

Dixie Youth Officials Checklist For Tournament Host

(Not For Use With Endorsed DYB / Sadler Insurance Plan)

DIXIE YOUTH BASEBALL TOURNAMENT HOST INSURANCE REQUIREMENTS CHECKLIST

For Tournament Hosts Hosting Dixie Youth Sanctioned Tournaments

(Sub-District, District, State and World Series)

FOR USE BY DIXIE OFFICIALS TO ASSIST WITH REVIEW OF INSURANCE POLICIES

Instructions: See document entitled “Instructions For Verifying Compliance With Tournament Host Insurance Requirements” for instructions on the proper use of this form.

Tournament Host Name: _____

Minimum Standards Appropriate Box

Please Check

| <u>Accident Insurance</u> | <u>Meets Standards</u> | <u>Does Not Meet Standards</u> |
|---|--------------------------|--------------------------------|
| 1. Named Insured – The Insured organization must be listed under the name of the tournament host. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Effective And Expiration Dates – The effective and expiration dates must encompass the length of the entire tournament. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Medical Limit – The Medical Limit must be at least \$50,000 | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Coverage must be provided for all umpires, scorekeepers, employees, and volunteers. | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>General Liability</u> | <u>Meets Standards</u> | <u>Does Not Meet Standards</u> |
| 1. Named Insured – The insured organization must be listed under the name of the tournament host. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Effective And Expiration Dates – The effective and expiration dates must encompass the length of the entire tournament. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Each Occurrence Limit – The each occurrence limit must be at least \$1,000,000. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Athletic Participants Exclusion – The document must <u>not</u> indicate the existence of an Athletic Participants Exclusion for bodily injury and property damage. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Claims Made Coverage – The document must <u>not</u> indicate that coverage is provided under claims made form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Additional Insured - Dixie Youth Baseball, Inc. must be listed as an “Additional Insured”. | <input type="checkbox"/> | <input type="checkbox"/> |

Accident and General Liability insurance policies must meet all minimum standards as outlined above to be accepted for hosting DYB sanctioned tournament.

Name of Dixie Youth Official Reviewing Requirements: _____

Signature of Reviewer: _____

Date Reviewed: _____