



2019 USA Softball Clinic & Tournament Insurance Plan

General Liability Coverage for USA Softball Events

The USA Softball Tournament/Clinic Liability Insurance Plan provides protection for lawsuits and court judgments that may result from bodily injury and property damage claims arising out of your USA Softball Sanctioned Tournament or Clinic operations. Underwritten by Markel Insurance Company, Rated A by A.M. Bests rating service, the policy limits are:

- \$2,000,000 per Occurrence limit
- \$5,000,000 Aggregate limit per Location
- \$2,000,000 Products/Completed Operations aggregate
- \$2,000,000 Advertising/Personal Injury limit
- \$2,000,000 Sexual Abuse limit per occurrence
- \$2,000,000 Sexual Abuse limit aggregate
- \$1,000,000 Damage to Premises Rented - Liability
- \$10,000 Medical Payments (to non-participants)

The policy includes Participants Liability, which is one of the most important aspects of Liability coverage for sports organizations.

Who is covered under this policy?

- Tournament or Clinic Organizers
- Tournament or Clinic Officials
- Participating Teams or Players
- Individual Team Members
- Field Owners (as Additional Insureds, if requested)
- Tournament or Clinic Sponsors

Please Note: There is no property damage coverage to parked vehicles.

Accident Medical Coverage for USA Softball Event Participants

Under the USA Softball Tournament/Clinic Accident Insurance Plan, coverage extends to covered injuries incurred by Tournament participants while practicing or playing in Tournament games.

For Clinics, coverage applies to participants while taking part in clinic activities at the designated clinic site. There is no coverage for travel or off-premises activities under this plan.

The Accident policy provides the following benefits:

- \$250,000 Accident Medical limit per claim
- \$5,000 Accidental Death benefit
- \$10,000 Accidental Dismemberment Benefits Principal Sum
- \$2,500 Physical Therapy/Chiropractic limit (\$100 per visit)
- \$1,000 Durable Medical Equipment Limit
- 90/10% Coinsurance
- 52-Week Benefit Period
- \$250 Deductible per claim for Youth Participants
- \$500 Deductible for Adult Participants

This policy is written on an Excess basis, which means that the policy is secondary over any other valid and collectible insurance or healthcare plan that you may have. Thus, you need to submit your expenses to your own healthcare plan first, for this policy to consider your claim. If you have no other coverage in force, this policy will pay your claim as primary, subject to the deductible and other policy terms.

The policy only covers medical and dental expenses, which are incurred during the Benefit Period – within 52 weeks of the date of injury.

Tournament & Clinic Insurance Information

- Tournaments and Clinics must be USA Softball approved or sanctioned by your local USA Softball Commissioner to be eligible for this insurance program.
- The enrollment form must be signed by a USA Softball Commissioner in order to bind coverage.
- Coverage goes into effect as of the date the Tournament or Clinic starts, provided that the enrollment form and full premium are received by RPS Bollinger prior to the start date.
- You can purchase the Liability and Accident Insurance either separately or as a package.
- Coverage automatically extends to make-up dates caused by weather, but no refunds are allowed for this program.
- Once the event is USA Softball Sanctioned, you can purchase coverage on-line with a credit card at RPSBollinger.com.
- Apply by mail by completing the Enrollment Form and mailing along with a check to RPS Bollinger, Inc.

Event Rates for 2019

All policies are subject to a minimum premium of:
\$50 for Liability Insurance Only
\$50 for Accident Insurance Only
\$100 for Liability and Accident Insurance

Tournament Rates (per Team)

Liability Insurance

Junior Olympic: \$2.50

Accident Insurance

Junior Olympic: \$3.50

Adult: \$7.50

Liability & Accident Insurance

Junior Olympic: \$5.00

Instructional/Playing Clinic Rates (per participant/per day)

Rates for Indoor or Outdoor Clinics

Liability Insurance

Junior Olympic: \$0.50

Accident Insurance

Junior Olympic: \$0.50

Liability & Accident Insurance

Junior Olympic: \$1.00

Classroom Only Clinic Rates (per participant/per day)

Liability Insurance

Junior Olympic: \$0.25

Accident Insurance

Junior Olympic: \$0.25

Liability & Accident Insurance

Junior Olympic: \$0.50

This Plan is Designed for Purchase By:

- USA Softball Tournament Directors
- USA Softball Tournament Sponsors
- USA Softball Clinic Directors/Sponsors
- USA Softball Tournament/Clinic Organizers
- USA Softball Leagues Sponsoring Tournaments

This brochure provides a summary of available insurance coverages, but it is not an insurance policy. Please read the actual insurance policy issued together with its declarations page and any endorsements for a complete recitation of the terms, conditions and exclusions of the policy of insurance. The policies are subject to the laws of the jurisdiction in which they are issued.

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BOLLINGER SPORTS & LEISURE

Clinic/Tournament Enrollment Form

Tournament/Clinic Name: _____

Tournament/Clinic Official's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Dates of Tournament/Clinic (Each date must be listed, not a range of dates. Use additional sheet if needed): _____

Location of Tournament/Clinic: _____

Additional Insured (if any): _____

Premium Calculation: Minimum Premium May Apply

Tournament Insurance: Refer to Event Rate Chart for Rates (page 2)

Plan Type: Package Liability Only Accident Only

of JO Teams _____ x Rate \$ _____ = \$ _____

of Adult Teams _____ x Accident Rate \$7.50 = \$ _____

Clinic Insurance: Refer to Event Rate Chart for Rates (page 2)

Plan Type: Package Liability Only Accident Only

of Participants per day _____ x # of days _____ x rate \$ _____

Total Event Premiums \$ _____

Rush Cert. Processing Fee \$ _____

Total Amount Enclosed \$ _____

Important: The following must be completed in order to bind coverage.

By signing this enrollment form, I verify that the information provided is true and correct and that this is a USA Softball Sanctioned Event. Your Signature: _____ Date: _____

Your USA Softball State/Metro Commissioner must also sign this form in order to confirm that the above events are Sanctioned.

USA Softball Commissioner's Signature: _____

Title: _____ Date: _____ Telephone #: _____

You may purchase coverage with a credit card at RPSBollinger.com or mail this completed form along with a check to RPS Bollinger

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