General Liability Insurance
(Underwritten by Great American Assurance Company, Best’s Rated “A”)

PURPOSE OF COVERAGE: The Commercial General Liability Insurance covers claims for bodily injury, property damage, participant legal liability, products liability, and personal/advertising injury liability. There is a $1,000,000.00 Combined Single Limit (CSL) per occurrence limit.

You can increase the General Liability limit to $2,000,000 per occurrence for an additional charge.

WHO IS PROTECTED

A. INSURED: Coverage is provided for the AYF or AYC member organization that is listed under SECTION I – IDENTIFICATION on the 2007 ACCIDENT/GENERAL LIABILITY ENROLLMENT FORM and that has paid the appropriate insurance premium and its officers, directors, employees, managers, coaches, trainers, game officials, and other managing personnel, while acting on behalf of the insured football team or cheer squad. If all of the teams within a league are insured under this program, such coverage is extended to the league and its directors, officers, employees, and volunteers.

B. ADDITIONAL INSURED: “Additional Insured” coverage will be afforded to facility or property owners such as Cities, Municipalities, School Districts, Individuals, etc. Additional Insured Certificates may be requested on Section III of the enrollment.

MAJOR COVERAGE AFFORDED BY THIS POLICY

- Sexual Abuse and Molestation
- Non-Owned & Hired Auto Liability
- Participant Legal Liability
- Ownership, maintenance, or use of football fields, stands, and playing areas by AYF or AYC members.
- All activities necessary or incidental to the conduct of practice, exhibition, scheduled and post-season games or competitions
- Consumption or use of food products
- Fundraising, meetings, and award banquets
- Cost of Investigation and defense against claims
- Liability assumed under insured written contracts
- Advertising Liability
- Legal Liability for libel, slander, defamation of character, wrongful eviction, and invasion of privacy

MAJOR EXCLUSIONS IN THIS POLICY

- Non-Owned & Hired Auto Liability coverage for individual named insureds for injury to athletes or participants resulting from organized transportation arranged or provided by the insured organization. This exclusion does not apply to the covered team/league itself.
- Non-Owned & Hired Auto Liability resulting from use of 15 passengers vans.
- The use of owned automobiles, buses, watercraft, and aircraft
- Property of others in the care, custody, and control of the insured
- Injury or death of an employee
- Player versus player claims
- This is only a very general reference to what coverage(s) the insurance policy (or policies) will provide, and is not intended to attempt to describe all of the various details pertaining to the insurance. Actual coverages are detailed in the policy of insurance and are always subject to all terms, provisions, conditions, and exclusions as contained therein.
ACCIDENT PLAN DESCRIPTION
ACE American Insurance Company

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 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 myofacial 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 Us 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.
The coverage provides Accident Benefits for covered losses while the coverage is in force for defined Insureds, subject to the following limits and exclusions.

**COVERAGE PERIOD:**
Coverage starts the later of June 30, 2007, or the date that this enrollment form is received and approved, concurrent with the payment of the total amount due. All coverages expire on June 30, 2008, regardless of the effective date of coverage.

**WHO IS COVERED:**
Insured persons include football players and cheerleaders, coaches, managers, officials, employees, volunteers, staff members, team workers, media personnel, and VIP’s of the participating organization of the policyholder.

**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.

**LIMITS:**
- $100,000 Excess Medical Limit
  (Benefits are excess to any other valid and collectible insurance covering the same injury)
  - $100 Deductible, per Injury
  - Benefit Period: 104 weeks
- $10,000 Face Amount for Accidental Death and Specific Losses

**SYNOPSIS OF COVERAGE:**

**MEDICAL**
The plan pays covered expenses resulting from an Accidental Injury that are incurred within 104 weeks of the accident. The first expense must be incurred within 90 days of the accident. Covered Expenses include, but are not limited to, the reasonable and customary charges for local, professional ambulance service; hospital or surgical center care; medical treatment; nursing care; x-ray and lab exams; prescription drugs and other therapeutic services and supplies; dental treatment of sound, natural teeth; and certain home health care services.

**ACCIDENTAL DEATH AND SPECIFIC LOSSES – PRINCIPAL SUM: $10,000**
The plan pays the benefit shown for certain losses occurring with one year of the Covered Accident:

- **100% of Principal Sum:** If Accidental Death to the Insured occurs, we will pay the 100% of the Principal Sum.
- **100% of Principal Sum:** Loss of Two or More Members
- **50% of Principal Sum:** One Member
- **25% of Principal Sum:** Thumb and Index Finger of the Same Hand

“Member” means Loss of Speech, Loss of hearing, Loss of Hand or Foot, and Loss of Sight. “Loss of “Hand or Foot” means complete severance through or above the wrist or ankle joint. “Loss of Sight” means the total permanent Loss of Sight of one eye that is irrevocable by natural, surgical or artificial means. “Loss of Speech” means total and permanent loss of audible communication that is irrevocable by natural, surgical or artificial means. “Loss of Hearing” means total and permanent Loss of Hearing in both ears that is irrevocable and cannot be corrected by any means. “Loss of Thumb and Index Finger of the Same Hand” means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). “Severance” means the complete separation and dismemberment of the part from the body.

