



# 2017 AABC INSURANCE PROGRAM

## GENERAL LIABILITY AND PARTICIPANT ACCIDENT COVERAGE FOR AABC MEMBER TEAMS AND LEAGUES

### WHY DO I NEED THIS INSURANCE?

Whether or not your league is negligent, you can be sued. Even if you are found innocent, you have investigation and legal expenses. If you are found liable, you will have to pay all judgements. You need to be protected:

- To protect yourself and your team from lawsuits that may arise as a result of baseball-related activities
- To protect current and future assets that may be at risk as a result of a bodily injury, personal injury, or property damage claim
- To provide excess medical benefits for accidental injuries to your players & volunteers
- To enter AABC regional and World Series tournaments, as well as certain state tournaments

### TERM OF INSURANCE

Coverage will begin the date all monies AND the completed application are received and approved at K&K Insurance Group. However, no coverage will be provided before 1/1/17 and all coverage will expire on 1/1/18.

### WHO CAN PURCHASE THE INSURANCE?

Only AABC registered teams/leagues have the opportunity to purchase this insurance.

### DOES COVERAGE EXTEND TO NON-AABC ACTIVITIES?

Yes, under the AABC Insurance Program, coverage applies to any baseball-related activity in which AABC registered teams compete, even if it is a tournament sponsored by another organization.

### WILL MY INSURANCE APPLY FOR MORE THAN ONE SEASON?

Coverage for your team/league will not expire until 1/1/18. If you retain 50% or more of your original team roster and your same team name, coverage will apply for your team's spring, summer, and fall seasons, but only for losses occurring within the policy period.

### CAN I INSURE MY ENTIRE LEAGUE IN THIS PROGRAM?

Yes, if 100% of the teams in your league are registered in the AABC Insurance program, the policy coverages are afforded to the league as well as the teams within the league. League directors who enroll their entire league in the insurance program receive a 10% discount.

### HOW TO PURCHASE THE COVERAGE

After your team has registered with AABC, apply, purchase and receive your certificate of insurance online at [www.kandkinsurance.com/aabc](http://www.kandkinsurance.com/aabc). Coverage can also be purchased by completing and mailing the application contained in this brochure along with a check or money order for the appropriate amount made payable to K&K Insurance Group, Inc. A return envelope is enclosed for this purpose.

### CERTIFICATE OF INSURANCE

Each insured team or league will receive a Certificate of Insurance via the method you indicated on the enrollment form (e-mail, fax or mail). For specific requests, please contact Cheryl Pettibone at Cheryl.Pettibone@kandkinsurance.com, fax 847-953-2873, or phone 800-441-3994.

### ADDITIONAL INSURED

The policy automatically covers any person, organization or entity engaged in sponsoring or providing the premises for your team or league operations. This is included at no additional charge.

# GENERAL LIABILITY INSURANCE PLAN

## WHO IS COVERED

AABC, Registered Umpires of AABC, Enrolled Teams and/or Leagues, AABC State Associations and Regional Tournament Organizers, and their Directors, Officers, Managers, Coaches and any volunteer workers of affiliated organizations while acting within the scope of their duties as such.



## Notes on Abuse/Molestation:

- The aggregate limit is a policy aggregate and applies as one limit to the teams, leagues and AABC.
- With respect to insured teams and leagues only, no coverage for Abuse or Molestation allegations will apply if there is no system in place to perform at least one of the following background checks:
  - 1) Internet sexual offender registry checks on all persons with repeated access to youth. This check must be done on an annual basis.
  - 2) Criminal background check by a third party vendor. This check must be done once upon initial employment, subcontracting or volunteering of a person with repeated access to youth and at least once every third year thereafter.

## POLICY LIMITS

• General Aggregate	Not Applicable
• Per Occurrence	\$ 1,000,000*
• Participant Legal Liability	\$ 1,000,000*
• Products/Completed Operations Aggregate	\$ 2,000,000
• Damage to Premises Rented To You	\$ 300,000
• Medical Payments Expense	\$ 1,000
• Personal/Advertising Injury	\$ 1,000,000*
• Abuse/Molestation Per Occurrence	\$ 1,000,000
• Abuse/Molestation Aggregate	\$ 5,000,000

\*\$2,000,000 Option is available to Teams & Leagues

Defense, investigative and other related costs are in addition to the limits of liability.

Policy limit applies per occurrence, regardless of the number of insureds on the policy, or number of persons or organizations who sustain injury.

## PROVIDES PROTECTION FOR

- Participant and Spectator Bodily Injury and Property Damage
- Claims resulting from injuries to participants
- Claims of libel, slander and wrongful eviction
- Claims from consumption or use of food products
- Liability assumed under written contract

## COVERED ACTIVITIES

- Try-outs
- Supervised Practices
- Baseball Games
- Participation in Tournaments
- Meetings
- Award Banquets
- Approved Fundraisers

## EXAMPLES OF EXCLUSIONS

- Property of others in the care, custody and control of insured, i.e. personal property of players, coaches, etc.
- Employment-related practices
- Losses arising from the ownership, use or maintenance of any automobile
- Intentional Acts
- Fireworks
- Amusement Devices, i.e. dunk tanks, inflatable devices, etc.
- Liquor Liability - sale of alcoholic beverages
- Camps/Clinics involving participants that are not on your league and/or team roster

## Notes on Participant Legal Liability:

- All AABC insured teams/leagues **must** maintain a system to secure signed K&K Insurance approved Waiver and Release forms from team members and coaches on an annual basis (prior to the start of the season, including practices). If teams/leagues fail to enforce a system to secure and maintain valid waivers from all participants, the limit of liability for bodily injury claims from participants will be subject to a sublimit of \$250,000.
- Insured teams/leagues will be required to provide the insurer with a signed K&K Insurance approved Waiver and Release form at the time of claim.

## ACCIDENT MEDICAL LIMITS

### Class I

- Excess Medical - Per participant \$ 100,000
- Deductible - Per Claim \$ 100

### Class II

- Excess Medical - Per participant \$ 20,000
- Deductible - Per Claim \$ 500

### Class III

- Excess Medical - Per Participant \$ 50,000
- Deductible - Per Claim \$ 250

Class I, II & III - Physical Therapy & Orthopedic Appliances are subject to a maximum benefit limit of \$1,000.

# ACCIDENT INSURANCE PLAN

## INSURED PERSONS

- **Class I** - Participating league or team players, coaches, managers and volunteers that belong to the following Policyholder divisions: Rod Carew, Roberto Clemente, Willie Mays, Jackie Robinson, Pee Wee Reese, Gil Hodges, Sandy Koufax, Nolan Ryan, Mickey Mantle, Ken Griffey Jr., Connie Mack and Don Mattingly, which are registered with the Policyholder and have paid the proper premium.
- **Class II** - Participating league or team players, coaches, managers and volunteers that belong to the following Policyholder league division: Stan Musial, and who are registered with the Policyholder and have paid the proper premium.
- **Class III** - Registered Umpires - Coverage applies for AABC registered umpires while performing any baseball officiating activity.

## COVERED ACTIVITIES

- Class I & II - Participating in any baseball game, practice, or tryout that is sponsored and supervised by a team or league registered with the Policyholder. Coverage includes group travel to and from such activities under the direct supervision of a team or league representative.
- Class III - Performing in any baseball officiating activity.

## PROVIDES COVERAGE FOR

Covered medical expenses incurred within 52 weeks after an accident. Treatment must begin within 30 days of an accident. Coverage is provided on a secondary basis. If other valid and collectible insurance is in force, it must be used as primary. If no other coverage is in force, this coverage becomes primary. Deductibles will apply on a primary and excess basis.

### **Covered Medical Expenses include the reasonable and customary charges for services and supplies such as:**

- Treatment and care by a physician, surgeon, or registered nurse
- Hospital confinement or outpatient care in a hospital
- Emergency ambulance service
- Prescription drugs and medicines
- X-rays
- Dental Expenses, but only if required because of injury to sound, natural teeth

## EXAMPLES OF EXCLUSIONS

- The cost of eyeglasses, contact lenses or examinations for either
- Air travel, unless the insured is a passenger on a regularly scheduled flight of a properly licensed commercial airline
- Intentional self-destruction or an attempt at it, or intentional self-inflicted injury while sane or insane
- Declared or undeclared war
- Losses resulting from being intoxicated or under the influence of a narcotic unless it is administered on the advice of a doctor
- Losses resulting from sickness, disease, or bodily infirmity, or from any cause other than the accident

## \$20,000 ACCIDENTAL DEATH & SPECIFIC LOSS COVERAGE

If an insured person dies or loses his sight or limbs, during a covered event, a benefit will be paid upon proof that:

- The loss occurred within 52 weeks after the injury, and
- The loss was a direct result of the injury

Type of Loss	Benefit
Life	\$ 20,000
Both hands or both feet	\$ 20,000
Sight of both eyes	\$ 20,000
One hand and one foot	\$ 20,000
One hand or foot and sight of one eye	\$ 20,000
One hand or one foot	\$ 10,000
Sight of one eye	\$ 10,000
Speech or Hearing in both ears	\$ 10,000

Loss of a hand or foot is actual severance through or above the wrist or ankle joint, or total and irrecoverable loss of use of these members as a result of damage to the tissue of that member.

Loss of sight, speech or hearing is total and permanent loss.

A maximum of \$20,000 will be paid under this benefit if an insured person suffers more than one loss.



## COST OF COVERAGE PER TEAM for Individual Teams

	OPTION 1 One Million Liability Limit and Participant Accident	OR	OPTION 2 Two Million Liability Limit and Participant Accident
Rod Carew (6 & under)	\$ 81		\$ 92
Roberto Clemente (8 & under)	\$ 85		\$ 96
Willie Mays (10 & under)	\$ 92		\$ 103
Jackie Robinson (9 & under)	\$ 92		\$ 103
Pee Wee Reese (12 & under)	\$ 102		\$ 115
Gil Hodges (11 & under)	\$ 102		\$ 115
Sandy Koufax (14 & under)	\$ 139		\$ 153
Nolan Ryan (13 & under)	\$ 139		\$ 153
Mickey Mantle (16 & under)	\$ 162		\$ 178
Ken Griffey Jr. (15 & under)	\$ 162		\$ 178
Connie Mack (18 & under)	\$ 177		\$ 193
Don Mattingly (17 & under)	\$ 177		\$ 193
Stan Musial (unlimited)	\$ 517		\$ 541

## COST OF COVERAGE PER TEAM for Leagues

Note: Leagues must insure all registered teams within their league.

	OPTION 1 One Million Liability Limit and Participant Accident	OR	OPTION 2 Two Million Liability Limit and Participant Accident
Rod Carew (6 & under)	\$ 75		\$ 85
Roberto Clemente (8 & under)	\$ 78		\$ 88
Willie Mays (10 & under)	\$ 84		\$ 94
Jackie Robinson (9 & under)	\$ 84		\$ 94
Pee Wee Reese (12 & under)	\$ 91		\$ 102
Gil Hodges (11 & under)	\$ 91		\$ 102
Sandy Koufax (14 & under)	\$ 129		\$ 142
Nolan Ryan (13 & under)	\$ 129		\$ 142
Mickey Mantle (16 & under)	\$ 146		\$ 160
Ken Griffey Jr. (15 & under)	\$ 146		\$ 160
Connie Mack (18 & under)	\$ 160		\$ 174
Don Mattingly (17 & under)	\$ 160		\$ 174
Stan Musial (unlimited)	\$ 467		\$ 488



This program is administered by K&K Insurance • 1712 Magnavox Way, P.O. Box 2338  
Fort Wayne, IN 46801-2338 • Phone: 1-800-441-3994 Fax: 1-847-953-2843

This brochure is for illustrative purposes only and is not an insurance contract. You must refer to the policy on file with the policyholder for specific limits, conditions and exclusions.