



2009 Application Form

Wilson Sports Insurance ONLY (\$120.00 – must provide **ifa** Membership Number) _____
Membership #

NOTICE: Teams MUST have an **ifa** Membership number OR purchase **ifa** membership from their respective Director and have an updated roster on file with their **ifa** regional director, in order to purchase Wilson Sports Insurance.

Wilson Sports Insurance is active from the date of purchase through December 31, 2009.

Age Group / Division: 10U 12U 14U 16U 18U

Team Name: _____

Coach Name: _____

Mailing Address: _____

City/State/Zip: _____

Email Contact: _____

Home Phone #: _____ Cell #: _____
(PLEASE INCLUDE AREA CODE) (PLEASE INCLUDE AREA CODE)

Fax #: _____ Work #: _____

Mail To:
ifa West Region
C/o Bob Regpala
1112 W. Elm
Stockton, CA. 95203

Include a copy of your [IFA Player Roster](#)

2009 TEAM SOFTBALL INSURANCE

Administered By: Wilson Sports Insurance

This is only for general information and none of the following shall amend or alter the policies. The provisions of the policies constitute the only agreement between the insured and the Insurance Companies.

I. GENERAL LIABILITY

The policy protects your league, coaches, referees, volunteers, officers, directors and participants. This coverage is provided for third party lawsuits of negligence brought against your League during practice, play or tournaments for Bodily Injury and Property Damage.

The plan offers \$1,000,000 in coverage with a \$2,000,000 aggregate *per event* with a \$0 deductible.

The plan will pay sums for which the Insured becomes legally obligated to pay as damages because of:

- Bodily Injury & Property Damage
- Participant Legal Liability
- Premises and Operations
- Personal & Advertising Injury
- Med Expense for Spectators Only

Defense and Legal fees are covered in addition to the policy limits provided.

Property owners can be provided certificates of insurance naming them as additional insured, upon request, at no additional charge. However, IF they require their name on an endorsement, a separate fee will apply.

**Waiver/Release forms must be used and a copy must accompany the application and premium.

***The accidental policy described in this brochure MUST be taken in conjunction with this liability coverage.

Exclusions: Refer to the policy for complete list.

Policy Underwritten by:

ACE INSURANCE COMPANY OF TEXAS

II. SPORTS ACCIDENT INSURANCE PROGRAM

Policy Benefits:

Accidental Medical Expense:	\$100,000
Deductible	\$ 50
AD & D	\$ 10,000
Dental Expense	\$100,000

This policy covers all players, coaches, & volunteer umpires against specific losses resulting directly & 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 and practice session.

It is not permissible to insure only certain teams or members. All teams & members must be included. Coverage for tryout periods are automatically included in the rates.

Accidental Medical Expense Benefit pays for reasonable medical expenses incurred as the result of injuries sustained in a covered accident up to policy limits chosen and subject to the deductible. Covers necessary medical or surgical treatment, services or supplies which are prescribed by the insured person's attending physician. The first expense must be incurred within 26 weeks of the accident and the last expense within two years of the accident.

"Reasonable medical expenses" means the amount of such expenses which are not in excess of the average charges made for medical or surgical treatment, services or supplies in the locality where it is received.

Excess Coverage is provided over & 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 plans, union welfare plans, employer organization plans or employee benefit organization plans; coverage under any 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 and 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. Pays \$5,000 for the loss of one hand; one foot or 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.

Policy Form 7691 (HL)

SRH # 2747PJ

Policy Underwritten by:

HARTFORD LIFE INSURANCE COMPANY