



FAIRWAY



Grand Slam America Youth Baseball Tournaments 2017 Insurance Program

Name of Team/League: _____

C/O (Person Responsible for Insurance): _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

<u>Age Group</u>	<u>Number of Teams</u>		<u>Rate per Team</u>		<u>Premium Due</u>
10 and Under	_____	X	\$120	=	_____
12 and Under	_____	X	\$140	=	_____
16 and Under	_____	X	\$160	=	_____
18 and Under	_____	X	\$200	=	_____
21 and Under	_____	X	\$250	=	_____
			Total		_____

(All premiums are fully earned at inception. Proof of insurance and all certificates will be sent via email only unless otherwise requested)

General Liability

Accident Medical

\$2,000,000 General Aggregate
\$1,000,000 Per Occurrence
\$1,000,000 Personal and Advertising
\$2,000,000 Products/Completed Ops
\$300,000 Damage to Rented Premises

\$1,000,000 Abuse and Molestation
\$0 Spectator Med. Expense**
 **May be added if required by contract.
\$1,000,000 Participant Legal Liability***
 ***Must be requested, otherwise, not included.

\$100,000 Maximum Medical*
 *This coverage will only be paid as excess over other valid and collectible accident coverage and only after a \$250 deductible is met. We will determine the reasonable and customary

Payment Information

Please charge my credit card: Visa Master Card The amount of: _____

Credit Card Number: _____ Security Code: _____ Exp. Date: _____

Billing Address: _____

Name on credit card: _____ Signature: _____

Fax or email to: Grand Slam America Tournaments

Fax: (267) 202- 0359

Email: GrandSlamAmerica@gmail.com

Name of Team/League: _____
C/O (Individual Responsible for Insurance): _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____ Fax #: _____
Email: _____

(Proof of Insurance and will be sent via **email only** unless otherwise requested)

Please mark option that applies:

- New Policy
- Renewal Policy
- Adding Teams (agency fee waived)

Policy Underwriting Questions

Please answer the following questions:

- | | | |
|-----|----|--|
| YES | NO | Do you have a waiver in place that each participant must sign prior to play and would you be able to provide upon request? |
| YES | NO | If NO, do you agree to use the sample provided? |
| YES | NO | Do you have Risk Management Guidelines/Procedures in place? |
| YES | NO | If NO, do you agree to implement guidelines/procedures provided by our office? |
| YES | NO | Do your organization's risk procedures include some form of background check and/or other reviews of persons working with the team or league, including volunteers, coaches and officials? |
| YES | NO | If NO, do you agree to update your risk guidelines to include this procedure? |
| YES | NO | If NO, I understand that abuse & molestation coverage will be <u>excluded</u> from the policy. Initials _____ |

For discounted background checks, please contact our office for details

- Insured must have Waiver in place for claims to be considered.
- No Refunds or deleting teams once policy is bound.

I confirm that all information provided on this application is true to the best of my knowledge and understand that any inaccurate or misleading statements may affect any claims made against the associated policy. I verify I have read and understand all information contained in this application and that Gagliardi Insurance Services reserves the right to deny all or part of any coverage offered. I understand that this application only provides a summary of coverage and that full details of the coverage or a copy of the insurance policies offered or purchased can be provided upon request. Insurance requirements may vary by venue and state. I understand that I am responsible for ensuring that I have purchased adequate coverage based on the location of the event or other covered activities.

I understand once my policy is paid for and coverage is bound, there are no deleting teams or refunds.

Print Name and Title: _____

Date: _____ Applicant Signature: _____

