

2020 AABC INSURANCE APPLICATION FOR INDIVIDUAL TEAMS

Team Name _____

League Name _____

Manager's Name _____

Mailing Address _____

City/State/Zip _____

Daytime Phone (_____) _____ Fax(_____) _____

Email Address _____

Please indicate how your certificate should be delivered: Email Fax US Mail

Note: Your team MUST be registered with the American Amateur Baseball Congress (AABC) in order to purchase insurance.

Is your team registered with the American Amateur Baseball Congress (AABC)?

Yes - Please proceed No - STOP! Please contact AABC at 505-327-3120 or 866-557-3120 or register online at AABC@aabc.us before proceeding with the purchase of this insurance.

PLEASE CHECK THE BOX THAT BEST DESCRIBES YOUR TEAM AND THE COVERAGE OPTION YOU WOULD LIKE TO PURCHASE

	OPTION 1 One Million Liability Limit and Participant Accident	OPTION 2 Two Million Liability Limit and Participant Accident
Rod Carew (6 & under)	<input type="checkbox"/> \$ 92	<input type="checkbox"/> \$ 105
Roberto Clemente (8 & under)	<input type="checkbox"/> \$ 97	<input type="checkbox"/> \$ 110
Willie Mays (10 & under)	<input type="checkbox"/> \$ 103	<input type="checkbox"/> \$ 116
Jackie Robinson (9 & under)	<input type="checkbox"/> \$ 103	<input type="checkbox"/> \$ 116
Pee Wee Reese (12 & under)	<input type="checkbox"/> \$ 116	<input type="checkbox"/> \$ 131
Gil Hodges (11 & under)	<input type="checkbox"/> \$ 116	<input type="checkbox"/> \$ 131
Sandy Koufax (14 & under)	<input type="checkbox"/> \$ 155	<input type="checkbox"/> \$ 172
Nolan Ryan (13 & under)	<input type="checkbox"/> \$ 155	<input type="checkbox"/> \$ 172
Mickey Mantle (16 & under)	<input type="checkbox"/> \$ 182	<input type="checkbox"/> \$ 201
Ken Griffey Jr. (15 & under)	<input type="checkbox"/> \$ 182	<input type="checkbox"/> \$ 201
Connie Mack (18 & under)	<input type="checkbox"/> \$ 197	<input type="checkbox"/> \$ 216
Don Mattingly (17 & under)	<input type="checkbox"/> \$ 197	<input type="checkbox"/> \$ 216
Stan Musial (unlimited)	<input type="checkbox"/> \$ 560	<input type="checkbox"/> \$ 589
AMOUNT ENCLOSED _____ CHECK NUMBER _____		

I understand and agree to the following:

1. Coverage is effective the day that K&K Insurance Group receives and approves the application and payment and will expire on the one year anniversary of the date of coverage. However, no coverage will be provided before 1/1/20. A new enrollment form and premium must be submitted for coverage each annual period.
2. Payment is Non-Refundable.
3. With respect to insured teams and leagues only, no coverage for Abuse/Molestation will apply if there is no system in place to perform background checks as follows:
 - Using internet sexual offender registry checks on all persons with repeated access to youth annually.
 - Criminal background checks by a third party vendor on all persons with repeated access to youth upon initial start of position and once every third year thereafter.
4. All participants must sign a **K&K Insurance approved waiver/release form. K&K Insurance approved waivers are available online at www.kandkinsurance.com/aabc.**

MANAGER'S SIGNATURE

DATE

NOTE: The policy automatically provides additional insured status to any person, organization or entity engaged in sponsoring or providing the premises for your team or league operations. The certificate of insurance you receive will indicate this. If you should have an entity that requires their name be specifically listed on the certificate, please list below. Attach a separate page for more additional insureds certificate requests.

Name of Additional Insured _____

Additional Insured's Address _____

Relationship of Additional Insured (Provider of Premises, Sponsor, etc.) _____

Name of Additional Insured _____

Additional Insured's Address _____

Relationship of Additional Insured (Provider of Premises, Sponsor, etc.) _____

Name of Additional Insured _____

Additional Insured's Address _____

Relationship of Additional Insured (Provider of Premises, Sponsor, etc.) _____

Please return completed application and payment to: K&K Insurance Group, c/o Sports Division/AABC Insurance Program • Mailing Address: P.O. Box 2338, Fort Wayne, IN 46801-2338
Overnight Address: 1712 Magnavox Way, Fort Wayne, IN 46804 • Phone: 800-441-3994

2020 AABC INSURANCE APPLICATION FOR LEAGUES INSURING ALL TEAMS WITHIN THEIR LEAGUES

League Name _____ How many teams in your league? _____
 Manager's Name _____
 Mailing Address _____
 City/State/Zip _____
 Daytime Phone (_____) _____ Fax(_____) _____
 Email Address _____
 Please indicate how your certificate should be delivered: Email Fax US Mail

Note: All teams within your league MUST be registered with the American Amateur Baseball Congress (AABC) in order to purchase insurance

Is your team registered with the American Amateur Baseball Congress (AABC)?

