

2008 USSSA TEAM INSURANCE COSTS

(AVAILABLE TO USSSA REGISTERED TEAMS ONLY - ALL RATES ARE PER TEAM)

INDIVIDUAL TEAM RATES

Liability & Medical (Ages 12 & Under)

Liability & Medical (Ages 13-15)

Liability & Medical (Ages 16-18)

Liability & Medical (Adult)

Liability Only (Adult)

***LEAGUE DISCOUNT RATES (SEE BELOW)**

Liability & Medical (Ages 12 & Under)

Liability & Medical (Ages 13-15)

Liability & Medical (Ages 16-18)

Liability & Medical (Adult)

Liability Only (Adult)

	SOFTBALL			BASEBALL		SOCCER	VOLLEYBALL	
	\$100 - DED Medical & Liability	\$250 - DED Medical & Liability	Liability Only	\$100 - DED Medical & Liability	\$250 - DED Medical & Liability	\$250 - DED Medical & Liability	\$100 - DED Medical & Liability	\$250-DED Medical & Liability
Individual Team Rates (Ages 12 & Under)	\$127	\$102	N/A	\$132	\$101	\$98	\$66	N/A
Individual Team Rates (Ages 13-15)	\$159	\$142	N/A	\$176	\$133	\$136	\$66	N/A
Individual Team Rates (Ages 16-18)	\$231	\$207	N/A	\$214	\$164	\$194	\$66	N/A
Individual Team Rates (Adult)	N/A	\$315	N/A	N/A	\$348	N/A	N/A	\$118
Individual Team Rates (Adult)	N/A	N/A	\$185	N/A	N/A	N/A	N/A	N/A
League Rates Listed Below								
League Discount Rates (Ages 12 & Under)	\$97	\$73	N/A	\$96	\$75	\$78	\$53	N/A
League Discount Rates (Ages 13-15)	\$124	\$106	N/A	\$113	\$91	\$106	\$53	N/A
League Discount Rates (Ages 16-18)	\$174	\$147	N/A	\$173	\$138	\$149	\$53	\$92
League Discount Rates (Adult)	N/A	\$254	N/A	N/A	\$284	N/A	N/A	N/A
League Discount Rates (Adult)	N/A	N/A	\$163	N/A	N/A	N/A	N/A	N/A

*** To qualify for the league discount rate, 6 or more teams must purchase insurance and be included on a single application.**

Payment must be made with one check.
All rates include an administration fee.

Avoid The Paperwork And Time!

Get Your Certificate of Insurance Immediately When Purchasing On-Line At:

WWW.USSSAInsurance.Com



USSSA Insurance Program
Underwritten By:
K&K Insurance Group, Inc.



2008 USSSA TEAM INSURANCE ENROLLMENT FORM

(AVAILABLE TO USSSA REGISTERED TEAMS ONLY)

Team or League Name _____

(LEAGUES MUST SUBMIT NAMES OF ALL TEAMS & REGISTRATION NUMBERS)

Address _____

City _____ St _____ Zip _____

Contact Person _____ Title _____

Phone (_____) _____

I hereby certify that all information in this enrollment form is true and correct, and that all team(s) insured are registered with the USSSA in 2008.

Team/League Official's Signature _____ Title _____

(League Officials are responsible for providing certificates to teams)

Questions Regarding League Insurance Multiple Team Applications, Please Call 800-741-3014

INSURED SPORT (check one)

SOFTBALL BASEBALL SOCCER VOLLEYBALL

RATE CALCULATION

_____ X _____ = \$ _____
Teams Rate Per Team Total Premium

Complete only if field owner requests additional insured status. (For multiple fieldowners, attach a separate sheet.)

Name of Field Owner _____

Address _____

City _____ St _____ Zip _____

Contact Person _____ Title _____

Phone (_____) _____ E-Mail _____

Make check payable and mail to:

USSSA INSURANCE

611 LINE DRIVE - KISSIMMEE - FL. 34744

or purchase online at:

www.ussainurance.com

Call 1-877-345-4309 if you have any questions regarding the USSSA Insurance Program.

Certificates will be emailed — If email is not available, then faxed.

EMAIL _____

ATTENTION _____ FAX NUMBER (_____) _____

IMPORTANT POLICY FEATURES

- Only USSSA registered teams may purchase this insurance.
- USSSA team insurance covers the play and practice of **amateur activities in the insured sport, including organized/sanctioned activities of other associations.**
- Coverage begins the day after postmark on the envelope containing your application and check.
- All coverage expires on 12-31-2008.
- General Liability coverage is provided for players, coaches, managers, sponsors, and volunteers of the team.
- Accident Medical Coverage is excess to any other collectible insurance; primary if no other insurance is in force.
- The entire premium is earned when enrollment accepted. There are no cancellation refunds.
- Age of oldest child on date of purchase determines team age bracket.
- **To qualify for the League Discount: 6 or more teams must be submitted together IN THE LEAGUE NAME.**
- **League discounted payment must be made with one check.**

**ACCIDENT MEDICAL EXPENSE
BENEFIT \$100,000 LIMIT**

The plan pays for covered medical expenses incurred within three years after an accident, to a maximum of \$100,000 per accident for each insured person. Treatment must begin within 30 days of an accident. Coverage is provided on a secondary basis. If other collectible insurance is in force, it must be used as primary. If no other coverage is in force, this coverage becomes primary. Deductibles will apply on primary & excess basis. Some of the policy exclusions are:

- Losses resulting from being intoxicated or under the influence of a narcotic unless administered on the advice of a doctor;
- Injuries sustained while traveling other than as specially stated in the policy;
- the cost of eyeglasses, contact lenses or examinations for either;
- the cost of dental treatment, except as specifically provided for Injuries to sound, natural teeth.

This is a brief description of the coverage. Full disclosure of the definitions, exclusions and limitations for this coverage can be found in the association policy issued to the USSSA. If any discrepancy exists between this description and the policy, the policy will prevail.

Purchase Your Team Insurance Immediately
WWW.USSSAInsurance.Com
Purchase Today and Play Tonight
USSSA Insurance Program
CALL 1-877-345-4309

LIABILITY INSURANCE \$2,000,000 LIMIT

Lawsuits against players, coaches, sponsors, volunteers, and league officials are increasing at an alarming rate. Play with peace of mind knowing you will be covered by one of the best sports liability programs available.

Liability coverage is provided during:

- Games
- Award Banquets
- Practices
- Fundraisers
- Team Meetings

The USSSA general liability policies provide \$2,000,000 per occurrence of valuable general liability protection. Coverage is provided for bodily injury, property damage, and personal injury claims for which you are legally obligated.

Protection is also provided for:

- Lawsuits brought by Athletic Participants
- Product Liability

Some of the policy exclusions are: the use of motor vehicles, watercraft and aircraft, injury to an employee, medical malpractice, and liquor liability.

This is a brief outline of policy coverages and exclusions. Please refer to the policy for a complete listing of coverages, conditions, limitations, and exclusions.

ADDITIONAL INSURED COVERAGE

If requested, a facility owner, sponsor, or organization will be named as an additional insured at no additional charge. Liability coverage will be in effect only during the play and practice of the insured team/league. Just complete the Additional Insured Section of the application and a certificate of insurance will be sent to verify coverage.

Purchase Your Team Insurance Immediately
WWW.USSSAInsurance.Com
*Purchasing On-Line Allows You To
Purchase Today and Play Tonight*
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