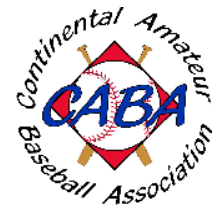




# 2010 CABA INSURANCE PROGRAM BENEFIT SUMMARY



**INSURED:** Continental Amateur Baseball Association teams and leagues whose names are on file with the company and for which a premium has been paid and a certificate of insurance issued.

**COVERED ACTIVITIES:** Baseball games, tournaments, supervised practices, tryouts, meetings, fundraisers and awards banquets.

## 2010 PROGRAM COST PER TEAM

Ages 8 – 12 & Under	\$100.00	Ages 13 – 15 & Under	\$125.00	Ages 16 – 18 & Under	\$155.00
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*NOTE: The per team cost includes both insurance premium and an administrative fee.*

## 2010 INSURANCE FEATURES

- Only **CABA** registered teams may purchase this insurance.
- Insurance covers the play and practice of any amateur baseball (not restricted to CABA).
- Insurance is in effect the date the program administrator receives the enrollment form and premium payment.
- Insurance expires December 31, 2010 regardless of the date of purchase.
- General Liability coverage is provided for players, coaches, managers, sponsors and team volunteers.
- Accident Medical Coverage is secondary to any other collectible insurance; primary if no other insurance is in force.
- General Liability premium is earned upon policy issuance. There are no cancellation refunds.
- Age of the oldest child on the team on the date of purchase determines the team age bracket.

## POLICY COVERAGE AND LIMITS

### GENERAL LIABILITY

**Coverage:** Lawsuits against players, coaches, and team sponsors 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. CABA's general liability policy provides a \$1 million per occurrence limit covering bodily injury, property damage and personal/advertising injury claims. Coverage applies to lawsuits brought by athletic participants (i.e. Participant Legal Liability). Participant Legal Liability coverage is crucial as athletic participation exclusions/restrictions render a sports liability policy virtually worthless.

### Limits

Each Occurrence Limit:	\$1,000,000
General Aggregate Limit (applies separately to each insured team):	\$2,000,000
Products Completed Operations Aggregate Limit:	\$2,000,000
Personal and Advertising Injury Limit:	\$1,000,000
Damage to Premises Rented to You Limit:	\$ 300,000
Participant Legal Liability Limit:	Included
Medical Expense Limit (Any One Person):	Excluded

**Notable Exclusions:** Employment-related practices; pollution; fireworks; losses arising from the ownership, use, or maintenance of any automobile; intentional acts; damage to property in the care, custody, or control of the insured, and sexual abuse/molestation (unless background checks are performed).

**Additional Insured – Field Owners:** Upon request, your field owner will be named as an additional insured for the \$1 million per occurrence limit at no additional charge. The field owner will be covered for losses arising out of the insured's negligence. Just complete the Field Owners section of the application and a certificate naming the field owner will be sent to verify coverage.

**Policy Number:** TBD (AXIS Insurance Company)

### PARTICIPANT ACCIDENT:

**Coverage:** The plan pays for covered medical expenses incurred within one year after an accident, to a maximum of \$100,000 per accident for each insured person. Treatment must begin within 30 days of the accident. Coverage is provided on a secondary basis. If other collectible insurance is in force, the collectible insurance must be used as primary. If no other coverage is in force, this coverage becomes primary.

### Limits

Excess Accident Medical Limit: (\$100 Deductible)	\$100,000
Accidental Death and Dismemberment Benefit:	\$5,000

**Notable Exclusions:** Boarding or exiting any aircraft owned, operated, or leased by CABA; an insured person acting or training as a pilot or crew member; emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection, bodily malfunctions or medical or surgical treatment thereof; declared or undeclared war; suicide, attempted suicide, or self-inflicted injuries; service in the armed forces; the commission or attempted commission of an illegal act; an insured person being intoxicated or under the influence of any narcotic or controlled substance; injury occurring while fighting, except in self-defense; injury caused by repetitive motion or cumulative trauma, and not as the result of an accidental bodily injury; treatment that is educational, experimental, or investigational in nature; for which an Insured person has no obligation to pay for treatment by a person employed or retained by the policyholder; for any injury where workers' compensation benefits or occupational injury benefits are payable.

**Policy Number:** TBD (Federal Insurance Company)

The information in this Benefit Summary is a summary of the benefits provided. It is **NOT** a complete specifics of the policy benefits. No coverage is extended, and no representations are made, other than to refer to the policy for a complete, detailed description of program coverage, exclusions, and benefits.

**2010 Baseball Team Insurance Application**  
**(Only Available to CABA Registered Teams)**

Team Name: \_\_\_\_\_  
Team Contact Name: \_\_\_\_\_ Contact Phone: (Include Area Code) \_\_\_\_\_  
Team Mailing Address: \_\_\_\_\_  
Team Email Address: \_\_\_\_\_  
2010 Age Bracket: \_\_\_\_\_ 2010 CABA ID #: \_\_\_\_\_

I hereby certify that all information in this application is true and correct and that the team insured is CABA sanctioned.  
CABA Director: \_\_\_\_\_ **Signature of Team Official:** \_\_\_\_\_

Named Insured: Continental Amateur Baseball Association  
1173 French Ct.  
Maineville, Ohio 45039

**Rate Calculation:** Number of Teams \_\_\_\_\_ X Rate per Team \$ \_\_\_\_\_ = Total Premium \$ \_\_\_\_\_

**Complete this section to request additional insured status.**

**The Named Insured, Address with City, State & Zip Code Must Be Completed For All Additional Insured Requests**

**If you need more additional insured attach a page two with the below information.**

1) Named Insured: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

**Please Email or Fax Certificate to:** \_\_\_\_\_  
(Attention:) (Email Address) or (Fax Number: Include Area Code)

2) Named Insured: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

**Please Email or Fax Certificate to:** \_\_\_\_\_  
(Attention:) (Email Address) or (Fax Number: Include Area Code)

3) Named Insured: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

**Please Email or Fax Certificate to:** \_\_\_\_\_  
(Attention:) (Email Address) or (Fax Number: Include Area Code)

4) Named Insured: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

**Please Email or Fax Certificate to:** \_\_\_\_\_  
(Attention:) (Email Address) or (Fax Number: Include Area Code)

5) Named Insured: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

**Please Email or Fax Certificate to:** \_\_\_\_\_  
(Attention:) (Email Address) or (Fax Number: Include Area Code)

6) Named Insured: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

**Please Email or Fax Certificate to:** \_\_\_\_\_  
(Attention:) (Email Address) or (Fax Number: Include Area Code)

7) Named Insured: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

**Please Email or Fax Certificate to:** \_\_\_\_\_  
(Attention:) (Email Address) or (Fax Number: Include Area Code)

**Mail completed form with payment to:**

**Nancy Pell**  
**10649 S. Trumbull Ave.**  
**Chicago, Illinois 60655**  
**Email: [Glysellc@aol.com](mailto:Glysellc@aol.com)**

**Make checks payable to: GLYSE**