

Gagliardi

INSURANCE SERVICES
Your Sports and Entertainment Specialists

EVIDENCE OF INSURANCE WILL NOT
BE ISSUED WITHOUT PAYMENT OF PREMIUM

Mail the enrollment form and your Premium to:

Gagliardi Insurance Services, Inc.
284 Digital Drive
Morgan Hill, CA 95037

800-995-9768

VISIT OUR WEBSITE AT: www.gisins.com



Accident
Medical Expense
&
Comprehensive
Liability

Insurance Program
for 2008

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IMPORTANT NOTICE - PLEASE READ CAREFULLY

In the spirit of protecting PONY and validating that all participants, as well as board members and volunteers, have full coverage (mitigating as many risks as possible); please review the following.

NOTE: Accident Medical is required with the associated General Liability to include "Athletic Participants" in full Athletic Participant Legal Liability.

Without the Athletic Participant Legal Liability you will have partial coverage, thus exposing the league to unforeseen risks. Please don't find yourself in this position - Coverage must be purchased for the entire season and not just for All-Star Tournaments/Tournament Play... please review:

****Excerpt from the PONY Baseball Rules & Regulations Guidebook, Insurance section under the RULES and REGULATIONS for SHETLAND, PINTO, MUSTANG, BRONCO, PONY, COLT, and PALOMINO LEAGUES ****

- A. Accidents and injuries can occur while participating in baseball games. To protect our members, all leagues and teams must purchase accident insurance coverage and show proof by registration for the players, managers, coaches, official scorekeepers and volunteer umpires in their league with a policy provided by the league. Such coverage is available through PONY Baseball, Inc.
- B. All affiliated leagues and teams must purchase leagues liability insurance with minimum limits of one million dollars, on an occurrence policy basis, and naming PONY Baseball, Inc. as an additional insured. The liability policy must also include participant legal liability coverage of one million dollars. Such coverage is available through PONY Baseball, Inc.

Input values for electronic form:

Name of League: _____

C/O (Individual Responsible for Insurance): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

E-mail Address: _____

Effective Date of Coverage: _____

President: _____

Sincerely,



D.C. Gagliardi
Gagliardi Insurance Services, Inc

In conjunction with PONY Baseball/Softball, Inc.

Rev 2008

Information in this document is subject to change without notification.

For the most up to date information please visit our website:

<http://www.pony.gisins.com>

COMPREHENSIVE LIABILITY INSURANCE

Limit of \$1,000,000.00

Who This Insurance Covers:

Third Party Spectator Liability coverage is provided for your league, its teams, sponsors, officers, directors, managers, coaches, umpires and other managing personnel and auxiliaries while acting on behalf of the league or one or more of its teams.

What This Insurance Covers:

Coverage is provided against negligence arising out of the operations of the sports program including:

1. Activities necessary or incidental to the conduct of practice, exhibition, regular season and post season games
2. Consumption or use of food and other products.
3. Year round activities such as fund raising and award banquets, subject to the Insurance Company's approval
4. Liability assumed under contract
5. Libel and defamation of character
6. False arrest and wrongful eviction
7. Invasion of privacy
8. Cost of investigation and defense of claims even if groundless
9. Fire legal (\$300,000.00)
10. Participant liability (Available only when Medical Insurance is in effect and when waiver of Liability is signed and on file. Failure to maintain at least \$25,000 Medical Insurance will cause Participant Legal Liability to be excluded in its entirety.)
11. Abuse and Molestation
12. Hired and Non-Owned Auto

What This Insurance Does Not Cover:

This insurance does not cover:

1. Property owned, rented or leased by or in charge of the Insured
2. Injury or death of an employee
3. Water craft and/ or aircraft
4. The ownership, operation or maintenance of playing fields is not covered - unless an additional premium is paid and underwriting questions on this brochure are answered. The offer of coverage for playing fields is subject to underwriting review.

For a complete listing of exclusions please read your policy carefully.

