

National Baseball Congress 2017 General Liability and Accident Insurance Program

About NBC Team Insurance

Since 1931, the National Baseball Congress has thrilled baseball fans throughout the United States with honest sportsmanship. In order to keep that honest type of ball on the playing field where it belongs, we've gone to bat for you to take something off the playing field where it doesn't belong - insurance coverage. Our specifically designed 2017 program provides coverage for the NBC, its member teams and leagues, officers and directors, coaches, managers and volunteers against claims of bodily injury, property damage, personal advertising injury liabilities, and the litigation costs to defend against such claims.

Coverage Includes Suites Arising Out Of:

LEGAL LIABILITY COVERAGE: This policy provides coverage for damages you are legally obligated to pay because of bodily injury or property damage caused by an occurrence. The policy limit is \$1,000,000.00 per claim, with an Aggregate limit of \$2,000,000.00.

- Injury or death of participants
- Injury or death of spectators
- Injury or death of volunteers
- Property damage liability
- Host liquor liability (non-profit)
- All activities necessary to conduct practices or games
- Ownership, use, or maintenance of fields or practice areas
- General negligence claims
- Cost of investigation and defense of claims, even if groundless

Optional Coverage's (must request specifically)

Optional Hired and Non-Owned Automobile Liability Coverage

Optional Sexual Abuse & Molestation Coverage

Optional Liquor Liability Coverage

Deductible

Legal Liability - \$0.00 deductible per occurrence for property damage and bodily injury.

Additional Insured's

If you require additional insured's (such as park or school district), please provide their full name, address and relationship on separate correspondence. No additional charge for each additional insured's if contractual.

Policy Period

Coverage becomes effective on the day requested on the application as long as premium has been mailed before that date, as shown by the postmark. Coverage will be in effect for one calendar year

Exclusions

Included, but not limited to: War, Terrorism, Expected or Intended Injury, Sexual Abuse/Molestation, Asbestos, Nuclear Energy, Pollution, Fungi or Bacteria, Aircraft or Watercraft, Pyrotechnics, Employment Related PRactices, Communicable Disease, Lead Liability, Violation of the Telephone Consumer Protection Act or CAN-SPAM Act. All of the above are subject to the policy's terms and conditions.

How are Liability Claims Filed?

Each insured team having a liability claim must contact Jackie Araiza at Monarch Special Risk Insurance at 210-524-7113 when notice is received that an individual is making a claim against your organization, or any party included as an insured under your policy.

Accident medical insurance must be purchased in order to purchase liability - See page 2 for accident medical coverage outline.

What 2017 Accident Medical Coverage is Offered?

Several benefit levels are offered with various deductibles. You may choose your deductible and maximum medical benefit levels. Please see next page for benefit levels.

What is a Covered Activity?

Participating in scheduled and supervised games, practice sessions and travel in a group as a member of an insured team.

What is the Medical Expense Benefit?

If the Insured Person incurs an eligible expense as a result of a covered injury, directly or indirectly of all other causes, the Company will pay the charges incurred for such expense within **52** weeks, beginning on the date of the accident. Payment will be made for eligible expenses in excess of the applicable Deductible Amount, not to exceed the Maximum Medical Benefit. The first such expense must be incurred within **30** days after the date of the accident.

"Eligible expense" means charges for the following necessary treatment and service, not to exceed the usual and customary charges in the area where provided.

- Medical and surgical care by a physician.
- Radiology (X-Rays).
- Prescription drugs and medicines.
- Dental treatment of sound natural teeth.
- Hospital care and service in semi-private accommodations, or as an outpatient.
- Ambulance service from the scene of the accident.

Excess Coverage: This plan does not cover treatment or service for which benefits are payable or service is available under any other insurance or medical service plan available to the person.

What is the Accidental Death & Dismemberment Benefit?

If an Insured Person's injury results in any of the following losses within 365 days after the date of the accident, we will pay the sum shown opposite the loss. We will not pay more than the sum for this benefit for all losses due to the same accident.

For loss of:

Full Principal Sum for loss of life.

Full Principal Sum for double dismemberment.

50% of the Principal Sum for loss of one hand, one foot or sight of one eye.

"Member" means hand, foot or eye. Loss of hand or foot means complete severance above the wrist or ankle joint. Loss of eye means the total, permanent loss of sight. If the Principal Sum is payable, no indemnity will be paid for dismemberment. In any event, the Double Dismemberment Indemnity is the maximum amount payable under this Benefit for all losses resulting from one accident.

What are the Exclusions and Limitations?

This Plan does not cover any loss contributed to or resulting from: sickness or disease of any form (except pyogenic infections due to an accidental cut or wound); the use of drugs or narcotics, unless administered on the advice of a physician; war or any act of war, whether declared or not, or participation in any riot or civil commotion; air travel or the use of any device or equipment for aerial navigation, except as a fare paying passenger on a regularly scheduled commercial airline; suicide or any attempt thereof. Nor does this plan cover: service provided by (a) any person or facility employed or retained by the Policyholder or member organization, or (b) any member of the Insured Person's family or household; dental treatment, except as a result of a covered injury, examination for prescription for, or the purchase of eyeglasses or contact lenses or hearing aids; the repair of any orthopedic appliance or artificial dental restoration; expenses payable under Worker's Compensation Law or similar legislation; injury sustained while riding in or on any three-wheel engine-driven or motorized vehicle. The total aggregate benefit under this plan for two or more persons injured in the same accident is the greater of \$25,000 or two times the maximum individual medical amount selected. Note: Certain of these exclusions or limitations may be modified to meet individual state requirements.

