

NATIONAL AMATEUR
BASEBALL FEDERATION



National Amateur Baseball Federation

2010

Liability and Accident Medical Insurance Plans

For more information about
NABF Sponsored
Liability and
Accident Medical Insurance Plans,
call **804-754-7610**

All plans underwritten by
"A" Rated Companies



Plans Administered by:
Frazier Insurance Agency, Inc.*
8002 Discovery Dr., Suite 415
Richmond, VA 23229

Mailing address:
P.O. Box 1250, Midlothian, VA 23113-1250

Telephone: (804) 754-7610

Facsimile: (804) 754-7613

E-mail: ifrazier@frazierinsurance.com

www.frazierinsurance.com

*For overnight delivery use street address

This brochure presents only a brief description of available coverages. Please refer to the Policy for details of benefits, limitations, and exclusions.

Notice to New York Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

December, 2009



TO: ALL NABF MEMBERS

National Amateur Baseball Federation Liability and Excess Accident Medical Insurance Coverages

Once again, the NABF is pleased to make available to its member teams and leagues the opportunity to obtain valuable liability and accident medical coverages at competitive rates.

We all know how important it is to have appropriate insurance coverage in place. We have also considered the importance of sponsoring a program administered by a proven and reliable agency and underwritten by A rated insurance companies. We believe we are sponsoring one of the finest insurance programs available for our sport.

Although this program is not mandatory, we strongly urge your participation as it will not only benefit you but also add protection for the NABF Tournaments and World Series events.

If you do not currently have coverage or would like to compare our plan to your existing insurance, please review the brief description of coverages presented in this brochure. We do request that you carry an equivalent amount of insurance with an acceptable insurance carrier and that NABF be shown as an additional insured on any such coverage.

Enrollment in the plan is simple. Just complete the self-rating Application, or you can call Bill Frazier at **Frazier Insurance Agency, Inc.**, for a quotation.

Thank you for your attention to this important matter.

Charles M. Blackburn
Executive Director

LIABILITY

\$1,000,000 General Liability Occurrence
\$2,000,000 General Liability Aggregate
\$1,000,000 Participant Liability

Who is Covered

Third Party Spectator Liability Coverage and Participant Liability Coverage is provided for your league, its teams, participants, sponsors, officers, directors, managers, coaches, umpires, and other managing personnel and auxiliaries while acting on behalf of the league or one or more of its teams.

What is Covered

Coverage is provided against negligence arising out of the operation of the sports program including:

1. Ownership, maintenance and use of athletic fields;
 2. Activities necessary or incidental to the conduct of practice, exhibition, regular season and post-season games;
 3. Consumption or use of food and other products;
 4. Year-round activities such as fund-raising and award banquets, subject to the Insurance Company's approval;
 5. Liability assumed under approved written contract;
 6. Libel and defamation of character;
 7. False arrest and wrongful eviction;
 8. Invasion of privacy;
 9. Cost of investigating and defense of claims even if groundless;
 10. Fire legal;
 11. Participant liability;
- (\$0 deductible each Bodily Injury / Property Damage claim)

What is Not Covered

This insurance does not cover:

1. Property owned, rented or leased by or in charge of the Insured;
2. Injury or death of an employee;
3. Aircraft or watercraft.

For a complete listing of exclusions, please read your Policy carefully.

Plans Administered by:
Frazier Insurance Agency, Inc.
P.O. Box 1250
Midlothian, VA 23113-1250
Phone: 804-754-7610 • Fax: 804-754-7613

EXCESS ACCIDENT MEDICAL

**\$25,000, \$50,000, or \$250,000 Maximum
\$0 Deductible**

Who is Covered

All players, coaches, and managers will be covered for accidental injury or death resulting directly and independently of all other causes sustained while they are: 1. participating in scheduled games or practice sessions; 2. traveling under adult supervision to or from scheduled games or practice sessions.

What is Covered

1. Accidental Medical Expense

When injury to an Insured requires treatment by a legally qualified physician; care given by a graduate nurse; confinement in a hospital; ambulance service to and from the hospital; and services and supplies ordered by a physician; the Company will pay the usual and reasonable expenses incurred on a Full Excess basis (see below) up to the policy maximum. The first expense must be incurred within 30 days of a covered accident. To be covered, any further expense must be incurred within 365 days.

Dental Benefit is included in the Medical Maximum Benefit.

Full Excess: The Company will pay the covered expenses incurred which are in excess of those benefits paid or payable by another Plan Providing Medical Expense Benefits, to the maximum for the plan selected (\$25,000, \$50,000, or \$250,000). Deductibles must be satisfied before benefits are paid.

Plan Providing Medical Expense Benefits means any group type policy, contract, or other arrangement for benefits or services for medical or dental care or treatment.

2. Accidental Dismemberment

If a covered injury results in loss of limb(s) or sight, the Company will pay the benefits shown below.

For loss of:

Two hands, two feet, or the sight of both eyes

(or any combination of these losses).....\$10,000

One hand, one foot, or sight of one eye\$5,000

Loss of hand or foot means complete severance through or above the wrist or ankle joint. (In SC, "loss of four fingers entire" is "loss of hand".) With regards to sight, the entire and irrecoverable loss of sight.

Only one benefit, the largest applicable, will be paid for all losses that result from any one accident. Injury must result in loss within 180 days of the accident.

3. Accidental Death • \$10,000 Benefit

The Company will pay the Accidental Death Benefit when a covered injury results in the Insured's death. Death must occur within 180 days after the accident occurs. If dismemberment benefits have been paid for a loss resulting from the same accident, the Accidental Death Benefit will not be payable.