Excess Limits Available \$ 10,000,000.00 (Shared Master Policy Limits)

When Does This Insurance Start/End:

COVERAGE WILL BE EFFECTIVE ON THE EFFECTIVE DATE SPECIFIED IN THE POLICY OR ON THE DATE THE APPLICATIONS AND PREMIUMS ARE RECEIVED BY THE AGENT, WHICHEVER IS LATER. YOUR COVERAGE WILL TERMINATE ON THE EXPIRATION DATE GIVEN OR ACCORDING TO THE MASTER POLICY. COVERAGE WILL NOT BE PROVIDED AFTER JAN 1, 2009

ACCIDENT MEDICAL EXPENSE ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Who This Insurance Covers:

Class I-All players, coaches, and managers, on League registered team or teams, including anyone who becomes eligible during the term of coverage.

Class II-All official scorekeepers, batboys and volunteer workers on league registered team or teams, including anyone who becomes eligible during the term of coverage.

Covered Activities:

While participating in a regularly scheduled and supervised practice and play of Baseball or Softball and related covered scheduled activities. Also, coverage includes traveling directly to and from these described activities.

Your Benefits: Accident Medical Expense Benefit

Benefits are payable for injuries which result directly and independently of all other causes, from a covered accident.

EXCESS: Accident medical expense benefit (including dental) is paid in excess of any expenses payable by other valid and collectible group insurance to an Insured Person for an injury caused by a covered accident. Reimbursement is payable for reasonable and customary medical expenses, less the deductible which is not to exceed the maximum amount shown herein. Covered expenses must be incurred within 104 weeks of the date of the accident.

Accidental Death & Dismemberment Insurance

Program includes an Accidental Death & Dismemberment coverage. This benefit is payable if an injury, due to a covered accident, results in the death or dismemberment of an Insured Person within 365 days of the date of the accident.

The loss and percentage chart is shown below:

For Loss Of:	% of the Principal Sum
Two Hands, Two Feet or the Sight of Both Eyes.....	100%
One Hand and One Foot.....	100%
One Hand and the Sight of One Eye	100%
One Foot and the Sight of One Eye.....	100%
One Hand, One Foot or the Sight of One	50%

Loss means, with reference to hand or foot, complete severance through the wrist or ankle joint; and with reference to sight of an eye, the entire and irrecoverable loss of sight. If more than one of the specified losses results from the same accident, only one amount, the greatest, will be paid.

Amounts of Insurance and Deductible:

Accidental Death & Dismemberment Benefit with a Principal Sum of \$10,000.00 per Class I Insured Person, and \$ 5,000.00 per Class II Insured Person.

Policy Aggregate Limit of \$250,000.00 per accident

Claim Procedure:

A League official must certify that the claim occurred during a League-sponsored activity. When there is injury, the Insured Person should then get a claim form from the League. The completed claim form must include itemized bills and explanation of benefits of other coverage.

Accidental Medical Expense Benefit:

Insured Persons	Maximum Benefit*	Deductible (see page 15)
Players:		
(Boys 16 & younger).....	\$ 100,000.00	\$50.00, \$100.00 or \$250.00
(Boys 17 & older).....	\$ 100,000.00	\$50.00, \$100.00 or \$250.00
(Girls 12 & younger).....	\$ 100,000.00	\$50.00, \$100.00 or \$250.00
(Girls 13 & older).....	\$ 100,000.00	\$50.00, \$100.00 or \$250.00
Coaches & Managers.....	\$ 100,000.00	\$50.00, \$100.00 or \$250.00
Volunteer Workers, Batboys and Team Scorekeepers.....	\$ 100,000.00	\$50.00, \$100.00 or \$250.00

* The maximum benefit payable for dental treatment is \$2,000.00 with a \$500.00 per tooth maximum.

Special Optional Coverage's:

Catastrophe Accident Medical Limits provide higher maximum benefits under the Accident Expense Benefits. The limit available is \$1,000,000.00. The limit is in addition to the first \$100,000.00 as described above.

Eligibility: All athletes who participate in school-sponsored and supervised interscholastic athletic programs (mandatory coverage for all participants)

Coverage: While participating in a regularly scheduled and supervised practice and play of Baseball or Softball and related covered scheduled activities. Also, coverage includes traveling directly to and from these described activities.

