

**Policy Effective Dates**

8/1/16 - 8/1/17

# USSSA Team Insurance Enrollment Form



**Purchase today and play tonight. Buy online to get your certificate immediately:**  
[www.USSSA.com](http://www.USSSA.com)

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

Team or League Name \_\_\_\_\_

Team Reg. # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ 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 2015.

Team/League Official's Signature:

\_\_\_\_\_  
 Title: \_\_\_\_\_

(League officials are responsible for providing certificates to teams)

**INSURED SPORT (check one)**

BASEBALL  FAST-PITCH  LACROSSE

**RATE CALCULATION (If mailed, please add a \$10 processing fee per team if applying for less than six teams.)**

# of teams \_\_\_\_\_ X rate per team \_\_\_\_\_ = \$ \_\_\_\_\_ total premium

**USSSA TEAM INSURANCE COSTS**

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

Name of Field Owner \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_

Title \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_

*Payments must be made with one check. All rates include an administration fee. Please mail and make check payable to:*

USSSA Insurance  
 611 Line Drive  
 Kissimmee, Florida 34744

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

EMAIL: \_\_\_\_\_

ATTENTION \_\_\_\_\_

FAX NUMBER ( \_\_\_\_\_ ) \_\_\_\_\_

**Questions about the USSSA Insurance Program?**

**Toll-free: 1-888-880-3602 | Fax: 925-521-8504 | Email: [insurance@ussa.com](mailto:insurance@ussa.com)**

**2016 USSSA TEAM INSURANCE COSTS** (AVAILABLE TO USSSA REGISTERED TEAMS ONLY - ALL RATES ARE PER TEAM)

POLICY EFFECTIVE DATES: 8/1/16 – 8/1/17	BASEBALL		FAST-PITCH		LACROSSE
	\$500 – DED Medical & Liability	\$500 – DED Medical & Liability	Liability Only	\$500 – DED Medical & Liability	
<b>Individual Team Rates</b>					
Liability & Medical (Ages 12 & Under)	\$157	\$150	N/A	\$127	
Liability & Medical (Ages 13-15)	\$200	\$182	N/A	\$169	
Liability & Medical (Ages 16-18)	\$238	\$258	N/A	\$233	
Liability & Medical (Adult)	\$405	\$354	N/A	N/A	
Liability Only (Adult)	N/A	N/A	\$220	N/A	
<b>League Discount Rates</b>					
Liability & Medical (Ages 12 & Under)	\$114	\$114	N/A	N/A	
Liability & Medical (Ages 13-15)	\$132	\$145	N/A	N/A	
Liability & Medical (Ages 16-18)	\$197	\$197	N/A	N/A	
Liability & Medical (Adult)	\$337	\$288	N/A	N/A	
Liability Only (Adult)	N/A	N/A	\$195	N/A	

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

# USSSA Liability Insurance: **Don't play without it.**

**\$3,000,000 General Liability Per Occurrence**

## **Lawsuits against players, coaches, sponsors, 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 programs available. Liability coverage is provided during:

- Games
- Practices
- Team meetings
- Award banquets
- Fundraisers

The USSSA general liability policies provide \$3,000,000 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.

### **Additional Insurance 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.

### **Accident Medical Expense Benefit - \$100,000 Limit**

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 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. Deductible will apply on primary and 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.

### **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.
- Policy effective dates are 08/01/2016 through 8/01/2017.
- 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 is accepted.
- There are no cancellation refunds.
- Age of oldest child on date of purchase determines team age bracket.
- **To qualify for the League Discount, six or more teams must be submitted together IN THE LEAGUE NAME.**
- **League discount payment must be made with one check.**



**Questions about the USSSA Insurance Program?**

**Toll-free: 1-888-880-3602 | Fax: 925-521-8504 | Email: [insurance@usssa.com](mailto:insurance@usssa.com)**

*This is a brief description of the coverage. A 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.*

