



NYSCA

2015 INSURANCE PLAN & ENROLLMENT FORM

Available 02-01-2015 to 01-31-2016



COVERAGES & LIMITS AVAILABLE

PART 1: Medical Payments for Participants (Accident)	\$ 100,000 (\$100 Deductible)
PART 2: General Liability	\$ 2,000,000
PART 3: Directors & Officers Liability	\$ 1,000,000
PART 4: Crime	\$ 25,000
PART 5: Equipment	Your Choice

TO APPLY FOR COVERAGE

For Fastest Service:

Instant Online Quote & Purchase 

- Apply for coverage online at www.sadlersports.com/nysca by clicking on the “Instant Online Quote & Purchase” icon (picture of icon shown above).
- 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 form.
- Make your **check** payable to Sadler & Company, Inc., for the total amount due.
- Send your completed enrollment form 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 www.sadlersports.com/nysca.)
- Proof of coverage documents will be emailed to the email address provided on the enrollment form.

DOES YOUR ORGANIZATION HAVE A WEBSITE?

In order to provide continuous Risk Management information to your Administrators and Coaches, feel free to link to our Blog at www.sadlersports.com/blog which is updated several times per week with information and our Risk Management Reports at www.sadlersports.com/riskmanagement that provide in depth information on how to protect your league.

Contact Us With Any Questions You May Have



John Sadler

“No One Offers The Same Incredible Coverage For Such An Affordable Price!”

Instant Online Chat

On our web pages (www.sadlersports.com) you will find the “Live Support” option. You can chat instantly online with one of our Customer Service Representatives. *Yes, they really are the people you would talk to if you called our office!

When is it Available?

Live support is available Monday-Friday 8:00am - 5:00pm (ET)

SADLER
SPORTS & RECREATION INSURANCE

1-800-622-7370 toll free

1-803-256-4017 fax

Email:

nysca@sadlersports.com

www.sadlersports.com/nysca

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NYSCA

2015 ENDORSED INSURANCE PROGRAM



Combined \$2,000,000 General Liability / \$100,000 Medical Payments for Participants (\$100 Deductible)

Rates Available: 02-01-2015 to 01-31-2016

SPORT	AGE 12 & UNDER	AGE 13 – 15	AGE 16 - 19
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THE FOLLOWING SPORTS ARE BASED ON THE # OF TEAMS / PER AGE & SPORT

T-Ball	\$ 70.05 per team	Not Available	Not Available
Baseball	\$ 72.05 per team	\$117.05 per team	\$150.05 per team
Basketball	\$ 70.82 per team	\$ 85.82 per team	\$152.82 per team
Field Hockey	\$ 98.36 per team	\$116.36 per team	\$137.36 per team
Ice Ringette	\$139.50 per team	\$139.50 per team	\$139.50 per team
Inline Hockey	\$222.09 per team	\$222.09 per team	\$222.09 per team
Lacrosse	\$149.78 per team	\$149.78 per team	\$149.78 per team
Roller Hockey	\$212.95 per team	\$212.95 per team	\$212.95 per team
Soccer	\$ 105.16 per team	\$123.16 per team	\$144.16 per team
Softball	\$ 70.05 per team	\$ 84.05 per team	\$148.05 per team
Touch/Flag Football	\$ 67.36 per team	\$ 84.36 per team	\$106.36 per team

