

## Dixie Softball Online Application Verification of Coverage

*Application Receipt Date / Time: 02/10/2015 03:48:14 PM - entered by Customer*

### I. GENERAL INFORMATION

**Application ID:** 126261  
**Application Status:** Complete  
**Why Renew:** dixie rulebook ad  
**Franchise Number:** 1407  
**Sports Organization Name:** Petal Dixie Softball  
**Contact's Name:** Brian Soule  
**Primary Location Address:** po box 617  
**Address 2:**  
**City:** petal  
**State:** MS  
**County:**  
**Postal / Zip Code:** 39465  
**Primary Phone:** (601) 329-5967  
**Secondary Phone:** (214) 762-9449  
**Fax:**  
**Email Address:** bsoule17@gmail.com  
**Website:** www.petaldixiesoftball.com  
**Alternate Contact Name:** Stacy Windham  
**Alternate Phone:** (214) 762-9449  
**Alternate Email:** stacy\_windham@comcast.net  
**How did you find out about Sadler & Company:** Dixie rulebook ad  
**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** 02/10/2015  
**Expiration Date** 12:01AM ET 01/01/2016

**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, 2015, 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, 2016. Exception: "All Star Tournament Team(s) Only" Coverage Cannot start prior to June 5, 2015

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

**Type of Coverage** Regular Season Including All Star Teams  
**Teams**

Division	Age	# of Teams	Excess Accident Medical Benefit
Sweetees	6 & Under	2	\$48.90 (\$24.45 per team)
Angels / Darling / Ponytails	7-12	12	\$451.20 (\$37.60 per team)
Belles	13-15	1	\$60.35 (\$60.35 per team)
Debs	16-18	1	\$104.10 (\$104.10 per team)
Totals			\$664.55

### III. GENERAL LIABILITY INSURANCE

#### NOT COVERED

General Liability Insurance was offered, however, was not purchased at this time.  
 If you would like to purchase this coverage, please contact us at [dixie@sadlersports.com](mailto:dixie@sadlersports.com) or call 800-622-7370

### IV. CERTIFICATES OF INSURANCE

### 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**

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**Crime Insurance - NOT APPLIED FOR**

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**Equipment Coverage - NOT APPLIED FOR**

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**Summary of Declined Optionals**

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**VI. POLICY PERIOD CHANGES**

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