Plan:	
AME, excess	\$1,000,000
Deductible	\$100,000
Benefit Period	10 years
Incurral Period	2 years
AD	\$10,000
Dismemberment	\$20,000

ACCIDENT MEDICAL EXPENSE BENEFITS - EXCESS BENEFITS WITH CORRIDOR DEDUCTIBLE

This applies when an Insured has Accident Medical Expense under the Policy and health care coverage under one or more other Plans. When there is a basis for a claim under This Plan and another Plan, This Plan is an excess plan which has its benefits determined in excess of the benefits of the other Plan as described below, unless both: (1) the other Plan has coordination or excess benefits rules that require its benefits to be determined in excess of the benefits of This Plan; and (2) This Plan has covered the Insured longer than the other Plan has. When This Plan is an excess plan, the benefits of This Plan for any Allowable Expenses will be reduced when the sum of:

1. the amount, if any, of the Accident Medical Expense Benefit Deductible (the Deductible) that would be applied to those Allowable Expenses under This Plan in the absence of this Rider; and
2. the benefits that would be payable for those Allowable Expenses under This Plan in the absence of this Rider; and
3. the benefits that would be payable for those Allowable Expenses under the other Plans in the absence of provisions with a purpose like that of a coordination or excess benefits provision, whether or not claim is made; exceeds the amount of those Allowable Expenses. In that case, first This Plan's benefits, and next (if necessary) the applied amount of this Plan's Deductible, will be reduced so that This Plan's benefits and applied Deductible amount and the other Plans' benefits do not total more than the amount of those Allowable Expenses.

Plan - as used above, means any of the following group, group-type (such as, but not limited to, franchise or blanket), family or individual coverages which provide benefits or services for, or because of, health care: (1) insurance policies; (2) subscriber contracts; (3) uninsured arrangements; (4) coverage through health maintenance organizations and other prepayment, group practice and individual practice plans; (5) medical benefits coverage in automobile "no-fault" and traditional automobile "fault" type contracts; and (6) coverage under a governmental plan or coverage required or provided by law; but not including: (a) a state plan under Medicaid (Title XIX, Grants to States for Medical Assistance Programs, of the United States Social Security Act, as amended from time to time); or (b) a plan or law when, by law, its benefits are in excess of those of any private insurance plan or other non-governmental plan.

Allowable Expense - as used above, means a necessary, reasonable and customary item of expense for health care when the item of expense is covered at least in part by the Policy and is covered at least in part by one or more other Plans covering the Insured. When a Plan provides benefits in the form of services, the reasonable cash value of each service rendered is both an Allowable Expense and a benefit paid, if the reasonable cash value had been charged as the cost for the service and such expense would have been covered at least in part by the Policy.

Increasing Dental to a \$3,000.00 Limit with a \$500.00 limit per tooth, is available as an option.

Exclusions:

No benefits are payable for losses resulting from or caused by:

1. Suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury.
2. Sickness, disease or infections of any kind; except bacterial infections due to an accidental cut or wound, botulism or ptomaine poisoning.
3. The Insured's commission of or attempt to commit a felony.
4. Declared or undeclared war, or any act of declared or undeclared war.
5. Participation in any team sport or any athletic activity, except participation in a Covered Activity.
6. Full-time duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.)
7. Travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured is a. riding as a passenger in any aircraft not licensed for the transportation of passengers for hire. b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft.
8. Any condition for which the Insured is entitled to benefits under any Workers' Compensation Act or similar law.
9. The Insured being under the influence of drugs or intoxicants, unless taken under the advice physician.

