

# National Baseball Congress

## 2010 General Liability and Accident Insurance Program

### About NBC Team Insurance

Since 1931, the National Baseball Congress has thrilled baseball fans throughout the United States with honest sportsmanship. In order to keep that honest type of ball on the playing field where it belongs, we've gone to bat for you to take something off the playing field where it doesn't belong - insurance coverage. Our specifically designed 2010 program provides coverage for the NBC, its member teams and leagues, officers and directors, coaches, managers and adult volunteers.

### What Coverage is Offered?

**LEGAL LIABILITY COVERAGE:** This policy provides coverage for damages you are legally obligated to pay because of bodily injury or property damage caused by an occurrence. The policy limit is \$1,000,000 per claim, with an Aggregate limit of \$2,000,000.

- Games, including regular league games, practice, or exhibition games.
- Ownership, maintenance or use of ballparks, bleachers or stadiums.
- Hosting Tournaments.
- Liability assumed for work done by an independent contractor.
- Host liquor liability.
- Injury/death of participants.
- Incidental medical malpractice.
- Consumption use of food and drink.
- Injury/death of adult volunteers.
- Spectator injury.
- Cost of investigation and defense of claims, even if groundless.

### What are the Deductibles?

**LEGAL LIABILITY** - \$0.00 deductible per occurrence for property damage and bodily injury.

### What about Additional Insured's?

If a team is required to name an "owner" or "operator" of the ball fields as an Additional Insured on the team's liability policy, there is a \$10.00 charge for each Additional Insured added to the policy. Simply complete the Additional Insured portion of the attached application.

### What is the Policy Period?

Coverage becomes effective on the day requested on the application as long as premium has been mailed before that date, as shown by the postmark. Both the accident and liability policies will expire on January 1, 2011.

### What is Excluded?

Fraudulent or dishonest acts, punitive or exemplary damages, assault & battery, sexual abuse/molestation, pollution, asbestos, aircraft, watercraft, owned, leased or borrowed auto liability, rental of association equipment, fireworks stands, ***property in the care, custody or control of the insured***, and collapse of temporary structures. Also, liability for occurrences prior to effective date of coverage. All of the above are subject to the policy's terms and conditions.

### How are Liability Claims Filed?

Each insured team having a liability claim must contact Tammy Westbrook @ Francis L. Dean & Associates, Inc. at (800) 375-0552 when notice is received that an individual is making a claim against your organization, or any party included as an insured under your policy.

**Accident medical insurance must be purchased in order to purchase liability - See next page for accident medical coverage outline.**

## What 2010 Accident Medical Coverage is Offered?

Several benefit levels are offered with various deductibles. You may choose your deductible and maximum medical benefit levels. Please see next page for benefit levels.

## What is a Covered Activity?

Participating in scheduled and supervised games, practice sessions and travel in a group as a member of an insured team.

## What is the Medical Expense Benefit?

If the Insured Person incurs an eligible expense as a result of a covered injury, directly or indirectly of all other causes, the Company will pay the charges incurred for such expense within **52** weeks, beginning on the date of the accident. Payment will be made for eligible expenses in excess of the applicable Deductible Amount, not to exceed the Maximum Medical Benefit. The first such expense must be incurred within **60** days after the date of the accident.

"Eligible expense" means charges for the following necessary treatment and service, not to exceed the usual and customary charges in the area where provided.

- Medical and surgical care by a physician.
- Radiology (X-Rays).
- Prescription drugs and medicines.
- Dental treatment of sound natural teeth.
- Hospital care and service in semi-private accommodations, or as an outpatient.
- Ambulance service from the scene of the accident.
- Orthopedic appliances necessary to promote healing.

**Excess Coverage: This plan does not cover treatment or service for which benefits are payable or service is available under any other insurance or medical service plan available to the person.**

## What is the Accidental Death & Dismemberment Benefit?

If an Insured Person's injury results in any of the following losses within 365 days after the date of the accident, we will pay the sum shown opposite the loss. We will not pay more than the sum for this benefit for all losses due to the same accident.

For loss of:

- Full Principal Sum for loss of life.
- Full Principal Sum for double dismemberment.
- 50% of the Principal Sum for loss of one hand, one foot or sight of one eye.

"Member" means hand, foot or eye. Loss of hand or foot means complete severance above the wrist or ankle joint. Loss of eye means the total, permanent loss of sight. If the Principal Sum is payable, no indemnity will be paid for dismemberment. In any event, the Double Dismemberment Indemnity is the maximum amount payable under this Benefit for all losses resulting from one accident.