**IMPORTANT NOTICE:**
This information is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policy issued in the state in which the policy was delivered. The policy is subject to the laws of the state in which it was issued. Please keep this information as a reference.

*(See Reverse For a List of Exclusions)*
Minor Waiver/Release
RELEASE OF LIABILITY FOR MINOR PARTICIPANTS
READ BEFORE SIGNING

IN CONSIDERATION OF ________________________________, my child/ward, being allowed to participate in any way in the __________________related events and activities, the 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 ___________________;
   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.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I 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 OR 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.

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.
DIRECTORS & OFFICERS LIABILITY PLAN DESCRIPTION
Philadelphia Indemnity Insurance Co. / (Louisiana Only: Philadelphia Insurance Co.)
(The Accident/General Liability Policy Must Be Purchased From Sadler & Company To Qualify For These Coverages)

DIRECTORS & OFFICERS LIABILITY
Coverage is available only for Non-Profit Organizations

NEEDED PROTECTION:
Leagues should consider a D&O POLICY IN ADDITION TO THE GENERAL LIABILITY policy because many types of lawsuits are not covered by the General Liability policy. The General Liability policy only covers lawsuits that arise out of "bodily injury" or "property damage" whereas a D&O Policy covers certain lawsuits that arise out of actual or alleged wrongful acts in the running of a league.

WHO IS COVERED:
The local sports organization itself, Directors, Officers, and other volunteers including Coaches, Managers, Umpires/Referees, Scorekeepers, and Committee Personnel while operating on behalf of the covered organization.

COVERAGE:
Coverage is provided for "Wrongful Acts" or "Errors and Omissions" that result in legal liability lawsuits including the cost of defense and settlement.

Examples of potentially covered lawsuits include:
* Discrimination (age, race, sex, handicap)
* Failure to enforce rules or bylaws
* Failure to deliver services
* Violation of State and Federal Laws (Anti Trust, IRS, EEOC)
* Suppression of First Amendment Rights (speech, expression, etc.)
* Failure to properly manage league financial affairs

LIMIT: $1,000,000
DEDUCTIBLE: $1,000 per claim
PREMIUM / CHARGE $400 per Board of Directors – Only one charge is required when a single league entity operating under the same articles/bylaws, oversees multiple organizations.

(Preferred: In the state of Louisiana, you must add a surplus lines tax to the premium. In all other states listed below, you must add a state surcharge to the premium)

Florida – add 1% = (1% x $400.00 = $4.00 Total Due is $404.00)
Kentucky (You MUST call or email our office to obtain the correct surcharge amount based on your county)
Louisiana – add 5% = (5% x $400.00 = $20.00 Total Due is $420.00)
New Jersey - add 1.6% = (1.75% x $400 = 6.40 Total Due is $406.40)
West Virginia: add 1% = (1% x $400 = $4.00 Total Due is $404.00)

You must enclose a $5.00 annual membership fee (in addition to above insurance premiums) to join the National Sports Lawsuit Protection Association (NSLPA). THIS FEE MUST BE PAID BEFORE COVERAGE CAN BE EFFECTIVE.

NOTE: THIS PROTECTION IS IN ADDITION TO AND DOES NOT REPLACE THE BODILY INJURY OR PROPERTY DAMAGE LIABILITY COVERAGE THAT IS AVAILABLE IN A GENERAL LIABILITY POLICY.

If Purchaser’s Coverage Is Non-Renewed, The Carrier Shall Endeavor, But Shall Not Be Required, To Provide Purchaser With Prior Notice Of Non-Renewal Equal To The Time Allotted By Purchaser’s Domiciliary State. By Signing The Application, Purchaser Acknowledged: (1) That This Evidence Of Insurance (Hereinafter “EOI”) Shall Be Non-Renewed Effective The Expiration Date; And, (2) That, Upon The Expiration Of Purchaser’s EOI, The Carrier May Offer A Renewal, But Reserves The Rights, Because Of Aforesaid Non-Renewal, To Change The Terms & Conditions Of Coverage As Compared With The Expiring Coverage.

This brochure is not a solicitation but only a description of this insurance program. The precise coverage afforded is subject to the terms, conditions and exclusions of the policies as issued. Refer all questions to Sadler & Company, Inc. (803)-254-6311 OR (800)-622-7370.
PROTECT YOUR ASSETS:
This policy protects the local sports organization against a monetary loss caused by theft of money, securities, or other property (equipment, machinery, concession supplies) by dishonest volunteers. This includes forgery by an identifiable officer or volunteer. Coverage is also provided for theft of money or securities by outsiders.