In addition to the above exclusions, Accident Medical Benefits are not payable for, and Usual and customary charges for Covered Accident Medical Services do not include any expense for or resulting from any of the following:

1. Repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing Durable Medical Equipment unless for the purpose of modifying the item because injury has caused further impairment in the underlying bodily condition.
2. New, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement of sound natural teeth damaged or lost as a result of injury up to the Dental Maximum shown in the Benefit Schedule.
3. New eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless Injury has caused impairment of sight; or repair or replacement of existing eyeglasses or contact lenses unless for the purpose of modifying the item because Injury has caused further impairment of hearing.
4. New hearing aids or hearing examinations unless Injury has caused impairment of hearing; or repair or replacement of existing hearing aids unless for the purpose of modifying the item because Injury has caused further impairment of hearing.
5. Rental of Durable Medical Equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in the Company's sole judgement, Accidental Medical Expense benefits for rental of Durable Medical Equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may, but is not required to, choose to consider such purchase expense as a Usual and Customary Covered Accident Medical Expense in lieu of such rental expense).
6. Personal comfort or convenience items, such as but not limited to Hospital telephone charges, television rental, or guest meals.

When Does This Insurance Start/End:

Coverage will be effective on the date specified in your evidence of insurance or on the date the application and premium are received by the agent, whichever is later.

Your coverage for this insurance will terminate on January 1, 2009 at 12:01 am.

Coverage is underwritten by the following companies (collectively known as the "Company"): In Maryland and Florida, the coverage is underwritten by AIG Life Insurance Company, a Delaware insurance company, with its principal place of business at 600 King Street, Wilmington, Delaware 19801; in New York, the coverage is underwritten by American International Life Assurance Company of New York, a New York insurance company, with its principal place of business at 70 Pine Street, New York, New York 10270. In all other states, the coverage is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., a Pennsylvania Insurance Company, with its principal place of business at 70 Pine Street, New York, New York 10270. AIG Life Insurance Company does not solicit business in New York.

This is only a brief description of the coverage(s) available under policy series C11695 and C11695DBG. The Policy contains reductions, limitations, exclusions, and termination provisions. Full details of the coverage are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern.

Coverage may not be available in all states or outside the U.S. capitalized terms, as used herein, are as defined in the Policy.

Notice to New York Residents: Any person who knowingly and with the intent to defraud any insurance company or any other person files an application for insurance that contains any false information, or conceals it for the purpose of misleading, concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Director & Officers Insurance Application

Association
(Directors & Officers Liability Insurance)

League Name: _____ President: _____

Address: _____

City: _____ State: _____ Zip Code: _____

EFFECTIVE DATE OF POLICY January 1, 2008 to January 1, 2009

Have any loss payments been made under any prior or current Directors & Officers Liability Policy or similar insurance?

Yes _____ No _____

Has any league person given written notice under the provisions of any prior or current Directors & Officers Liability or similar insurance of circumstances which might give cause for a claim against any Insured Person(s)?

Yes _____ No _____

Are you aware of any circumstance which would afford valid grounds for any future claim(s) which would fall within the scope of this coverage?

Yes _____ No _____

DECLARATION AND SIGNATURE: (Signature of President is Mandatory)

The undersigned declares that to the best of his or her knowledge and believes that the statements set forth herein are true. Although the signing of this application does not bind the undersigned on behalf of the League or its directors, officers or other insured Persons to insurance, the undersigned agrees that this application and its attachments shall be the basis of the contract should a policy be issued. The company is herein authorized to make any investigation and inquiry in connection with this application that it deems necessary.

Date: _____ Signature: _____

**Flat Annual Premium is \$325.00 (E)
Application Fee (Non-refundable): \$15.00**

Limits of Liability

A maximum of \$1,000,000.00 coverage per claim with a \$10,000,000.00 master policy aggregate.

Flat Annual Premium

\$325.00

If coverage is desired, complete and return the enclosed Directors and Officers Liability Application. Original Signature is Required

Legal Expense

Covers not only damages, judgements and settlement cost arising from legal liability suits, but also the cost of defense (subject to policy limits.) Includes defense "outside" of the limit.

Needed Protection

Almost any one can bring legal action against a local youth league its players and personnel for damages, including lessors and league members.

Description

Directors and Officers is a special form of liability protection for baseball leagues and management includes managers/ coaches, scorekeepers, player agents, committee personnel and other volunteers for their errors and omissions.

