-7730

Please print or type information (use dark ink)

PLEASE CHECK THE BOX BELOW TO INDICATE THE APPROPRIATE SPORTS PROGRAM:

Dizzy Dean - Baseball Dizzy Dean - Softball Policy # OVR _____

INSURED

Name of League:

Contact Person:

Email:

Address of Contact Person:

City:

State:

Zip:

Home Phone: ()

Daytime Phone: ()

TIME AND PLACE OF INCIDENT

Date of Incident:

Time of Incident:

Location of Incident:

INJURED PERSON:

Name:

Age:

Date of Birth:

Email:

Mailing Address:

City:

State:

Zip:

Home Phone: ()

Daytime Phone: ()

Occupation:

Employed by:

What was injured doing when hurt?

THE INJURY:

Nature and extent of injury:

Where was injured taken after accident:

Probable Disability:

Has injured resumed work?

PROPERTY DAMAGE:

Owner:

Mailing Address:

City:

State:

Zip:

Home Phone: ()

Daytime Phone: ()

Type of Property:

List Damage(s)

Estimated Cost of Repairs:

WITNESSES:

NAME

Daytime Phone: ()

ADDRESS:

NAME

Daytime Phone: ()

ADDRESS:

DESCRIPTION OF INCIDENT/ACCIDENT:

DATE:

SIGNATURE OF LEAGUE OFFICIAL: