

Dizzy Dean Online Application Verification of Coverage

Application Receipt Date / Time: 02/21/2019 09:31:22 AM - entered by Customer

I. GENERAL INFORMATION

Application ID: 253544
 Application Status: Sold
 Sports Organization Name: Ooltewah Youth Association
 Contact's Name: Mike Owen
 Primary Location Address: 9779 Robinson Farm Rd
 Address 2:
 City: Ooltewah
 State: TN
 Postal / Zip Code: 37363
 Primary Phone: (423) 645-2929
 Secondary Phone: (423) 668-4621
 Fax:
 Email Address: Mike.Owen@firstvolunteer.com
 Website:
 Alternate Contact Name:
 Alternate Phone:
 Alternate Email:
 How did you find out about Sadler & Company: Already doing business with Sadler
 Do your Facility Owners Require a Certificate Of Insurance? Yes
 Our organization acknowledges that Dizzy Dean strongly recommends adoption and implementation of a Concussion Awareness Risk Management Program No
 Online Agreement and Warranty Statement accepted? Yes

II. ACCIDENT INSURANCE

Ace American Insurance Company
 Policy Number PTPN00720185
 Effective Date 09:31AM ET 02/21/2019
 Expiration Date 12:01AM ET 02/01/2020

Plan: FULL EXCESS Since this policy contains an EXCESS MEDICAL BENEFIT, YOU MUST FIRST FILE THE CLAIM WITH YOUR EXISTING INSURANCE PLANS (including major medical) before we may determine what payments, if any, we owe. Note: If your family carrier is an HMO or PPO, you must always follow their rules for obtaining benefits

Coverage Effective Date: Coverage starts February 1, 2019, or the date on which this electronic Form and premium payment are received by Sadler & Company, Inc., whichever is later, and contains as outlined under the Accident Plan Description but in no event later than February 1, 2020.

Blanket Accident Insurance Plan Underwritten By: ACE American Insurance Company

See [Accident Plan Description](#) for details.

ACCIDENT MEDICAL EXPENSE BENEFIT (FULL EXCESS)	ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT
Maximum Benefit Amount: \$50,000 Deductible (per injury): \$0 Benefit Period: 3 years (156 weeks) Dental Maximum: \$50,000	Accidental Death Benefit Maximum Amount: \$25,000 Accidental Dismemberment Benefit Maximum Amount: \$25,000

Teams

Division	Age	# of Teams	Total
Baseball	12 & Under	39	\$1,974.18 (\$50.62 per team)
Baseball	13-14	1	\$79.72 (\$79.72 per team)
Baseball	15-16	0	\$0.00 (\$96.62 per team)
Baseball	17-19	0	\$0.00 (\$96.62 per team)
Softball	12 & Under	6	\$295.92 (\$49.32 per team)
Softball	13-14	1	\$56.57 (\$56.57 per team)
Softball	15-16	0	\$0.00 (\$96.62 per team)
Softball	17-19	0	\$0.00 (\$96.62 per team)
Totals			\$2,406.39

III. GENERAL LIABILITY INSURANCE

National Casualty Company
 Policy Number KKO0000007749800
 Effective Date 09:31AM ET 02/21/2019
 Expiration Date 12:01AM ET 02/01/2020

COVERAGE EFFECTIVE DATE: Coverage starts February 1, 2019, or the date on which this electronic Form and premium payment are received by Sadler & Company, Inc., whichever is later, and continues to February 1, 2020 subject to the limitations under General Liability Plan Description.

General Liability Insurance Plan Underwritten By: National Casualty Company

LIMITS OF INSURANCE	
\$2,000,000	Each Occurrence Limit - Combined Single Limit Bodily Injury and Property Damage
\$2,000,000	General Aggregate (Per League)
\$2,000,000	Products/ Completed Operations Aggregate (Any One Person or Organization)
\$2,000,000	Personal and Advertising Injury
\$1,000,000	Damage to Premises Rented to You
\$1,000,000	Sexual Abuse and Molestation Each Occurrence (Per Person) (\$2,000,000 Aggregate Per Policy Period)
\$1,000,000	Non- Owned/ Hired Automobile Liability

Limits: \$2,000,000 Combined Single for Bodily Injury and Property Damage

Warning: No General Liability coverage will be provided for abuse or molestation if there is no system in place to perform at least one of the following background checks on all employees, volunteers, or subcontracted labor with repeated access to youth: a) internet sexual offender registry check for your state on an annual basis or b) criminal background check through a third party vendor. This check must be performed once upon initial employment, sub- contracting, or volunteering and at least once every third year on each person thereafter.

Note: Dizzy Dean Baseball, Inc. is automatically a "Named Insured" on this policy.

See [General Liability Plan Description](#) for details.

Teams

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Baseball	12 & Under	39	\$1,974.18 (\$50.62 per team)
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Totals			\$2,406.39

IV. CERTIFICATES OF INSURANCE

The certificate holder is added as an additional insured, but only with respect to the liability arising out of the operations of the insured above.

LIST OF PREVIOUSLY ADDED FACILITY OWNERS AND SPONSORS	Action
Hamilton County Parks and Recreation - Property Owner/ Lessor 117 E 17th Street - - Chattanooga, TN 37402 approval status: Approved	-
City of Collegedale - Property Owner/ Lessor 4910 Swinyar Drive - - Collegedale, TN 37315 approval status: Approved	-

V. OPTIONAL COVERAGES

Optional Coverages are effective only upon final underwriting and acceptance by the carrier. If effective, all Optional Coverages expire one year after effective date.

Directors & Officers Liability - NOT APPLIED FOR

Crime Insurance - NOT APPLIED FOR

Equipment Coverage - NOT APPLIED FOR

Summary of Declined Optionals

VI. POLICY PERIOD CHANGES

This online enrollment provided the option for the organization to select Accident & General Liability, Directors & Officers Liability, Crime, and Equipment. However, we offer other types of insurance policies that are not available on this online enrollment such as Workers' Compensation, Excess Liability, Property (building and contents), Event Cancellation, Cyber Risk, Business Auto, Professional Liability, etc. If you are interested in a quote for these other types of policies, you will need to inform Sadler in writing, sport3@sadlersports.com.

Sadler & Company, Inc. * P.O. Box 5866 * Columbia, SC 29250-5866
Phone: 1-800-622-7370 * Fax: (803) 256-4017 * Email: dizzy@sadlersports.com

