

USA Softball

AN RPS SIGNATURE PROGRAM

2021 USA Softball Clinic and 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 from your USA Softball-sanctioned tournament or clinic operations. Underwritten by Markel Insurance Company, rated "A" by A.M. Best, the policy limits are as follows:

\$2 million	per occurrence limit
\$5 million	aggregate limit per location
\$2 million	products/completed operations aggregate
\$2 million	advertising/personal injury limit
\$2 million	sexual abuse limit per occurrence
\$2 million	sexual abuse limit aggregate
\$1 million	damage to premises rented liability
\$10,000	medical payments (to nonparticipants)

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 for 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
\$500	deductible

This policy is written on an excess basis, which means that the policy is secondary to any other valid and collectible insurance or healthcare plan 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 that are incurred during the benefits period within 52 weeks of the date of injury.

Tournament and 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 on the day the tournament or clinic starts, provided that the enrollment form and full premium are received by RPS prior to the start date.
- You can purchase the liability and accident insurance either separately or as a package.
- Coverage automatically extends to makeup dates caused by weather, but no refunds are allowed for this program.
- Once the event is USA Softball sanctioned, you can purchase coverage online 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 2021:

All policies are subject to a minimum premium.

- \$50 for liability insurance only
- \$50 for accident insurance only
- \$100 for liability and accident insurance

Tournament rates (per team):

Liability insurance

- Junior Olympic: \$3.00

Accident insurance

- Junior Olympic: \$4.00
- Adult: \$7.50

Liability and accident insurance

- Junior Olympic: \$6.00

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 and 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 and 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.

OFFICE LOCATION

200 Jefferson Road, Whippany, NJ 07981

Phone: 800.446.5311 | Fax: 973.921.8474

RPSins.com/SignaturePrograms



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 an additional sheet if needed): _____

Location of tournament/clinic: _____

Additional insured (if any): _____

Premium Calculation: Minimum Premium May Apply

Tournament Insurance: Refer to Event Rate Section (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 Section (page 2)

Plan type: Package Liability only Accident only

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

Total event premiums \$ _____

Rush certificate 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 to confirm that the above events are sanctioned.

USA Softball commissioner's signature: _____

Title: _____ Date: _____ Phone: _____

You may purchase coverage with a credit card at RPSBollinger.com or mail this completed form along with a check to RPS Bollinger at PO Box 1322, Morristown, NJ 07960.

