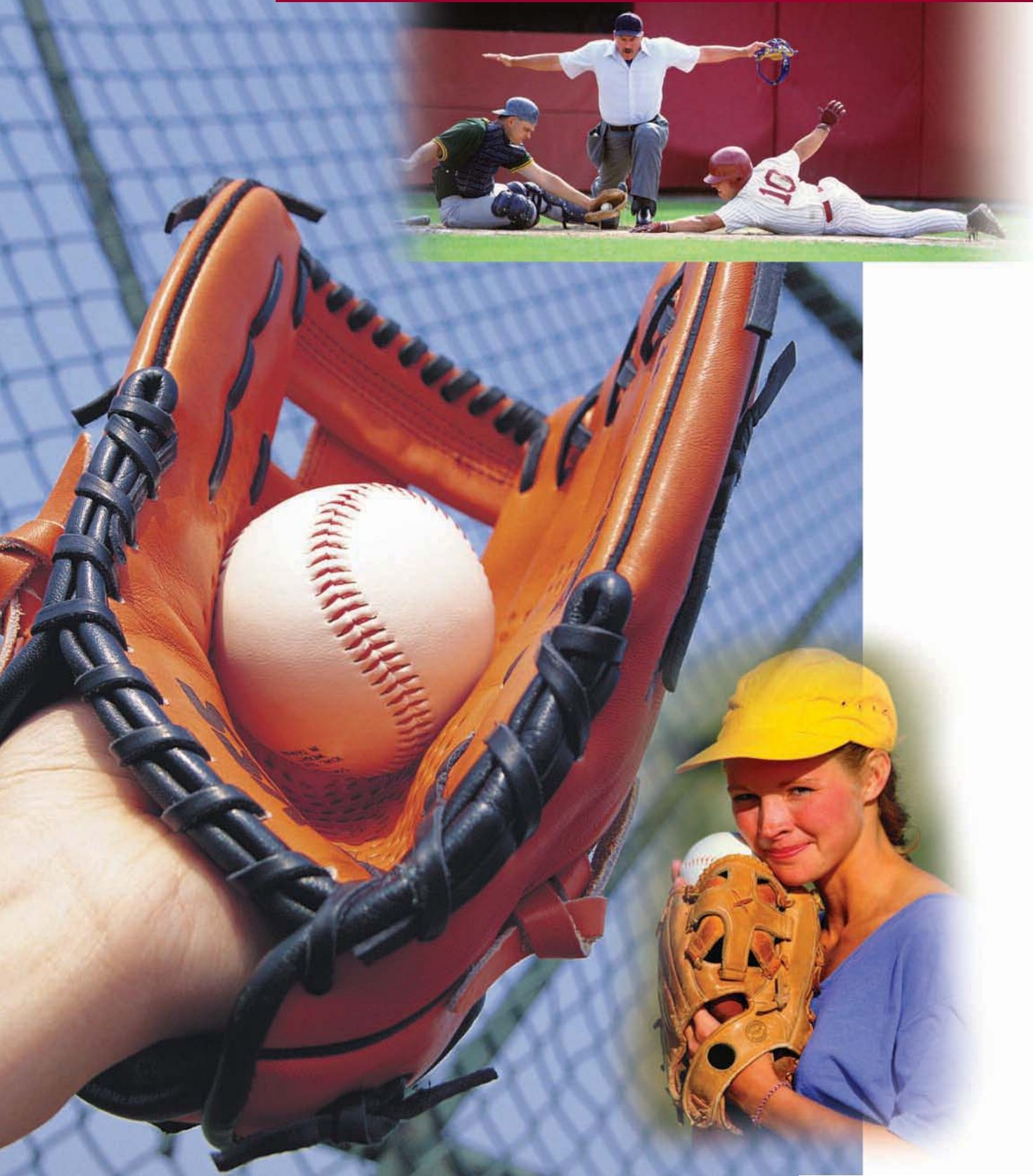


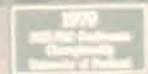
# Sports Accident Medical Insurance



... for Baseball and Softball Teams



# Baseball (Seven Months Minimum Policy Term)



## Premium Per Team

Maximum Medical Expense Benefit	AD&D Benefit (Principal Sum)	Deductible Amount	Age 9 and Under	Ages 10-12	Ages 13-15	Ages 16-18	Ages 19 and Over
\$ 5,000.00	\$ 2,500.00	\$ -0-	\$28.00	\$37.50	\$73.40	\$110.50	\$276.90
		25.00	24.20	32.40	63.40	95.50	254.20
		50.00	21.30	28.50	55.90	84.30	241.70
		100.00	19.30	25.80	50.50	76.00	228.80
\$10,000.00	\$10,000.00	\$ -0-	\$33.60	\$45.40	\$88.70	\$131.80	\$328.50
		25.00	30.60	41.20	80.70	119.90	308.00
		50.00	28.00	37.90	74.10	110.00	280.00
		100.00	26.90	36.60	71.00	105.40	267.00
\$15,000.00	\$10,000.00	\$ -0-	\$35.30	\$47.40	\$91.20	\$136.40	\$347.70
		25.00	32.60	43.80	84.20	126.00	330.00
		50.00	30.80	41.30	79.50	118.90	309.00
		100.00	29.40	39.50	76.00	113.70	295.00
\$25,000.00	\$10,000.00	\$ -0-	\$38.00	\$50.90	\$96.30	\$145.10	\$399.60
		25.00	35.90	48.00	90.80	136.80	385.00
		50.00	34.30	45.80	86.70	130.60	359.00
		100.00	33.20	44.40	84.00	126.60	330.00
		250.00	28.60	38.20	72.20	108.80	283.00
\$50,000.00	\$10,000.00	\$ -0-	\$39.50	\$52.90	\$102.00	\$152.80	\$421.70
		25.00	37.70	50.40	97.30	145.80	410.00
		50.00	36.50	48.80	94.00	140.90	397.20
		100.00	35.50	47.40	91.40	137.10	389.50
		250.00	30.50	43.60	78.60	133.90	372.10
\$100,000.00	\$10,000.00	\$ -0-	\$41.50	\$56.00	\$109.60	\$165.00	\$443.00
		25.00	39.10	52.80	103.30	155.60	434.70
		50.00	37.40	50.50	98.60	148.60	420.60
		100.00	36.20	48.90	95.60	144.00	417.20
		250.00	31.10	44.90	82.10	140.60	406.50

League Discounts for Baseball, Softball & T-Ball	4 thru 10 Teams 5% Discount	11 thru 20 6% Discount	21 thru 35 7% Discount	36 thru 50 8% Discount	51 & Over 10% Discount
--	--------------------------------	---------------------------	---------------------------	---------------------------	---------------------------

Please Call For Higher Benefits

Minimum Policy Premium is \$150.00

Premium is Fully Earned Upon Policy Inception

This information is a brief description of the important benefits and features of the Accident Medical Insurance provided by StarNet Insurance Company, Acadia Insurance Company or Great Divide Insurance Company, Berkley Group Companies. This description is neither an insurance policy or contract nor an offer to enter into any form of insurance contract. You should not rely on the terms of this description but, rather, should review the policy terms in detail prior to purchasing this or any insurance policy. Full terms and conditions of coverage including effective dates of coverage, benefits and exclusions, are set forth on policy form AH51051. Any policy we offer to issue will be subject to the laws of the jurisdiction in which it is issued.



## Who Is Covered

All players, coaches, managers, and volunteers of the teams specified in the application.

## Covered Activity

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