Coverage for

- Discrimination (age, race or sex)
- Acts beyond granted authority
- Failure to deliver services
- Libel, slander, or defamation of character
- Failure to provide adequate insurance coverage for the league, players or personnel

Limits

- | | | |
|---|------------------------------------|-----------------|
| 1. Limit of Liability -- | Each Loss | \$1,000,000.00 |
| | Master Policy Aggregate..... | \$10,000,000.00 |
| 2. Retention Amount -- | Each Claim | \$5,000.00 |
| 3. Flat Annual Premium -- | | \$325.00 |
| Application Fee -- (Non-Refundable)..... | | \$15.00 |
| 4. Policy Period -- | JANUARY 1, 2008 TO JANUARY 1, 2009 | |
| 5. Coverage will be effective when completed application is received, and your coverage will terminate on expiration date according to master policy. | | |

**PLEASE COMPLETE THIS APPLICATION FULLY,
ATTACH YOUR CHECK AND MAIL ORIGINAL FORMS**

Gagliardi Insurance Services, Inc.
284 Digital Drive
Morgan, Hill, CA 95037
1 (800) 995-9768

**APPLICATION FOR SPORTS EQUIPMENT FLOATER
BUILDINGS OR FOOD PRODUCTS ARE NOT COVERED UNDER THIS POLICY
(ATTACH ADDITIONAL SHEETS IDENTIFIED BY QUESTION NUMBER FOR LONG EXPLANATIONS)**

Effective Date of Policy 2/1/08 to 2/1/09

1. NAME OF LEAGUE/ ASSOCIATION: _____
2. C/O INDIVIDUAL: _____
3. MAILING ADDRESS: _____
CITY, STATE AND ZIP CODE: _____
4. HOME PHONE () _____ BUSINESS () _____
5. EFFECTIVE DATE: _____
6. AMOUNT TO BE INSURED: _____
RATE: \$2.25 PER \$100.00 IN COVERAGE WITH \$11,110.00 MINIMUM
(A \$100.00 DEDUCTIBLE APPLIES)
7. PREMIUM
(AMOUNT TO BE INSURED X 0.0225 SUBJECT TO \$250 MINIMUM): _____
please note: In FL, KY, NJ and WV you must add a state surcharge to the premium.

<input type="checkbox"/> Not applicable		TAX (RATE x PREMIUM) _____	
<input type="checkbox"/> Florida: 1%			
<input type="checkbox"/> New Jersey: 1.6%			
<input type="checkbox"/> West Virginia: 1%			
<input type="checkbox"/> Kentucky: _____%	(see Liability Tax Schedule for your municipality)		

TOTAL DUE (PREMIUM + TAX) _____ (F)
8. LIST ALL ITEMS VALUED OVER \$300.00 INDIVIDUALLY:
(WITH SERIAL NUMBERS IF POSSIBLE)

9. ADDRESS(ES) WHERE EQUIPMENT IS STORED:

10. ARE THERE BURGLAR ALARMS? _____
11. ARE THERE FIRE ALARMS? _____
12. ARE THERE AUTOMATIC FIRE SPRINKLERS? _____
13. OTHER PROTECTION? _____
(EXPLAIN)

**PLEASE COMPLETE THIS APPLICATION FULLY,
ATTACH YOUR CHECK AND MAIL ORIGINAL FORMS**

What This Insurance Covers:

This coverage insures against all risks of direct physical loss or damage to the property covered from any external cause, (i.e. fire, theft, vandalism), except as excluded. (see policy)

What This Insurance Does Not Cover:

This insurance does not cover damages resulting from:

1. Flood
2. Mold

Property Covered

This policy covers unscheduled personal property owned by the league which consists primarily of:

1. Sports Equipment
2. Snack bar Equipment
3. Uniforms
4. Playing Equipment

Property Not Covered

This insurance does not cover:

1. Real property building of structures of any kind or description.
2. Food supplies or products
3. Automobiles, Motor Trucks, Trailers
4. Motorcycles, bicycles
5. Air crafts
6. Water craft
7. Money, Notes, and Securities
8. Television and Stereo Equipment

Endorsements

- PI-CIM-032 Miscellaneous Coverage Form
- Limit will be subject to a \$5,000 limit per item. Any item of property with a value of \$5,000 or more must be separately scheduled
- Manu - 1 Exclusion of Loss Due To Virus, Bacteria
- Manu - 2 Wind/Windstorm Limitation Endorsement

Special Note:

- Any insured located in Louisiana does NOT qualify for coverage under this program.

