

2011 CABA Insurance Program

WHY DO I NEED THIS INSURANCE?

Whether or not your league is negligent, you can be sued. Even if you are found innocent, you have investigation and legal expenses. If you are found liable, you will have to pay all judgements. You need to be protected:

- To protect yourself and your team from lawsuits that may arise as a result of baseball-related activities
- To protect current and future assets that may be at risk as a result of a bodily injury, personal injury, or property damage claim
- To provide excess medical benefits for accidental injuries to your players & volunteers

TERM OF INSURANCE

Coverage will begin the date all monies AND the completed application are received and approved by the program administrator. However, no coverage will be provided before 12/31/10 and all coverage will expire on 12/31/11.

WHO CAN PURCHASE THE INSURANCE?

Only CABA registered teams/leagues have the opportunity to purchase this insurance.

DOES COVERAGE EXTEND TO NON-CABA ACTIVITIES?

Yes, under the CABA Insurance Program, coverage applies to any baseball-related activity in which CABA registered teams compete, even if it is a tournament sponsored by another organization.

WILL MY INSURANCE APPLY FOR MORE THAN ONE SEASON?

Coverage for your team/league will not expire until 12/31/11. If you retain 50% or more of your original team roster and your same team name, coverage will apply for your team's spring, summer, and fall seasons, but only for losses occurring within the policy period.

ADDITIONAL INSURED

The policy automatically covers any person, organization or entity engaged in sponsoring or providing the premises for your team or league operations. This is included at no additional charge.



GENERAL LIABILITY INSURANCE PLAN

WHO IS COVERED

CABA and its enrolled member teams and any volunteer workers of affiliated organizations while acting within the scope of their duties as such.

POLICY LIMITS

• General Aggregate	Not Applicable
• Per Occurrence	\$ 1,000,000
• Participant Legal Liability	\$ 1,000,000
• Products/Completed Operations Aggregate	\$ 2,000,000
• Damage to Premises Rented To You	\$ 300,000
• Medical Payments Expense	\$ 1,000
• Personal/Advertising Injury	\$ 1,000,000
• Abuse/Molestation Per Occurrence	\$ 1,000,000
• Abuse/Molestation Aggregate	\$ 2,000,000

Defense, investigative and other related costs are in addition to the limits of liability.

Policy limit applies per occurrence, regardless of the number of insureds on the policy, or number of persons or organizations who sustain injury.

PROVIDES PROTECTION FOR

- Participant and Spectator Bodily Injury and Property Damage
- Claims resulting from injuries to participants
- Claims of libel, slander and wrongful eviction
- Claims from consumption or use of food products
- Liability assumed under written contract

COVERED ACTIVITIES

- Try-outs
- Supervised Practices
- Baseball Games
- Tournaments
- Meetings
- Award Banquets
- Approved Fundraisers

EXAMPLES OF EXCLUSIONS

- Property of others in the care, custody and control of insured, i.e. personal property of players, coaches, etc.
- Employment-related practices
- Losses arising from the ownership, use or maintenance of any automobile
- Intentional Acts
- Fireworks
- Amusement Devices, i.e. dunk tanks, inflatable devices, etc.
- Liquor Liability - sale of alcoholic beverages
- Camps/Clinics involving participants that are not on your league and/or team roster

Notes on Abuse/Molestation:

- The aggregate limit is a policy aggregate and applies as one limit to the teams, leagues and CABA.
- With respect to insured teams and leagues only, no coverage for Abuse or Molestation allegations will apply if there is no system in place to perform at least one of the following background checks:
 - 1) Internet sexual offender registry checks on all persons with repeated access to youth. This check must be done on an annual basis.
 - 2) Criminal background check by a third party vendor. This check must be done once upon initial employment, subcontracting or volunteering of a person with repeated access to youth and at least once every third year thereafter.

Notes on Participant Legal Liability:

- All CABA insured teams **must** maintain a system to secure signed Waiver and Release forms from team members and coaches on an annual basis (prior to the start of the season, including practices).
- Insured teams will be required to provide the insurer with a signed Waiver and Release form at the time of claim.