## Medical Expense Benefit

If the Covered Person incurs eligible expenses as the direct result of a covered injury and independent of all other causes, the Company will pay the charges incurred for such expense within 2 years, beginning on the date of 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 90 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 to the nearest hospital
- Orthopedic appliances necessary to promote healing

Excess Coverage: This policy does not cover treatment or services which are payable or available under other health benefit plans.

## Accidental Death and Dismemberment Benefit

If a covered injury results in any of the losses specified below within 365 days after the date of the accident, the Company will pay the applicable amount:

- Full Principal Sum for loss of life
- Full Principal Sum for double dismemberment
- Full Principal Sum for loss of sight of both eyes
- 50% of the Principal Sum for loss of one hand, one foot, or sight of one eye
- 25% of the Principal Sum for loss of index finger and thumb of same hand

“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.

We will not pay more than the Principal Sum for this Benefit for all losses due to the same accident.

## Exclusions and Limitations

This plan does not cover any loss to or resulting from:

- Suicide, self-destruction, attempted self-destruction or intentional self-inflicted injury while sane or insane.
- War or any act of war, declared or undeclared.
- Sickness, disease or any bacterial infection, except one that results from an accidental cut or wound or pyogenic infections that result from accidental ingestion of contaminated substances.
- Voluntarily taking any drug or narcotic unless the drug or narcotic is prescribed by a Physician.
- Covered Expenses for which the Covered Person would not be responsible in the absence of this Policy.

- Injuries paid under Workers’ Compensation, Employer’s liability laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
- Injury caused by, contributed to or resulting from the Covered Person’s use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person’s Physician.
- Service or Active Duty in the armed forces, National Guard, military, naval or air service or organized reserve corps of any country or international organization.
- Services or treatment rendered by a Physician, Nurse or any other person who is employed or retained by the policyholder; or an Immediate Family member of the Covered Person.
- Treatment of a hernia, Osgood-Schlatter’s disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, whether or not caused by a Covered Accident.
- Damage to or loss of dentures or bridges or damage to existing orthodontic equipment, except as specifically provided in this Policy.
- Eyeglasses, contact lenses, hearing aids.
- Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from: While riding as a passenger in any aircraft not intended or licensed for the transportation of passengers.

