



NABF Application

Please note:

- Questions marked in **bold** are required.
- Complete the application as fully as possible to ensure an accurate quote
- If you have any questions please refer to our FAQ, or contact our offices at (804) 754-7610

(804) 754-7610 ~ 1602 Rolling Hills Drive, Suite 104, Richmond, VA 23229 ~ ifrazier@frazierinsurance.com

GENERAL INFORMATION

Team Name:

Franchise or League name:

Street address:

City:

State:

Zip:

Your Name/Title:

Business Phone:

Home Phone:

E-mail address:

Fax:

NABF Sanctioned?

☐ Yes ☐ No

Additional insured:

Name

Address

Interest

Additional insured:

Name

Address

Interest

Additional insured:

Name

Address

Interest

Combined Liability

\$1,000,000 General Liability Occurrence
\$2,000,000 General Liability Aggregate (Per Team)
\$1,000,000 Participant Liability
Includes Premises, Products and Personal Injury
Fire Damage (\$300,000 Any One Claim)
Host Liquor and Limited Contractual are Included

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.

Age Group	Annual Rates per Team
10 & Under – Rookie	\$41.00 per Team
12 & Under – Freshman	\$41.00 per Team
14 & Under – Sophomore	\$41.00 per Team
16 & Under – Junior	\$41.00 per Team
High School	\$41.00 per Team
18 & Under – Senior	\$41.00 per Team
22 & Under – College	\$48.00 per Team
Unlimited – Major	\$48.00 per Team

COMBINED LIABILITY

Combined Liability

☒ \$1,000,000 General - \$1,000,000 Participant (Waiver & Release System, and Minimum \$25,000 Medical Coverage are required.)

Please enter the number of teams per age group that you wish to cover

10 & Under - Rookie	<input type="text" value="0"/>	<input type="text" value="\$0.00"/>
12 & Under - Freshman	<input type="text" value="0"/>	<input type="text" value="\$0.00"/>
14 & Under - Sophomore	<input type="text" value="0"/>	<input type="text" value="\$0.00"/>
16 & Under - Junior	<input type="text" value="0"/>	<input type="text" value="\$0.00"/>
High School	<input type="text" value="0"/>	<input type="text" value="\$0.00"/>
18 & Under - Senior	<input type="text" value="0"/>	<input type="text" value="\$0.00"/>
22 & Under - College	<input type="text" value="0"/>	<input type="text" value="\$0.00"/>
Unlimited - Major	<input type="text" value="0"/>	<input type="text" value="\$0.00"/>
Total	<input type="text" value="\$0.00"/>	

Excess Accident Medical

\$25,000, \$50,000, or \$100,000 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 years. *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 \$100,000). 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 of 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. For loss of 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 used 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

Frazier Insurance Agency has a copy of the Medical Claim form for injuries to any of your players. When you first find out about an injury to a player please email our office and we will forward a copy of this form. The policy holder (yourself as the coach or league president) and the player or parent/guardian of the injured player will BOTH have to complete the form. Once the form is completed, please mail this and a copy of any medical bills available at time of completion, directly to the insurance carrier. Sending the form to our office will only slow down the process. There are instructions located on the form itself on how to correctly fill in information, but if you have any questions about the process or application please contact Frazier Insurance Agency. Finally, please note that there is a 90 day reporting period for ALL MEDICAL CLAIMS; reporting claims after 90 days of injury runs the risk of the claim not being paid.

Maximum Benefits:	Annual Rates per Team		
	\$25,000	\$50,000	\$100,000
10 & Under – Rookie	\$48.00	\$53.00	\$59.00
12 & Under – Freshman	\$62.00	\$66.00	\$70.00
14 & Under – Sophomore	\$75.00	\$83.00	\$90.00
16 & Under – Junior	\$112.00	\$123.00	\$132.00
High School	\$150.00	\$168.00	\$200.00
18 & Under – Senior	\$177.00	\$185.00	\$223.00
22 & Under – College	\$205.00 (Tournament only-\$121.00)		
Unlimited – Major	\$205.00 (Tournament only-\$121.00)		

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

Excess is paid only above primary coverages.

EXCESS ACCIDENT MEDICAL

Excess Accident Medical

\$25,000 Maximum Benefit

Please enter the number of teams per age group that you wish to cover

10 & Under - Rookie

0

\$0.00

12 & Under - Freshman

0

\$0.00

14 & Under - Sophomore

0

\$0.00

16 & Under - Junior

0

\$0.00

High School

0

\$0.00

18 & Under - Senior

0

\$0.00

22 & Under - College

0

\$0.00

Unlimited - Major

0

\$0.00

Tournament Only Coverage?

☐

Total

\$0.00

TOTAL & SIGNATURE

Total due:

\$0.00

Name:

Signature:

Date:

Submit Application

Submit Application & Pay

Clear