

Liability Coverage:

Our plan offers \$1,000,000 in liability coverage with a \$2,000,000 aggregate per event with no deductible. This policy protects your players, coaches and volunteers. The coverage is provided for third party lawsuits of negligence brought against your team during practice, play or tournaments for Bodily Injury and Property Damage. The plan will pay sums for which the insured becomes legally obligated to pay as damages because of:

- Bodily Injury and Property Damage
- Participant Legal Liability
- Premises and Operations

Personal and Advertising Injury

Defense and Legal Fees are covered in addition to the policy limits provided. Property owners can be provided certificates of insurance naming them as additionally insured, upon request, at no additional charge.

General Liability is provided by:
ACE American Insurance Company



www.FastPitchSoftball.net

Insurance 2011



www.FastPitchSoftball.net

How Does Team Insurance Work?

First you must be a rostered Player and a Coach registered with VTD in order to purchase your insurance.

Team Insurance cost is \$70 per Tournament Team and \$55 for League Only Teams; T-Ball through 18U and can be purchased during the registration process on VTD. This is available on the site when you are logged in under 'Registration' and can be purchased **via Credit Card**.

Coverage will begin the date all monies and the completed application are received and approved at Wilson Sports Insurance Services, LCC. Coverage will end on 12-31-11. Teams will be able to print off their proof of insurance certificate from the VTD website.

Additional Insured's: This Policy automatically covers any person, organization or entity engaged in sponsoring or providing the premises for your Team or League operations. This is included at no additional charge, however, if an endorsement is required, depending on the state there could be an endorsement cost.

Teams Purchasing Insurance Must Keep their roster current allowing us to track your participants that are covered under your policy.

Team Insurance is \$70 per tournament & \$55 per league only team for all youth teams playing t-ball through 18U and can be purchased during the registration process on VTD. This is available on the site under 'Registration'.

This information is only for general information and none of the above shall alter or amend the wording of the actual policy. The wording of the policy constitutes the agreement between the insured and the insurance company.

Our insurance protection is not limited to just events listed on this site This coverage also protects your team in other organizational play.

Coverage is for the calendar year ending 12/31/2011. No Refunds After Purchase of Insurance, once issued, cannot be cancelled since the provider is legally bound to provide the coverage as detailed in the issued team certificate.

For More General Insurance Information, to obtain a claim form or to file a claim Contact Our Insurance Administrator:

Wilson Sports Insurance
817-441-6487
john@wilsonsportsins.com

Excess Accident Coverage:

This policy covers all rostered players, and coaches, against specific losses resulting directly and independently of all other causes, from accidental bodily injury sustained while participating as a member in a scheduled game, official tournament, or practice session, or while traveling directly to or from such game or practice session.

Accidental Medical Expenses - FULL EXCESS

\$250,000.00 Maximum Benefit Amount
Benefit Percentage 100% of U&C
\$250.00 Per injury / Deductible - Corridor*
Loss Period - 30 Days
Benefit Period - 52 Weeks

Eligible Medical Expenses are:

- Treatment by a Legally Qualified Physician;
- Care or service from a Hospital or Ambulatory Surgical Center;
- Services from a registered graduate nurse (RN or LPN) not related to the Insured by blood or marriage;
- Professional ambulatory service;
Orthopedic appliances
Dental Expense Benefit (covers injuries to sound, natural teeth)
Maximum Benefit Amount - U&C per tooth per Injury **
Physical Therapy Expense Benefit (includes Chiropractic and Spinal Treatment)
- Maximum Benefit Per Visit - \$100
Maximum Benefit Amount - \$2,500 per Injury **
Prescription Drug Expense Benefit
Maximum Benefit Amount - U&C per Injury **
Rental Charges for Wheelchair, Hospital bed and Iron Lung
- Maximum Benefit Amount - \$1,000 per Injury **
Other Durable Medical Equipment - Not Covered

* Corridor Deductible - regardless of the benefit amounts paid by other Insurance Providers, the stated deductible amount must be paid by the Insured before benefits under this program are payable.

** Subject to Accident Medical Expense Deductible and Maximum Benefit

Excess coverage is provided over and above other group blanket or franchise health insurance coverage; other group hospital or medical services plans & pre-payment coverage; any coverage under labor management trustee or employee benefit organization plans; coverage under an governmental program; coverage required or provided by any statute & automobile reparations insurance (no fault) coverage. Please note any amounts paid by another plan as defined above (or applicable state variation) cannot be used to satisfy any deductible under our policy.

Accidental Death benefit pays \$5,000; Dismemberment benefit pays \$10,000 for an injury resulting from a covered accident resulting in loss of life; both hands or both feet; or sight of both eyes; one hand and one foot; or hand or foot and sight of one eye. Plan pays \$5,000 for the loss of one hand; one foot; or the sight of one eye. Loss must occur within 180 days of the accident. If more than one loss is sustained, only one of the amounts, (the largest), will be payable. Loss of hand or foot means severance through, or above wrist and ankle joint. Loss of eye means entire and irrecoverable loss of sight.

The provisions of the policies constitute the only agreement between the insured and the Insurance Companies.

The excess accident coverage is provided by:

Mutual of Omaha Insurance Company