This policy does not cover vandalism or theft of property by outsiders. See the optional Equipment Coverage section if such protection is desired.

LIMIT: Maximum of $25,000 per loss
DEDUCTIBLE: $500 for each loss
PREMIUM / CHARGE: $175 per Board of Directors - Only one charge is required when a single league entity operating under the same articles/bylaws, oversees multiple organizations.

(Please note: In the state of Louisiana, you must add a surplus lines tax to the premium. In all other states listed below, you must add a state surcharge to the premium)
Florida – add 1% = (1% x $175.00 = $1.75 Total Due is $176.75)
Kentucky (call us – charge varies by county)
Louisiana – add 5% = (5% x $175.00 = $8.75 Total Due is $183.75)
New Jersey - add 1.6% = (1.6% x $175 = $2.80 Total Due is $177.80)
West Virginia: add 1% = (1% x $175 = $1.75 Total Due is $176.75)

NOTE: There is no coverage for fund solicitors while soliciting charitable contributions. However, fund solicitors will be covered while conducting other activities such as collecting registration fees and running concession stands.

If Purchaser’s Coverage Is Non-Renewed, The Carrier Shall Endeavor, But Shall Not Be Required, To Provide Purchaser With Prior Notice Of Non-Renewal Equal To The Time Allotted By Purchaser’s Domiciliary State. By Signing The Application, Purchaser Acknowledged: (1) That This Evidence Of Insurance (Hereinafter “EOI”) Shall Be Non-Renewed Effective The Expiration Date; And, (2) That, Upon The Expiration Of Purchaser’s EOI, The Carrier May Offer A Renewal, But Reserves The Rights, Because Of Aforesaid Non-Renewal, To Change The Terms & Conditions Of Coverage As Compared With The Expiring Coverage.

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2007 Sports - Equipment Plan Description
Philadelphia Indemnity Insurance Co. / (Louisiana Only: Philadelphia Insurance Co.)
(The Accident/General Liability Policy Must Be Purchased From Sadler & Company
To Qualify For This Coverage)

EQUIPMENT

DESCRIPTION: Items that can be covered include sports equipment, field maintenance equipment, concession stand equipment, concession stock, or small storage sheds that you own or lease/rent. This coverage is for loss or damage to your equipment due to fire, theft, vandalism, or other specified causes (subject to actual policy terms and conditions.) Payment will be made on a Replacement Cost Basis.

PREMIUM / CHARGE: $ 2.75 per $100 of coverage (subject to a $250 minimum premium)

Example: $8,500 limit divided by 100 = 85 x $ 2.75 = $233.75 total / $250 total payment due

Florida – 1% Louisiana – 5% New Jersey: - 1.6% West Virginia: - 1%
Kentucky: You MUST call or email our office to obtain the correct tax amount based on your county.

New Jersey Example: $8,500 limit divided by 100 = 85 x $ 2.75 = $233.75 ($250 total premium)

$250 total premium x 1.6% NJ Tax = $254.00 total payment due

CONDITIONS:
- Policy is subject to a minimum premium of $250
  (Please note: In FL, KY, NJ and WV you must add a state surcharge to the premium. In LA you must add a surplus lines tax to the premium (Tax / Surcharge is "in addition to” the minimum premium) ).
- $1,000 Deductible (per claim)
- Coverage will be effective the date that we receive the properly completed enrollment form with the premium. (NOTE: Certain weather conditions (ex: tropical storms and hurricanes) in your area may prevent us from binding coverage upon receipt of the application and premium payment. If this happens, we will make coverage effective as soon as the insurance company allows us to do so.)
- You must cover the replacement cost value of 100% of all your equipment to comply with the policy's 100% coinsurance requirement. You must specifically schedule any equipment with a replacement cost value greater than $1,000 below. (Itemized Inventory will be required at time of loss.)
- You must provide the storage location of your equipment during the off-season.
- EXCLUSION: There is no coverage for losses caused by wind and/or storm surge on property located in Florida, property that is two (2) miles from the Eastern Seaboard (in states where there are barrier islands the starting point is the coastline not the barrier island), and ten (10) miles from the Gulf Coast.

Prior Notice Of Non-Renewal Equal To The Time Allotted By Purchaser’s Domiciliary State. By Signing The Application, Purchaser Acknowledged: (1) That This Evidence Of Insurance (Hereinafter “EOI”) Shall Be Non-Renewed Effective The Expiration Date; And, (2) That, Upon The Expiration Of Purchaser’s EOI, The Carrier May Offer A Renewal, But Reserves The Rights, Because Of Aforesaid Non-Renewal, To Change The Terms & Conditions Of Coverage As Compared With The Expiring Coverage.

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