

2010
TEAM INSURANCE ENROLLMENT FORM
1-800-447-6797

TEAM OR LEAGUE NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTACT PERSON _____ TITLE _____

PHONE (_____) _____

EMAIL _____

INSURED SPORT (CIRCLE ONE):

SOFTBALL

BASEBALL

SOCCER

VOLLEYBALL

OF TEAMS _____ X RATE \$ _____ = \$ _____

COMPLETE ONLY IF FIELD OWNER REQUESTS ADDITIONAL INSURED STATUS

NAME OF FIELD OWNER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PURCHASE ONLINE AT: WWW.CHAPPELLINSURANCE.COM

OR

MAKE CHECK PAYABLE TO: CHAPPELL INSURANCE AGENCY

&

MAIL TO: 25807-A COX ROAD, PETERSBURG, VA 23803

Certificates will be emailed. If email not available then faxed

EMAIL ADDRESS: _____

FAX #: _____

**ALL RATES INCLUDE AN ADMINISTRATION AND MEMBERSHIP FEE.
\$5.00 ADDITIONAL PROCESSING FEE FOR CREDIT CARD PURCHASE.**