

# **CHAPPELL INSURANCE AGENCY**

**“YOUR SPORTS INSURANCE SPECIALISTS...”**

SPECIALIZING IN SPORTS INSURANCE FOR OVER 28 YEARS

## **TOURNAMENT INSURANCE**

### **YOUTH & ADULT**

- **SOFTBALL TOURNAMENTS**
- **BASEBALL TOURNAMENTS**

### **YOUTH**

- **BASKETBALL TOURNAMENTS**

## **GENERAL LIABILITY INSURANCE**

**\$2,000,000**

## **ACCIDENT MEDICAL EXPENSE**

**\$100,000**

## GENERAL LIABILITY INSURANCE

### IMPORTANT POLICY FEATURES

- All teams must be insured. The cost is determined by multiplying the total number of teams playing in the tournament times the appropriate rate plus \$25.
- Coverage extends to make-up dates caused by weather related postponements. Chappell Insurance must be notified in writing by Tuesday following the postponement to receive this credit.
- Cancellation refunds are not available.
- Application and check must be postmarked on or before the day prior to the start of the tournament.
- Verification of the number of teams participating will be made in the event of a claim.
- Coverage will be provided at the tournament site(s) only. No off premises coverage is included.
- The maximum term of coverage is seven consecutive days.

Lawsuits are an ever present threat to tournament directors, sponsors, and volunteers. You should insist that this valuable protection be provided for all tournaments in which you are involved.

#### Some of the policy exclusions are:

- **Use of automobiles, watercraft, and aircraft**
- **Injury of an employee**
- **Medical Malpractice**
- **Liquor Liability**

This general liability policy provides coverage for bodily injury, property damage, and personal injury claims for which you are legally obligated.

**Protection is also provided for:  
Lawsuits brought by Athletic Participants  
Concession/Souvenir Liability**

### ACCIDENT MEDICAL EXPENSE BENEFIT \$100,000 LIMIT

The plan pays for covered medical expenses incurred within one year after an accident, to a maximum of \$100,000 per accident for each insured person. Treatment must begin within 30 days of an accident.

Coverage is provided on a secondary basis. If other collectible insurance is in force, it must be used as primary. If no other coverage is in force, this coverage becomes primary.

Some of the policy exclusions are:

- Losses resulting from being intoxicated or under the influence of a narcotic unless administered on the advice of a doctor;
- Injuries sustained while traveling other than as specially stated in the policy;
- The cost of eyeglasses, contact lenses or examinations for either;
- The cost of dental treatment, except as specifically provided for injuries to sound, natural teeth.

### YOUTH & ADULT TOURNAMENT INSURANCE RATES

YOUTH - \$7 PER TEAM

ADULT - \$16 PER TEAM

PLUS A FLAT \$25  
ADMINISTRATION &  
MEMBERSHIP FEE

### ADDITIONAL INSURED COVERAGE

If requested, a facility owner, sponsor, or organization can be named as an additional insured at no additional charge. Just complete the Additional Insured Section of the application and a certificate of insurance will be sent to verify coverage.

**This is a brief description of the coverage. Full disclosure of the definitions, exclusions and limitations for this coverage can be found in the master policy. If any discrepancy exists between this description and the policy, the policy will prevail.**

2009  
YOUTH & ADULT  
TOURNAMENT INSURANCE ENROLLMENT FORM  
1-800-447-6797

TOURNAMENT NAME \_\_\_\_\_

TOURNAMENT DATES \_\_\_\_\_ TO \_\_\_\_\_

TOURNAMENT DIRECTOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DAYTIME PHONE ( \_\_\_\_\_ ) \_\_\_\_\_

EMAIL \_\_\_\_\_

**TYPE OF TOURNAMENT (CIRCLE ONE):**

<b>SOFTBALL</b>	<b>YOUTH</b>	<b>ADULT</b>
<b>BASEBALL</b>	<b>YOUTH</b>	<b>ADULT</b>
<b>BASKETBALL</b>	<b>YOUTH</b>	<b>N/A</b>

**COMPLETE ONLY IF FIELD OWNER REQUESTS ADDITIONAL INSURED STATUS**

NAME OF FIELD OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**PREMIUM CALCULATION:**

# OF YOUTH TEAMS \_\_\_\_\_ X \$7 = \_\_\_\_\_ PLUS \$25 = \_\_\_\_\_

# OF ADULT TEAMS \_\_\_\_\_ X \$16 = \_\_\_\_\_ PLUS \$25 = \_\_\_\_\_

**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.**