ACCIDENT INSURANCE PLAN

INSURED PERSONS

Participating league or team players, coaches, managers and volunteers of teams which are registered with the Policyholder and have paid the proper premium.

COVERED ACTIVITIES

Participating in any baseball game, practice, or tryout that is sponsored and supervised by a team or league registered with the Policyholder. Coverage includes group travel to and from such activities under the direct supervision of a team or league representative.

PROVIDES COVERAGE FOR

Covered medical expenses incurred within 52 weeks after an accident. Coverage is provided on a secondary basis. If other valid and 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 a primary and excess basis.

Covered Medical Expenses include the reasonable and customary charges for services and supplies such as:

- Treatment and care by a physician, surgeon, or registered nurse
- Hospital confinement or outpatient care in a hospital
- Emergency ambulance service
- Prescription drugs and medicines
- X-rays
- Dental Expenses, but only if required because of injury to sound, natural teeth

EXAMPLES OF EXCLUSIONS

- The cost of eyeglasses, contact lenses or examinations for either
- Air travel, unless the insured is a passenger on a regularly scheduled flight of a properly licensed commercial airline
- Intentional self-destruction or an attempt at it, or intentional self-inflicted injury while sane or insane
- Declared or undeclared war
- Losses resulting from being intoxicated or under the influence of a narcotic unless it is administered on the advice of a doctor
- Losses resulting from sickness, disease, or bodily infirmity, or from any cause other than the accident

\$5,000 ACCIDENTAL DEATH & SPECIFIC LOSS COVERAGE

If an insured person dies or loses his sight or limbs, during a covered event, a benefit will be paid upon proof that:

- The loss occurred within 52 weeks after the injury, and
- The loss was a direct result of the injury

Type of Loss

Type of Loss	Benefit
Life	\$ 5,000
Both hands or both feet	\$ 5,000
Sight of both eyes	\$ 5,000
One hand and one foot	\$ 5,000
One hand or foot and sight of one eye	\$ 5,000
One hand or one foot	\$ 2,500
Sight of one eye	\$ 2,500
Speech or Hearing in both ears	\$ 2,500

Loss of a hand or foot is actual severance through or above the wrist or ankle joint, or total and irrecoverable loss of use of these members as a result of damage to the tissue of that member.

Loss of sight, speech or hearing is total and permanent loss.

A maximum of \$5,000 will be paid under this benefit if an insured person suffers more than one loss.

Cost per Team

Ages 12 & Under	\$ 100
Ages 13 - 15	\$ 135
Ages 16 - 18	\$ 155

Cost per Team When Coverage is Effective 9/1/11 or After

Ages 12 & Under	\$ 65
Ages 13 - 15	\$ 90
Ages 16 - 18	\$ 105



2011 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: _____
 2011 Age bracket: _____ 2011 CABA I.D. #: _____

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 Court • 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 and zip code must be completed for all additional insured requests.

If you need to list more additional insureds, attach a separate page with the information below.

1. Named insured: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Relationship to additional insured (provider of premises/sponsor/tournament host): _____
 Please email or fax certificate to: _____
 (Attention:) (Email address or fax number. Include area code.)

2. Named insured: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Relationship to additional insured (provider of premises/sponsor/tournament host): _____
 Please email or fax certificate to: _____
 (Attention:) (Email address or fax number. Include area code.)

3. Named insured: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Relationship to additional insured (provider of premises/sponsor/tournament host): _____
 Please email or fax certificate to: _____
 (Attention:) (Email address or fax number. Include area code.)

4. Named insured: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Relationship to additional insured (provider of premises/sponsor/tournament host): _____
 Please email or fax certificate to: _____
 (Attention:) (Email address or fax number. Include area code.)

Mail completed form with payment to: Nancy Pell • 10649 South Trumbull Ave. • Chicago, Illinois 60655
Email: Glysellc@aol.com

Make checks payable to: GLYSE