Yes - Please proceed No - STOP! Please contact AABC at 505-327-3120 or 866-557-3120 or register online at AABC@aabc.us before proceeding with the purchase of this insurance.

**PLEASE CHECK THE BOX THAT BEST DESCRIBES YOUR TEAM AND THE
COVERAGE OPTION YOU WOULD LIKE TO PURCHASE**

Note: All teams within the league should purchase the same coverage option

	OPTION 1 One Million Liability Limit and Participant Accident				OPTION 2 Two Million Liability Limit and Participant Accident			
	Per Team		# Teams	Cost	Per Team		# Teams	Cost
Rod Carew (6 & under)	<input type="checkbox"/> \$ 86	X			<input type="checkbox"/> \$ 96	X		
Roberto Clemente (8 & under)	<input type="checkbox"/> \$ 89	X			<input type="checkbox"/> \$ 101	X		
Willie Mays (10 & under)	<input type="checkbox"/> \$ 96	X			<input type="checkbox"/> \$ 108	X		
Jackie Robinson (9 & under)	<input type="checkbox"/> \$ 96	X			<input type="checkbox"/> \$ 108	X		
Pee Wee Reese (12 & under)	<input type="checkbox"/> \$ 105	X			<input type="checkbox"/> \$ 119	X		
Gil Hodges (11 & under)	<input type="checkbox"/> \$ 105	X			<input type="checkbox"/> \$ 119	X		
Sandy Koufax (14 & under)	<input type="checkbox"/> \$ 145	X			<input type="checkbox"/> \$ 161	X		
Nolan Ryan (13 & under)	<input type="checkbox"/> \$ 145	X			<input type="checkbox"/> \$ 161	X		
Mickey Mantle (16 & under)	<input type="checkbox"/> \$ 164	X			<input type="checkbox"/> \$ 181	X		
Ken Griffey Jr. (15 & under)	<input type="checkbox"/> \$ 164	X			<input type="checkbox"/> \$ 181	X		
Connie Mack (18 & under)	<input type="checkbox"/> \$ 179	X			<input type="checkbox"/> \$ 196	X		
Don Mattingly (17 & under)	<input type="checkbox"/> \$ 179	X			<input type="checkbox"/> \$ 196	X		
Stan Musial (unlimited)	<input type="checkbox"/> \$ 507	X			<input type="checkbox"/> \$ 533	X		
				Total Cost: \$				
					Total Cost: \$			
AMOUNT ENCLOSED _____				CHECK NUMBER _____				

I understand and agree to the following:

1. Coverage is effective the day that K&K Insurance Group receives and approves the application and payment and will expire on the one year anniversary of the date of coverage. However, no coverage will be provided before 1/1/20. A new enrollment form and premium must be submitted for coverage each annual period.
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 - Using internet sexual offender registry checks on all persons with repeated access to youth annually.
 - Criminal background checks by a third party vendor on all persons with repeated access to youth upon initial start of position and once every third year thereafter.
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LEAGUE OFFICIAL'S SIGNATURE

DATE

LEAGUES: Please list your teams and their appropriate age division. If more space is needed please attach an additional page.

Team Name	Division*	Team Name	Division*
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

*Please use the following division abbreviations:

TB = Rod Carew RC = Roberto Clemente WM = Willie Mays JR = Jackie Robinson KG = Ken Griffey Jr.
 GH = Gil Hodges NR = Nolan Ryan SK = Sandy Koufax MM = Mickey Mantle
 CM = Connie Mack DM = Don Mattingly SM = Stan Musial PW = PeeWee Reese

NOTE: The policy automatically provides additional insured status to any person, organization or entity engaged in sponsoring or providing the premises for your team or league operations. The certificate of insurance you receive will indicate this. If you should have an entity that requires their name be specifically listed on the certificate, please attach a separate page that provides the following information:

Name of Additional Insured _____

Additional Insured's Address _____

Relationship of Additional Insured (Provider of Premises, Sponsor, etc.) _____