THE FOLLOWING SPORTS ARE BASED ON THE # OF PLAYERS / PER AGE & SPORT

Adaptive Baseball/Softball	\$10.99 per participant	\$10.99 per participant	\$10.99 per participant
Adaptive Basketball	\$10.99 per participant	\$10.99 per participant	\$10.99 per participant
Adaptive Swimming	\$10.99 per participant	\$10.99 per participant	\$10.99 per participant
Adaptive Tennis	\$10.99 per participant	\$10.99 per participant	\$10.99 per participant
Adaptive Track & Field	\$10.99 per participant	\$10.99 per participant	\$10.99 per participant
Badminton	\$4.27 per participant	\$4.27 per participant	\$4.27 per participant
Bowling	\$4.27 per participant	\$4.27 per participant	\$4.27 per participant
Cheerleading	\$15.59 per participant	\$15.59 per participant	\$15.59 per participant
Cross Country	\$4.27 per participant	\$4.27 per participant	\$4.27 per participant
Dodgeball	\$4.27 per participant	\$4.27 per participant	\$4.27 per participant
Double Dutch	\$4.27 per participant	\$4.27 per participant	\$4.27 per participant
Drill Team	\$4.27 per participant	\$4.27 per participant	\$7.26 per participant
Golf	\$4.27 per participant	\$4.27 per participant	\$4.27 per participant
Kickball	\$4.27 per participant	\$4.27 per participant	\$4.27 per participant
Swimming	\$4.27 per participant	\$4.27 per participant	\$4.27 per participant
Tennis	\$4.27 per participant	\$4.27 per participant	\$4.27 per participant
Track & Field	\$4.27 per participant	\$4.27 per participant	\$4.27 per participant
Volleyball	\$4.27 per participant	\$4.27 per participant	\$4.27 per participant
Wrestling	\$15.59 per participant	\$15.59 per participant	\$15.59 per participant



NYSCA
2015 Endorsed Insurance Plan
 General Liability /
 Medical Payments for Participants (Accident)
Enrollment Form



FILL IN BOXES BELOW PLEASE TYPE OR PRINT—USE BLACK INK

INSURANCE CARRIERS AND COVERAGE LIMITS

Carrier: A.M. Best Rating A+ (Superior), XV

\$2,000,000 General Liability - All Sports
\$1,000,000 Sexual Abuse & Molestation Liability

\$100,000 Medical Payments for Participants (Accident)
(All Sports Listed on Rate Chart)

This plan is only available to leagues that are affiliated with NYSCA by having their coaches trained / certified by NYSCA

COVERAGE EFFECTIVE DATE

Coverage starts the later of February 01, 2015, or the date and time that this enrollment form is received & approved, concurrent with the payment of the total amount due. All coverages expire one year from the effective date. If you would like an effective date that is in the future, please provide that date here: ____/____/____.

APPLICANT – NATIONAL YOUTH SPORTS COACHES ASSOCIATION, INC.

Organization Name: (Be Specific):

Contact Name:

Mailing Address:**

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell:** _____ **Fax #:** _____

Email:** _____ **Website:** _____

**Note – this should be the mailing and email address that will receive all future correspondence, including renewal notices

Alternate Authorized Contact: Alternate contact is for Sadler information only. Contact is not authorized to request changes without approval from Primary Contact and will not receive this initial documentation. By providing his/her information below you authorize Sadler to discuss the account with the Alternate Contact and provide documents in the future.

Alternate Authorized Contact – Name: _____ **Daytime Phone:** _____ **Email:** _____

NOTE: Coverage is provided for a multi-team organization and its officers and directors only if ALL of the teams/players in the multi-team organization are insured under one enrollment form. Many multi-team organizations make the mistake of allowing their teams to purchase coverage on an individual basis. When things are done this way, there is no coverage for the multi-team organization itself and its directors and officers. Instead, the multi-team organization should purchase the coverage under its own name and should pay a premium on behalf of 100% of all member teams/players.

INDICATE # OF TEAMS or PARTICIPANTS FOR EACH SPORT AND COMPUTE THE TOTAL PREMIUM

Please insure all teams within the league under only one enrollment form.

SPORT	AGE GROUP	Number of:		X	Premium Per Team or Participant	=	Total Premium
		<input type="checkbox"/> Teams	<input type="checkbox"/> Participants				
				X	\$	=	\$
				X	\$	=	\$
				X	\$	=	\$
Total Premium Due							\$

All charges are fully earned at inception and there are no provisions for cancellations or refunds.