## What are the Exclusions and Limitations?

This Plan does not cover any loss contributed to or resulting from: sickness or disease of any form (except pyogenic infections due to an accidental cut or wound); the use of drugs or narcotics, unless administered on the advice of a physician; war or any act of war, whether declared or not, or participation in any riot or civil commotion; air travel or the use of any device or equipment for aerial navigation, except as a fare paying passenger on a regularly scheduled commercial airline; suicide or any attempt thereof. Nor does this plan cover: service provided by (a) any person or facility employed or retained by the Policyholder or member organization, or (b) any member of the Insured Person's family or household; dental treatment, except as a result of a covered injury, examination for prescription for, or the purchase of eyeglasses or contact lenses or hearing aids; the repair of any orthopedic appliance or artificial dental restoration; expenses payable under Worker's Compensation Law or similar legislation; injury sustained while riding in or on any three-wheel engine-driven or motorized vehicle. The total aggregate benefit under this plan for two or more persons injured in the same accident is the greater of \$25,000 or two times the maximum individual medical amount selected. Note: Certain of these exclusions or limitations may be modified to meet individual state requirements.

## How are Medical Claims Filed?

Each insured team will be supplied with a number of medical claim forms with their policy. **These forms are to be completed by the insured and team manager.** Tammy Westbrook @ Francis L. Dean & Associates, Inc. will be able to help with medical claims this year at (800) 375-0552.

## What Else is Required?

Only those teams officially affiliated with the National Baseball Congress are eligible to purchase this insurance coverage. **Team Affiliation fees (\$50.00 per year, per team) must be paid in full directly to National Baseball Congress before coverage will be written. Please note that both medical and liability insurance will be required to participate in post- season play.**

## How Much Does It Cost?

This year we are able to offer several options for the purchase of accident medical insurance. **Remember that in order to obtain liability coverage, each team must select one of the accident medical plans below.** Higher Maximum Medical Benefits are available. Please call for a quote.

**\$25,000.00 Maximum Medical Benefit  
\$10,000.00 Accidental Death & Dismemberment**

| <u>Deductibles</u> | <u>Premium</u> |
|--------------------|----------------|
| \$ 0.00            | \$409.00       |
| \$ 25.00           | \$385.00       |
| \$ 50.00           | \$359.00       |
| \$ 100.00          | \$330.00       |
| \$ 250.00          | \$283.00       |
| \$ 500.00          | \$246.00       |

**\$15,000.00 Maximum Medical Benefit  
\$ 5,000.00 Accidental Death & Dismemberment**

| <u>Deductibles</u> | <u>Premium</u> |
|--------------------|----------------|
| \$ 0.00            | \$359.00       |
| \$ 25.00           | \$330.00       |
| \$ 50.00           | \$309.00       |
| \$ 100.00          | \$295.00       |
| \$ 250.00          | \$252.00       |
| \$ 500.00          | \$208.00       |

**\$10,000.00 Maximum Medical Benefit  
\$ 5,000.00 Accidental Death & Dismemberment**

| <u>Deductibles</u> | <u>Premium</u> |
|--------------------|----------------|
| \$ 0.00            | \$341.00       |
| \$ 25.00           | \$308.00       |
| \$ 50.00           | \$280.00       |
| \$ 100.00          | \$266.00       |
| \$ 250.00          | \$232.00       |
| \$ 500.00          | \$191.00       |
| \$1,000.00         | \$105.00       |
| \$2,500.00         | \$ 84.00       |

---

**Liability Coverage must be purchased with one of the above accident medical plans.**

Cost per team: \$85.00 per team  
Cost for each Additional Insured: \$10.00 per insured

The NBC office does not handle the processing of claims, but we will be glad to direct you to the correct parties or lend assistance in answering your questions on the correct procedures to follow.

Francis L. Dean & Associates, Inc.  
5744 Boat Club Road, Suite 204  
Fort Worth, TX 76179  
(800) 375-0552 Fax (817) 810-0477  
[trwestbrook@fdean.com](mailto:trwestbrook@fdean.com)

## National Baseball Congress Application for Accident Medical and Liability Insurance

1. Name of Policyholder \_\_\_\_\_
2. Name of Team \_\_\_\_\_
3. Name of Manager or Coach \_\_\_\_\_
4. Address \_\_\_\_\_  
street city state zip
5. Phone: \_\_\_\_\_ Email: \_\_\_\_\_
6. Requested effective date: \_\_\_\_\_, 2010.
7. Plan of Benefits: (See previous page)

|   |                            |
|---|----------------------------|
| Maximum Medical Benefit                 | \$ _____                   |
| Accidental Death & Dismemberment        | \$ _____                   |
| Deductible                              | \$ _____                   |
| Accident Medical Premium: Rate per Team | \$ _____                   |
| Liability Per Occurrence Limit          | \$ <u>1,000,000.00</u>     |
| Liability Per Aggregate Limit           | \$ <u>2,000,000.00</u>     |
| Liability Premium: Rate per Team        | \$ <u>89.25</u>            |
| Number of Additional Insured's          | _____ X \$10.00 = \$ _____ |

Total Amount Enclosed \$ \_\_\_\_\_

Please make check payable and mail to: **Francis L. Dean & Associates**  
**c/o Tammy Westbrook**  
**5744 Boat Club Road, Suite 204**  
**Fort Worth, TX 76179**

Name & Address of Additional Insureds (*Please include full name of facility, street, city, state and zip*).

1.) \_\_\_\_\_ 2.) \_\_\_\_\_ 3.) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title or Position \_\_\_\_\_