Coordination of Benefits will be administrated in accordance with the laws of the Maryland Insurance Department.

Exclusions

This policy does not provide benefits for: treatment by persons employed or retained by the Policyholder, or by any member of the Insured's family; pre-existing conditions; injury or death contributed to by the use of drugs unless administered by or upon the advice of a physician; treatment of Osgood-Schlatter's disease, detached retina unless necessitated by an injury, hernia unless necessitated by an injury, appendicitis, disease in any form; intentionally self-inflicted injuries, violating or attempting to violate any duly enacted law, injury or death by acts of war, whether declared or not; travel or flight in any type of aircraft; injuries covered by Worker's Compensation or Employer's Liability Laws or while engaging in activity for monetary gain from sources other than the Policyholder which is covered by any Worker's Compensation legislation, braces and orthopedic appliances, drugs unless dispensed while hospital confined, eyeglasses, hearing aids, or prescriptions or examinations therefor; or that part of medical expenses for which mandatory automobile no-fault benefits are due.

Limitations

When Excess insurance is provided and another Plan Providing Medical Expense Benefits to an Insured is an HMO, PPO or similar arrangement for provision of benefits or services and the Insured does not use the facilities or services of the HMO, or PPO, or similar arrangement for provision of benefits or services, the medical benefits otherwise payable under this policy shall be reduced by 50%. This limitation shall not apply to emergency treatment required within 24 hours after an accident when the accident occurs outside the geographic area served by the HMO, PPO, or similar arrangement for provision of benefits or services.

Policy Term: Coverage will be in effect on the Effective Date specified on the Policy or one day after the U.S. Postmark on the mailed premium and application, whichever is later. Coverage will terminate on the Expiration Date given or according to the Master Policy.

Claim Procedure

When there is an injury, the Insured Person should get itemized bills for all treatment. The Insured should call Frazier Insurance Agency, Inc., 804-754-7610, for a claim form. Information regarding primary insurance will be requested. The completed claim form with attached receipts should be sent to: **Capitol Indemnity Special Risk Accident Medical Claims, P.O. Box 13815, Reading, PA 19612-3815.** A league official must certify that the claim occurred during a league-sponsored activity.

RATES

Combined Liability

- A. \$1,000,000 General Liability (Occurrence)
- B. \$2,000,000 General Liability (Aggregate)*
- C. \$1,000,000 Participant Liability
- D. Coverage includes Premises, Products and Personal Injury.
- E. Fire Damage (\$100,000 Any One Claim)
- F. Host Liquor and Limited Contractual are Included.

Annual Rates per Team

10 & Under - Rookie.....	\$36.00
12 & Under - Freshman	\$36.00
14 & Under - Sophomore.....	\$36.00
16 & Under - Junior	\$36.00
High School	\$36.00
18 & Under - Senior.....	\$36.00
22 & Under - College.....	\$43.00
Unlimited - Major	\$43.00

*Per Team

Excess Accident Medical

Annual Rates per Team

Maximum Benefits: \$25,000 \$50,000 \$250,000

10 & Under - Rookie.....	\$35.00	\$40.00	\$50.00
12 & Under - Freshman	\$45.00	\$50.00	\$60.00
14 & Under - Sophomore.....	\$55.00	\$60.00	\$90.00
16 & Under - Junior	\$83.00	\$90.00	\$125.00
High School	\$110.00	\$135.00	\$200.00
18 & Under - Senior.....	\$130.00	\$150.00	\$220.00
22 & Under - College.....	\$150.00	(Tourn. only-\$100.00)	
Unlimited - Major	\$150.00	(Tourn. only-\$100.00)	

Tournament and World Series Only Coverage is 50% of Medical Rates.

Excess is paid only above primary coverages.

No policies will be issued without payment of both Liability and Medical Premiums. Credit card payment available on-line at www.frazierinsurance.com or mail application with premium payable to:

Frazier Insurance Agency, Inc.
P.O. Box 1250, Midlothian, VA 23113-1250

NATIONAL AMATEUR BASEBALL FEDERATION**

TEAM NAME	

FRANCHISE OR LEAGUE NAME	

STREET ADDRESS	

CITY/STATE/ZIP	

YOUR NAME / TITLE	
_____	_____
BUS. PHONE	HOME PHONE
_____	_____
EMAIL	FAX NO.
_____	_____
SIGNATURE	DATE

NABF Sanctioned? Yes _____ No _____
CHECK COVERAGE DESIRED:

Combined Liability
\$1,000,000 General - \$1,000,000 Participant
(Waiver & Release System required for coverage.)
Minimum \$25,000 Medical Coverage required

Excess Accident Medical
 \$ 25,000 Maximum Benefit
 \$ 50,000 Maximum Benefit
 \$250,000 Maximum Benefit

	PREMIUM DUE: LIABILITY		MEDICAL	
	# Teams	Premium	# Teams	Premium
10 & Under - Rookie	_____	_____	_____	_____
12 & Under - Freshman	_____	_____	_____	_____
14 & Under - Sophomore	_____	_____	_____	_____
16 & Under - Junior	_____	_____	_____	_____
High School	_____	_____	_____	_____
18 & Under - Senior	_____	_____	_____	_____
22 & Under - College	_____	_____	_____	*
Unlimited - Major	_____	_____	_____	*
Total:	_____	_____	Total:	_____

For Excess Medical Tournament Only Coverage, enclose 50% of the excess medical total, and check here:

*College & Major Tournament only - \$100.00 Medical Premium
Attach name and address for each Additional Insured.

Total Amount Enclosed: \$ _____

**Program only available to NABF sanctioned teams, leagues, and tournaments.