2015 NYSCA Endorsed Insurance Plan – Enrollment Form – Page 2

CERTIFICATE OF INSURANCE (COI) REQUEST

Please indicate the entities below that require a COI and complete the requested information. If you do not provide the complete mailing address & indicate the Relationship we cannot issue the COI. Property Owners/Lessors, Co-Promoters and Sponsors are automatically included as Additional Insureds on the General Liability policy and will be shown as such on the COI. Please note that COI's will not be sent directly to these entities – they will be sent to you for you to deliver.
 If your certificate holder requires any special wording or forms, please send a copy for our review.

(1) Name:

Mailing Address:

City: _____ **State:** _____ **Zip:** _____

Relationship to you: Property Owner/Lessor Sponsor CG2012 Waiver of Subrogation
 Other: _____ CG2026 Endorsement Required

If additional certificates are needed, please attach a separate piece of paper with all of the information indicated above.

HOW DID YOU HEAR ABOUT SADLER & COMPANY

<input type="checkbox"/> Already doing business with Sadler	<input type="checkbox"/> Recommended By Another Team/League
<input type="checkbox"/> Mailing From NYSCA Headquarters	<input type="checkbox"/> Email Blast From NAYS
<input type="checkbox"/> Referral from Recreation Dept:	<input type="checkbox"/> School District:
<input type="checkbox"/> Phone Call from Sadler & Company	<input type="checkbox"/> Search Engine <input type="checkbox"/> Social Media <input type="checkbox"/> Other:

WARRANTY STATEMENT

I understand that the insurance company, in determining whether to provide insurance coverage will rely on the information contained in this form and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

I am aware that the insurance company expects accurate reporting for my charge calculation, and should my figures exceed my estimates during the coverage term I will make arrangements to pay the additional charges. I understand that my books and records may be examined or audited by the insurance company at any time during the coverage period and up to three years afterwards. Intentional misrepresentation or misreporting may jeopardize coverage

I further acknowledge that I have reviewed the insurance plan descriptions provided with this enrollment form and understand the exclusions that apply, as well as the activities and operations for which coverage is not provided.

Signature: _____	Printed Name: _____
Title: _____	Date: _____

IF APPLYING USING THIS ENROLLMENT FORM (INSTEAD OF APPLYING ONLINE) CERTIFICATES EVIDENCING COVERAGE WILL BE ISSUED WITHIN 6 BUSINESS DAYS OF RECEIPT AND WILL BE EMAILED TO YOU

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: nysca@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 www.sadlersports.com/nysca and receive instant proof of coverage!**

Note to Insurance Agents/Brokers: There are no commissions included in this program. Premiums are GROSS and may not be altered on the enrollment form. All proof of coverage documents will be sent directly to the insured organization.

PAGE 2 OF 2 – YOU MUST RETURN BOTH PAGES

NYSCA
2015 MEDICAL PAYMENTS TO PARTICIPANTS (Accident)
PLAN DESCRIPTION

Underwritten By: Nationwide Mutual Insurance Company

The coverage provides Medical Payments for Participants (Accident) Benefits for defined Insureds, subject to the following limits and exclusions.

WHO IS COVERED:

Insured persons shall include players, coaches, managers, staff members, team workers, referees, officials, scorekeepers, and other personnel such as media, and volunteers who have been permitted to enter restricted areas, which are not open to the public.

WHAT IS COVERED:

Accidental injuries, which occur during Covered Activities.

Covered Activities are scheduled, approved, organized and supervised team or league activity (including practices, tryouts, clinics, operation of concession stands at covered activities, set-up and tear-down, games, playoffs, end of season tournaments, fund raising drives, parades in which the covered teams/leagues participate, picnics, awards banquets and ceremonies) and direct group travel, under adult supervision, to or from the meeting place to take part in any such practice, game or clinic.

