

Sadler Sports: DixieS Insurance Plan
Dixie Softball Online Application
Verification of Coverage

Application Receipt Date / Time: 02/22/2014 05:42:45 PM - entered by Customer

I. GENERAL INFORMATION

Application ID: 99618
Application Status: Complete
Franchise Number: S1407
Sports Organization Name: Petal Dixie Softball
Contact's Name: Brian Soule
Primary Location Address: PO Box #671
Address 2: PO Box #671
City: Petal
State: MS
County:
Postal / Zip Code: 39465
Primary Phone: (601) 329-5967
Secondary Phone: (214) 762-9449
Fax:
Email Address: brian.soule@petaldixiesoftball.com
Website: www.petaldixiesoftball.com
Alternate Contact Name:
Alternate Phone: (601) 329-5967
Alternate Email:
How did you find out about Sadler & Company: Already buy from Sadler
Do your Facility Owners Require a Certificate Of Insurance? No
Online Agreement and Warranty Statement accepted? Yes

II. ACCIDENT INSURANCE

ACE American Insurance Company
Policy Number PTPN04964160
Effective Date 02/22/2014
Expiration Date 12:01AM ET 01/01/2015

Plan: FULL EXCESS Since this policy contains an Excess Accident 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.

Coverage Effective Date: Coverage starts January 1, 2014, or the date on which this electronic Form and premium payment are received by Sadler & Company, Inc., whichever is later, and contains to January 01, 2015. Exception: "All Star Tournament Team(s) Only" Coverage Cannot start prior to June 5, 2014

Accident Medical Amount:	Maximum Amount	\$250,000
	Deductible (per injury)	\$0
	Benefit Period	2 years (104 weeks)
	Maximum Dental	\$50,000
Accidental Dismemberment Benefit:	Maximum Amount	\$5,000
Accidental Death Benefit:	Maximum Amount	\$5,000

Type of Coverage Regular Season Including All Star Teams
Teams

Division	Age	# of Teams	Excess Accident Medical Benefit
Sweetees	6 & Under	0	\$0.00 (\$24.45 per team)
Angels / Darling / Ponytails	7-12	9	\$338.40 (\$37.60 per team)
Belles	13-15	1	\$60.35 (\$60.35 per team)
Debs	16-18	0	\$0.00 (\$104.10 per team)
Totals			\$398.75

III. GENERAL LIABILITY INSURANCE

Policy Number KRO0000003907600
Effective Date 05:42PM ET 02/22/2014
Expiration Date 12:01AM ET 01/01/2015

COVERAGE EFFECTIVE DATE: Coverage starts January 1, 2014, or the date on which this electronic Form and premium payment are received by Sadler & Company, Inc., whichever is later, and continues to January 1, 2015 subject to the limitations under General Liability Plan Description. Exception: All Star Tournament Team(s) Only coverage cannot start prior to May 1, 2014.

Sadler Sports: DixieS Insurance Plan

Each Occurrence Limit	\$2,000,000
General Aggregate	None
Products/ Completed Operations Aggregate	\$2,000,000
Personal and Advertising Injury	\$2,000,000
Damage to Premises Rented to You	\$300,000
Non- Owned/ Hired Auto Liability	\$2,000,000
Medical Expense Payments (any one person)	5,000
Sexual Abuse and Molestations (each occurrence) (\$2,000,000 per league aggregate)	\$2,000,000

Warning: The General Liability policy requires that an Excess Accident policy with a limit of at least \$100,000 (covering all players, coaches, volunteers, and employees) be in force, otherwise General Liability coverage will be voided in the event of injury to a sports participant. In addition, you must implement and maintain a system for screening your volunteers and staff members with repeated access to youth on your state's sexual offender registry (free on the internet) or a criminal background check; otherwise, Sexual Abuse & Molestation coverage will be voided in the event of an incident. See [General Liability Plan Description](#) for details.

Note: Dixie Softball, Inc. is automatically a "Named Insured" on this policy.

Type of Coverage Regular Season Including All Star Teams
Teams

Division	Age	# of Teams	General Liability
Sweetees	6 & Under	0	\$0.00 (\$26.56 per team)
Angels / Darling / Ponytails	7-12	9	\$239.04 (\$26.56 per team)
Belles	13-15	1	\$26.56 (\$26.56 per team)
Debs	16-18	0	\$0.00 (\$26.56 per team)
Totals			\$265.60

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.

V. OPTIONAL COVERAGES

Philadelphia Indemnity Insurance Company
In Louisiana Only: Philadelphia Insurance Company

Optional Coverages are effective only upon final underwriting and acceptance by Philadelphia Insurance Companies. If effective, all Optional Coverages expire one year after effective date. If at any time during the policy period you wish to purchase Directors & Officers, Crime or Equipment, [Download Application Here](#).

Directors & Officers Liability - NOT APPLIED FOR

Crime Insurance - NOT APPLIED FOR

Equipment Coverage - NOT APPLIED FOR

Summary of Declined Optionals

VI. POLICY PERIOD CHANGES

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