

Enrollment for Baseball & Softball Accident Insurance

Enrollment Form for Accidental Death and Accident Medical Benefits

Part I Proposed Policyholder *Please print or type*

a. Full Legal Name of Proposed Policyholder _____

b. Address _____

Phone Number _____

Street _____ City _____ State _____ Zip _____

c. Specified Activity _____

d. Requested Effective Date _____ Termination Date _____

Policy will become effective on the Requested Effective Date if (a) all required information is provided and (b) the Company has received the initial premium on or before that date.

Part II Plan of Insurance and Premium Calculation

a. Plan of Benefits

Accidental Death & Dismemberment Principle Sum \$ 2500
 Maximum Medical Expense Benefit \$ 5000
 Deductible Amount \$ 50

Policy to cover All Players, Coaches, Managers, and Volunteers of the Policyholder

Scope of Coverage is Full Excess

b. Premium Calculation

Classification of Insured Persons or Group	Age Group	Number of Teams	Rate Per Team	Total Rate
COACH PITCH	5-8	x	\$ 21.30	=
PEE WEE, LL GIRLS	9-12	x	\$ 26.30	=
PEE WEE, LL BOYS	9-12	x	\$ 28.50	=
JR GIRLS	13-15	x	\$ 42.00	=
JR BOYS	13-15	x	\$ 55.90	=

Total Premium: \$ _____
 Discounts (if applicable): \$ _____ 10%
 Total Premium Due: \$ _____

Minimum Premium is \$150.00

Part III Acknowledgements and Signatures

a. **Fraud Warning** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime.

b. **Applicant's Acknowledgement** I, the applicant, declare, to the best of my knowledge and belief, that all statements and answers in this application are true and complete. I understand and agree that (a) this application will form part of any policy issued, (b) no information given to or acquired by any representative of the Company will bind it, unless it is in writing on this application, (c) no waiver or modification will bind the Company unless it is in writing and is signed by an executive officer of the Company, and (d) only those persons eligible under the terms of an issued policy will be insured.

Date _____

Signed by Licensed Agent _____

Agent Phone Number _____

Signed for the Proposed Policyholder _____

Licensed Agent Number _____

Title _____

Agent Address _____



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Underwritten by Starnet Insurance Company, Acadia Insurance Company or Great Divide Insurance Company, Berkley Group Companies.
 Rated "A+" by A.M. Best Company