LIMITS:

\$100,000 Excess Medical Payments for Participants (Accident)

(Benefits are excess to any other valid and collectible insurance covering the same injury)

\$100 Deductible (per claim)

SYNOPSIS OF COVERAGE:

MEDICAL

The plan pays covered expenses resulting from an Accidental Injury that are incurred within 104 weeks of the accident. Covered expenses include first aid administered at the time of the accident; necessary medical, surgical, x-ray and dental services including prosthetic devices; and necessary ambulance, hospital, professional nursing and funeral services.

YOU MUST REFER TO THE POLICY FOR COMPLETE INFORMATION.

THIS BROCHURE IS FOR ILLUSTRATIVE PURPOSES ONLY AND IS NOT A CONTRACT OF INSURANCE.
YOU MUST REFER TO THE POLICY FOR COMPLETE INFORMATION ON POLICY COVERAGES, LIMITS AND EXCLUSIONS.

NYSCA 2015 GENERAL LIABILITY PLAN DESCRIPTION

Underwritten By: Nationwide Mutual Insurance Company (AM Best Rating A+, XV)

LIMITS OF INSURANCE

\$2,000,000	Each Occurrence Limit – Combined Single Limit Bodily Injury and Property Damage
\$4,000,000	General Aggregate
\$2,000,000	Products/Completed Operations Aggregate
\$2,000,000	Personal and Advertising Injury
\$1,000,000	Damage to Premises Rented to You
\$ 5,000	Medical Expense Payments (any one person)
\$1,000,000	Sexual Abuse and Molestation Each Occurrence (\$1,000,000 Aggregate)
\$2,000,000	Legal Liability to Participants
\$1,000,000	Non-Owned/Hired Automobile Liability

Cost of investigation of covered claims, defense of suits, and other legal expenses are paid by the Company in addition to the above limits.

WHO IT COVERS

Coverage is provided for your association, league, and its directors, officers and volunteers for injuries or damages (claims) you become legally obligated to pay, including applicable legal Premiums for defense, as described below under "COVERAGE IS PROVIDED FOR THE FOLLOWING", "LIMITS", AND "NOTABLE EXCLUSIONS". Owner/Lessor of Premises, Co-Promoters, and Sponsors are included as Additional Insureds

COVERAGE IS PROVIDED FOR THE FOLLOWING

Reported And Approved Activities And/Or Events; Ancillary Events Held In Conjunction With Approved Activities And/Or Events (Excluding Those That Require A Separate Ticket Or Entry Fee); Practice, Games, Set Up And Tear Down; Reported Additional Insureds Including Landlords, Sponsors, And Co-Promoters.

- Participant Injury
 - Spectator Injury
 - Property Damage Liability
 - Volunteer Injury
- Activities Necessary and Incidental to Conduct of Practices and Games Sponsored Functions like Meetings, Banquets and Fundraisers

IMPORTANT RECOMMENDATION – WAIVER AND 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 our website at www.sadlersports.com/nysca.

IMPORTANT REQUIREMENT OF SEXUAL ABUSE & MOLESTATION COVERAGE

Coverage for sexual abuse and 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 paid and volunteer staff
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.

Sadler Sports Insurance provides a one page document, that if adopted and implemented, will satisfy these requirements. See the Abuse/Molestation Risk Management Program (short-form) that is attached to this brochure. The brochure can also be found at www.sadlersports.com/riskmanagement.

IMPORTANT NOTE

The intent of this insurance program is to insure all teams within a league under one enrollment form. Insuring all of the teams under one enrollment form in the name of the league allows General Liability coverage to be extended to the league and its directors and officers. Please refrain from insuring all the teams within the league under separate enrollment forms as this reduces coverage and results in additional administrative expense. However, an individual team may purchase coverage with the limitations noted above.

NON-OWNED AND HIRED AUTOMOBILE COVERAGE

Provides coverage if the team or 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 your league (ex: parent's auto, a hired rental auto, or an auto that is borrowed from a church). Directors, officers, employees, and volunteers, are covered while operating a hired or rented vehicle under a contract in their name with your permission and while performing duties on your behalf. Coverage does not apply for bodily injury or property damage arising out of the transportation of participants or the use or operation of any vehicle designed to carry nine or more persons. 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.