## Plan Highlights

- Two Year Benefit Period
- Choice in Deductibles
- Discounts for Multiple Teams
- Choice in Benefits

# Softball and T-Ball

(Seven Months Minimum Policy Term)

## Premium Per Team

Maximum Medical Expense Benefit	AD&D Benefit (Principal Sum)	Deductible Amount	Age 9 and Under	Ages 10-12	Ages 13-15	Ages 16-18	Ages 19 and Over
\$ 5,000.00	\$ 2,500.00	\$ -0-	\$27.00	\$34.50	\$55.00	\$76.00	\$241.00
		25.00	23.40	29.80	47.60	65.70	234.20
		50.00	20.70	26.30	42.00	58.00	228.10
		100.00	18.60	23.70	37.80	52.30	221.70
\$10,000.00	\$10,000.00	\$ -0-	\$31.20	\$39.70	\$62.80	\$85.90	\$271.50
		25.00	28.40	36.20	57.20	78.20	253.00
		50.00	26.00	33.10	52.40	71.70	230.00
		100.00	24.90	31.80	50.30	68.70	219.00
\$15,000.00	\$10,000.00	\$ -0-	\$32.90	\$42.10	\$64.40	\$91.30	\$289.70
		25.00	30.40	38.90	61.40	84.40	271.00
		50.00	28.70	36.70	57.90	79.60	254.00
		100.00	27.40	35.10	55.40	76.10	242.00
\$25,000.00	\$10,000.00	\$ -0-	\$35.80	\$45.90	\$72.20	\$99.80	\$342.60
		25.00	33.70	43.30	68.10	94.00	316.00
		50.00	32.10	41.30	65.10	89.90	294.00
		100.00	31.20	40.00	63.10	87.00	271.00
		250.00	26.80	34.40	54.10	74.90	232.00
\$50,000.00	\$10,000.00	\$ -0-	\$37.90	\$48.60	\$76.50	\$105.70	\$385.00
		25.00	36.10	46.30	72.90	100.70	376.20
		50.00	34.90	44.80	70.50	97.40	361.00
		100.00	33.90	43.60	68.60	94.70	349.90
		250.00	29.20	37.40	58.90	81.50	333.40
\$100,000.00	\$10,000.00	\$ -0-	\$40.10	\$51.50	\$82.10	\$113.50	\$410.50
		25.00	37.80	48.50	77.50	107.00	397.20
		50.00	36.10	46.30	74.00	102.20	384.00
		100.00	35.00	44.90	71.70	99.00	370.00
		250.00	30.10	38.50	61.60	85.20	355.60

Minimum Policy Premium is \$150.00

Please Call For Higher Benefits



Cossio Insurance Agency  
 PO Box 5987 • Greenville, SC 29606  
 Phone: (864) 688 - 0121  
 Fax: (864) 603-2348  
[www.cossioinsurance.com](http://www.cossioinsurance.com)



# Enrollment for Baseball & Softball Accident Insurance

## Enrollment Form for Accidental Death and Accident Medical Benefits

### Part I Proposed Policyholder Please print or type

- a. Full Legal Name of Proposed Policyholder \_\_\_\_\_
- b. Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Street City State Zip
- c. Specified Activity \_\_\_\_\_
- d. Requested Effective Date \_\_\_\_\_ Termination Date \_\_\_\_\_  
 Policy will become effective on the Requested Effective Date if (a) all required information is provided and (b) the Company has received the initial premium on or before that date.

### Part II Plan of Insurance and Premium Calculation

- a. Plan of Benefits  
 Accidental Death & Dismemberment Principle Sum \$ \_\_\_\_\_  
 Maximum Medical Expense Benefit \$ \_\_\_\_\_  
 Deductible Amount \$ \_\_\_\_\_  
 Policy to cover All Players, Coaches, Managers, and Volunteers of the Policyholder  
 Scope of Coverage is Full Excess
- b. Premium Calculation
- | Classification of Insured Persons or Group | Age Group | Number of Teams | Rate Per Team | Total Rate |
|--|-----------|-----------------|---------------|------------|
| _____                                      | _____     | _____           | x \$ _____    | = _____    |
| _____                                      | _____     | _____           | x \$ _____    | = _____    |
| _____                                      | _____     | _____           | x \$ _____    | = _____    |
| _____                                      | _____     | _____           | x \$ _____    | = _____    |
| _____                                      | _____     | _____           | x \$ _____    | = _____    |
| Total Premium:                             |           |                 | \$ _____      |            |
| Discounts (if applicable):                 |           |                 | \$ _____      |            |
| Total Premium Due:                         |           |                 | \$ _____      |            |
- Minimum Premium is \$150.00

### Part III Acknowledgements and Signatures

- a. Fraud Warning Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime.
- b. Applicant's Acknowledgement I, the applicant, declare, to the best of my knowledge and belief, that all statements and answers in this application are true and complete. I understand and agree that (a) this application will form part of any policy issued, (b) no information given to or acquired by any representative of the Company will bind it, unless it is in writing on this application, (c) no waiver or modification will bind the Company unless it is in writing and is signed by an executive officer of the Company, and (d) only those persons eligible under the terms of an issued policy will be insured.

\_\_\_\_\_  
 Date Signed by Licensed Agent Agent Phone Number

\_\_\_\_\_  
 Signed for the Proposed Policyholder Licensed Agent Number

\_\_\_\_\_  
 Title Agent Address



Cossio Insurance Agency  
 PO Box 111 • O'Fallon, SC 29661  
 Phone: (864) 688 - 0121 • Fax: (864) 603 - 2348  
 www.cossioinsurance.com