How are Medical Claims Filed?

Each insured team will be supplied with a number of medical claim forms with their policy. These forms are to be completed by the insured and team manager.

What Else is Required?

Only those teams officially affiliated with the National Baseball Congress are eligible to purchase this insurance coverage. Team Affiliation fees (\$100.00 per year, per team) must be paid in full directly to National Baseball Congress before coverage will be written. Please visit <http://www.nbcbaseball.com/nbcfees.html> to pay your NBC Affiliation Fee for the 2017 season. Be sure to download and completely fill out the NBC Team Affiliation form and return to the NBC Office prior to submitting your insurance request. *Please note that both medical and liability insurance will be required to participate in post-season play.*

How Much Does It Cost?

This year we are able to offer several options for the purchase of accident medical insurance. **Remember that in order to obtain liability coverage, each team must select one of the accident medical plans below.**

**\$10,000.00 Maximum Medical Benefit
\$10,000.00 Accidental Death & Dismemberment**

Option Deductibles Premium

1	\$ 0.00	\$341.00
2	\$ 25.00	\$308.00
3	\$ 50.00	\$280.00
4	\$ 100.00	\$266.00
5	\$ 500.00	\$191.00

**\$25,000.00 Maximum Medical Benefit
\$10,000.00 Accidental Death & Dismemberment**

Option Deductibles Premium

6	\$ 0.00	\$400.00
7	\$ 25.00	\$385.00
8	\$ 50.00	\$359.00
9	\$ 100.00	\$330.00
10	\$ 250.00	\$283.00

Liability Coverage must be purchased with one of the above accident medical plans.

Commercial General Liability Cost per team: \$92.00

General Aggregate (other than Products/Completed Operations)	\$2,000,000.00
Each Occurrence	\$1,000,000.00
Products/Completed Operations Aggregate	\$2,000,000.00
Personal and Advertising Injury	\$1,000,000.00
Damages to Premises Rented to you (any one premises)	\$ 300,000.00
Medial Expense Limit (any one person)	\$ 5,000.00
Deductible per Claim	Reference plan selected

Additional Certificates: No additional charge for each additional insured's if contractual.



National Baseball Congress Special Risk Accident & Liability Insurance

Part I

Name of League/Team: _____
 Name of Manager/Coach: _____ Requested Effective Date: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

Part II

Sports Liability Insurance:
 Benefits: \$1,000,000.00 per claim / \$2,000,000.00 aggregate

Liability Classification	Number of Teams	Rate Per Team	Total Liability Premium
Adult Baseball	_____ X	\$92.00*	= \$ _____

Part III

Sports Accident Medical Coverage:
 Benefits: Selected from previous page.

Accident Classification	Number of Teams	Rate Per Team (From Page 3)	Total Accident Premium
Adult Baseball	_____ X	_____ =	\$ _____

Liability Premium (Part II): \$ _____

Accident Premium (Part III): \$ _____

Total Due (Part II + Part III): \$ _____

If paying by check, please make payable to:

Monarch Management Corp

And mail to:
 Monarch Management Corp
 3201 Cherry Ridge Drive Suite D405
 San Antonio, TX 78230

Agent Contact: Denise Cecchini
 Monarch Special Risk Insurance
 Phone: 210-524-7134
 Email: dcecchini@mmc-ins.com

National Baseball Congress– Additional Certificate of Liability Request Form

Name of Policyholder: _____

1. Certificate Holder: _____

Address: _____

City, State, Zip: _____

2. Certificate Holder: _____

Address: _____

City, State, Zip: _____

3. Certificate Holder: _____

Address: _____

City, State, Zip: _____

4. Certificate Holder: _____

Address: _____

City, State, Zip: _____

5. Certificate Holder: _____

Address: _____

City, State, Zip: _____

PLEASE PRINT ADDITIONAL COPIES IF NEEDED FOR ADDITONAL CERTIFCATES OF LIABILITY OR YOU MAY TYPE THEM IN A WORD DOCUMENT.

Monarch Management Corp.
3201 Cherry Ridge Drive, Suite D405
San Antonio, TX 78320
800-662-2778

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize Monarch Management Corp. to make a one time debit to your credit card listed below. By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Policyholder:

Please complete the information below:

Account Type:	Visa	MasterCard	Discover
<i>(please circle credit card type)</i>			
Cardholder Name	_____		
Billing Address	_____		
City, State, Zip	_____		
Phone#	_____	Email	_____
Account Number #	_____		
Expiration Date	_____ (month/year)		
3 digit number on back of Visa/MC/Discover	_____		
Charged Amount \$	_____		

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.