NOTABLE EXCLUSIONS

Nuclear Energy, Asbestos, Pollution, Employment Related Practices, Medical Payments to Participants, Medical Payments to Volunteer Workers, Fireworks, War, Climbing Walls, Amusement Devices, Terrorism, Aircraft, Hot Air Balloons, Hammer & Javelin Activities, Player vs. Player, Bodily Injury to Employees, Airport, Skydiving, Concerts, Inflatables, Diving, Haunted Houses, and Dunk Tanks.

YOU MUST REFER TO THE POLICY FOR COMPLETE INFORMATION ON POLICY COVERAGES, LIMITS AND EXCLUSIONS

Minor Waiver/Release

RELEASE OF LIABILITY FOR MINOR PARTICIPANTS READ BEFORE SIGNING

IN CONSIDERATION OF _____, my child/ward, being allowed to
Name Of Minor Child/Ward
participate in any way in the _____ related events and activities, the
Legal Name Of Your Sports Program, Ex: League Name
undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child/ward 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,
2. I FOR MYSELF, SPOUSE, AND CHILD/WARD, 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/ward's participation; and,
3. 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/ward's readiness for participation and/or in the program itself, I will remove my child/ward from the participation and bring such attention of the nearest official immediately; and,
4. I for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS _____;
Legal Name Of Your Sports Program, Ex: League Name
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/ward's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself, my spouse, my child's/ward, 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 child's/ward 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 OF 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.

Abuse / Molestation Risk Management Program (Short Form)

For _____ (insert name of sports organization)

The sports organization has adopted and will implement the following risk management elements:

Criminal Background Checks

Criminal background checks will be run with a third party vendor on all paid and volunteer staff with access to youth. Any background check that indicates that a potential staff member is unfit to work with youth will result in disqualification of such staff member.

Prior to running background checks, the following steps should be taken*:

- Obtain consent forms from all staff to run background checks
- Determine disqualification criteria
- Protect confidentiality of records
- Comply with all state and federal laws

* More information is available from background check vendor or Sadler Sports Insurance under Risk Management section of website.

Warning Signs Of Abuse / Molestation

The following warning signs will be communicated to all paid and volunteer staff:

- Attitudes/behaviors expressed on the part of an adult that may be associated with inappropriate or abusive behavior (racist, poor sense of athlete development, raging temper, extremely controlling, jealous, hypersensitive, poor sexual boundaries, bullying, intimidating manner, unrealistic or inappropriate training practices and risks, etc.)
- Unexplained/unlikely explanation of injuries
- Extreme fear of a league volunteer
- Extreme low self-esteem, self worth
- A child's attachment to a coach/staff to the point of isolation from others
- A coach/staff with an interest beyond caring concerns, special interest in a child (time, gifts, attention, obsession, unrealistic expectations)
- A child's desire to drop out without a clear explanation, or without one that makes sense
- A child that misses a lot of practices or games with suspicious explanations or excuses

Policies To Protect Against

The following policies will be communicated to all paid and volunteer staff:

- Limit one on one contact between a single unrelated child and adult by use of buddy system
- Prohibition of overnight sleepovers
- Touch is acceptable only if it is "respectful and appropriate"
- Inappropriate comments of a sexual nature and suggestive jokes are prohibited
- Take home / pick up of athletes by league personnel is strongly discouraged because of difficulty in limiting one on one contact

What Is Required In Event Of An Allegation

Appropriate league official and police will be immediately contacted. Police will handle investigation.

Staff member will be immediately suspended or reassigned to alternative duties that don't involve access to youth pending the outcome of the police investigation.

League officials will not comment on the allegation or police investigation until it has been concluded.

Communication Of Information

The information in this risk management program can be communicated by pre season staff meeting and/or by distribution of this document to all paid and volunteer staff.

Our sports organization has adopted this program and incorporated it into our written policies and procedures.

Name of authorized league official: _____

Signature: _____

Date: _____