A \$100.00 DEDUCTIBLE SHALL BE APPLIED.

REPLACEMENT COST

CRIME INSURANCE/ BLANKET FIDELITY BOND APPLICATION

Name of Organization: _____

E-mail: _____

Address: _____

City, State & Zip Code: _____

Policy Period 1/1/08 to 12/31/08

Amount of Bond: \$ 10,000.00 Each Loss
Deductible: \$ 250.00 Each Loss
Premium: \$ 150.00 (G)

Have you sustained any employee dishonesty losses in the last six years? Yes () No ()
 (If yes, please give the details in a letter.)

5 POSITIONS TO BE COVERED: FULL NAME OF PERSON:

President _____

Secretary _____

Treasurer _____

Concession Chairman _____

Fund Raising Chairman _____

NOTE: This Bond covers only those persons holding the "positions" designated while such person are engaged in activities sanctioned by Pony Baseball/Softball, Inc. We must be notified in writing of any changes in Board of Directors.

Date: _____ **Signature:** _____

NOTE: This brochure is not a solicitation, but only a description of the insurance programs. The precise coverage afforded is subject to the terms, conditions of policies as issued. Refer all questions to your insurance agent.

**PLEASE COMPLETE THIS APPLICATION FULLY,
 ATTACH YOUR CHECK AND MAIL ORIGINAL FORMS**

Gagliardi Insurance Services, Inc.

284 Digital Drive
 Morgan Hill, CA 95037
 1 (800) 995-9768

ADDITIONAL INSURED CERTIFICATE LIST

*No Additional insured certificates will be issued without Complete Address(es)

Name of League

ALL REQUEST FOR CERTIFICATES MUST BE MADE IN WRITING.

 Certificate Holder

 Address

 City, State, and Zip Code

 Certificate Holder

 Address

 City, State, and Zip Code

 Certificate Holder

 Address

 City, State, and Zip Code

 Certificate Holder

 Address

 City, State, and Zip Code

 Certificate Holder

 Address

 City, State, and Zip Code

 Certificate Holder

 Address

 City, State, and Zip Code

Fax: (408) 414-8199

PONY BASEBALL / SOFTBALL RATES:

COMPREHENSIVE LIABILITY PROGRAM

- A. Limit of Liability \$1,000,000.00, Aggregate \$2,000,000.00 per league
- B. Participants Liability Maximum is \$1,000,000.00
- C. Coverage includes Products, Fire Legal (\$300,000.00) Personal Injury
- E. Abuse and Molestation Included (Limit of Liability \$1,000,000.00, Aggregate \$1,000,000.00)
- F. Excess Limits over and above Primary Limit Available (See below)
- G. Hired and Non Owned Auto (Limit \$1,000,000.00)

	Number of Teams	Rate	Premium**
General Liability	_____ X	48.00	= _____
\$ 1,000,000.00 CSL			(\$400.00 minimum)
Excess Limits (optional)	_____ X	6.00	= _____
Additional \$10,000,000.00	(Must equal same # of teams as above)		

TOTAL LIABILITY PREMIUM DUE: _____ (A)

** State and local taxes apply

Please note: In FL, KY, NJ and WV you must add a state taxes to the liability premium.

- ___ Not applicable
- ___ Florida: 1%
- ___ New Jersey: 1.6%
- ___ West Virginia: 1%
- ___ Kentucky: _____% (see Liability Tax Schedule for your municipality)

TAXES: _____ (I)

ACCIDENT MEDICAL EXPENSE INSURANCE PROGRAM - RATES PER TEAM

\$100,000.00 ACCIDENT MEDICAL EXPENSE LIMITS (SEE DEDUCTIBLES)

BASEBALL

	Number of Teams	Deductible(\$50)	(\$100)	(\$250)	Premium
Ages 10 & Under	_____ X	24.00	21.60	18.00	= _____
Ages 11-12	_____ X	30.00	27.00	22.50	= _____
Ages 13-16	_____ X	59.00	53.10	44.25	= _____
Ages 17-18	_____ X	125.00	112.50	93.75	= _____

SOFTBALL

	Number of Teams	Deductible(\$50)	(\$100)	(\$250)	Premium
Ages 12 & Under	_____ X	19.00	17.10	14.25	= _____
Ages 13-16	_____ X	42.00	37.80	31.50	= _____
Ages 17-18	_____ X	59.00	53.10	44.25	= _____

All teams must have the same deductible

TOTAL ACCIDENT MEDICAL EXPENSE PREMIUM DUE: _____ (B)
(Combined Baseball and Softball teams must equal the same # of teams as above)

\$1,000,000.00 CATASTROPHIC ACCIDENT MEDICAL EXPENSE LIMITS

(A \$100,000.00 DEDUCTIBLE APPLIES)

SPECIAL OPTIONAL COVERAGE	TOTAL # of Teams	Rate	Premium
Catastrophic Accident Medical Expense	_____ X	16.25	= _____ (C)

(Must equal the same # of teams as above)

\$3,000.00 DENTAL

SPECIAL OPTIONAL COVERAGE	TOTAL # of Teams	Rate	Premium
Increase Dental to a \$3,000.00 limit	_____ X	1.00	= _____ (D)

(Must equal the same # of teams as above)

SUBJECT TO APPROVAL WITH P.O.N.Y. BASEBALL/ SOFTBALL, INC.

For the protection of all concerned, participation will be validated with actual PONY registration information so that all registered teams, staff and players are covered and premiums are correctly calculated and collected.

Name of League: _____

C/O (Individual Responsible for Insurance): _____

Mailing Address: _____

Phone: () _____ Fax: () _____

E-mail Address: _____

Number of Teams: _____ Effective Date of Coverage: _____

LIABILITY COVERAGE

\$ 1,000,000.00 / \$2,000,000.00

ADDITIONAL LIMITS

\$ 10,000,000.00 Excess

OWNERSHIP, OPERATION, AND MAINTENANCE OF PLAYING FIELDS

SPECIAL OPTIONAL COVERAGE	# of Fields	Rate	Premium
Playing field coverage	_____ X	300.00	= _____ (H)
Does your organization own, operate or maintain a playing field? ___ Yes ___ No			
A) If yes, how many? _____			
B) If yes, do you utilize contractors for maintenance, repair or construction on your premise? ___ Yes ___ No			
C) If yes, do you require they provide you with a certificate of insurance, naming your organization as an additional insured and carry liability limits equal to or greater than yours? ___ Yes ___ No			
D) If yes, do you desire coverage for the playing field? ___ Yes ___ No			

ACCIDENT MEDICAL EXPENSE INSURANCE

\$ 100,000.00 Deductible: _____

REQUIRED COVERAGES:

Total Liability Premium and Tax: \$ _____ (A + I)

Total Accident Medical Expense Premium: \$ _____ (B)

* Liability and/or Medical Application Fee: \$ _____ (30.00)
 (Non-Refundable)

SPECIAL OPTIONS COVERAGES:

Catastrophic Accident Medical Expense: \$ _____ (C)

Dental Limit Increase: \$ _____ (D)

Directors & Officers Liability: _____ (E)
 *Application Fee if purchased: \$ _____ (15.00)
 (Non-Refundable)

Equipment Floater: \$ _____ (F)

Fidelity Bond Premium: \$ _____ (G)
 *Application Fee if purchased: \$ _____ (15.00)
 (Non-Refundable)

Playing Field Coverage: \$ _____ (H)

TOTAL AMOUNT ENCLOSED: \$ _____

Both Medical and General Liability coverages are required in order to be eligible for this program. The same deductible must apply to all teams.

***PREMIUMS ARE FULLY EARNED AT POLICY INCEPTION. PLEASE COMPLETE THIS APPLICATION FULLY, ATTACH YOUR CHECK AND MAIL ORIGINAL FORMS**