



SPORTS LIABILITY INSURANCE

THE CIA

FOR BASEBALL, SOFTBALL & T-BALL



BASEBALL/SOFTBALL/T-BALL LIABILITY INSURANCE

Cossio Insurance Agency • 864-688-0121 • Fax: 864-603-2348 • P.O. Box 5987, Greenville, SC 29606

Medical Accident Policy With At Least A \$10,000.00 Benefit Is Required)

Who is Covered

This program provides protection for coaches, volunteers, officers, directors, teams, associations, or leagues against claims of bodily injury, property damage, personal and advertising injury liabilities, and the litigation costs to defend against such claims. Coverage is offered through the Sports and Recreation Providers Association Purchasing Group. There is no deductible amount for this coverage.

Coverage Includes Suits Arising Out Of:

- 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

Coverage Available For:

- Hired and non-owned automobile liability.

Exclusions

Abuse or molestation, aircraft, all acts of terrorism, asbestos liability, assault and battery, collapse of temporary structure, owned auto coverage, employment related practices, fungi and bacteria, hepatitis, HIV, HTVL, AIDS, transmissible spongiform encephalopathy, lead poisoning, medical payments, nuclear energy liability, professional liability, pyrotechnics activity, total pollution, war liability, and liability for occurrences prior to the effective date of coverage. All of the above are subject to the terms and conditions of the policy.

Note: There is no liability coverage for claims arising out of any of the following activities: All motor sports, ballooning, bungee jumping, cheerleading pyramids, gymnastics, inflatables, luge, mountain climbing, parachuting, polo, rock climbing, rodeo or any equestrian-related sports, sale/manufacture or distribution of any athletic equipment, skin diving, SCUBA diving, snow skiing, squash, tobogganing, use of saunas or other tanning devices, use of trampolines, water slides, white water rafting, water craft, or any saddle animal exposures.

PROGRAM HIGHLIGHTS

Admitted Basis

Occurrence Form Policy

"A" Rated Insuring Company

Athletic Participant Coverage Included

Worldwide Coverage for suits brought in the US, US Territories, Canada or Puerto Rico Included



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- DIRECTIONS:** 1. Fill in the application by filling in the blue fields on all pages.
2. Please fill in all the fields with the correct information.
3. Email the application to apps@cossioinsurance.com or Fax to 864-603-2348

Section 1: PREMIUM RATES & BENEFITS

Coaches, managers, staff members, officers, directors, and volunteer workers are included in the coverage, but are not charged for. Please check all plan numbers that apply.

\$1,000,000.00 Per Occurrence / \$1,000,000.00 Aggregate

- ☐ 1. Premium cost per youth team: \$50.00 per team
☐ 2. Premium cost per adult team: \$85.00 per team
☐ 3. Premium cost to add \$1,000,000.00 hired and non-owned automobile liability coverage: \$850.00
☐ 4. Premium cost to increase the general aggregate to \$2,000,000.00: Additional 5% of total premium

Note: Hired and non-owned liability coverage provides liability protection for rented, borrowed and other non-owned vehicles driven on league or team business.

Section 2: GENERAL INFORMATION

How did you hear about us?		FEIN/SS#:
Full Name of League or Team:		Date of Birth:
Mailing Address:		
City:	State:	Zip:
Requested Effective Date:		Requested Termination Date:
Description of Sports or Activities:		
Has any prior coverage been cancelled or non-renewed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please describe and provide loss history:		
Does your organization currently utilize a waiver system? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your organization currently have a risk management plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your organization have an underlying accident medical policy with at least a \$10,000.00 benefit amount? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Total Number of Participants:	x Applicable Rate \$	= \$
Total Number of Additional Insureds:	x \$10.00	= \$
Additional Optional Coverage if Applicable: \$		Total Coverage Cost: \$



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Section 3: Cyber Liability

1. Do you process payment cards? ☐ Yes ☐ No

2. Estimated annual number of payment card transactions

Section 4: Warranty

(Applies to all parts of this application and attachments submitted)

It is hereby understood and agreed that if insurance is issued by virtue of completing this application and any applicable supplemental applications, the Insurance is only issued on the reliance on the applicant's warranty of answers to the questions above and on any such supplemental applications. If, at the time a certificate/policy is issued and ANY OF THE ABOVE WARRANTIES IS IN ANY RESPECT INCORRECT, INCLUDING CLAIMS OR GROSS RECEIPTS, THE COVERAGE AFFORDED UNDER THE CERTIFICATE/POLICY shall, without notice to the applicant, immediately and automatically cease, & the certificate/policy shall BECOME NULL AND VOID. Warranties will survive a certificate/policy if issued.

Section 5: Signature

Print Name of Applicant

Title:

Signature of Applicant (Mandatory)

Date:



FRAUD NOTICE

GENERAL STATEMENT: Any person who knowingly and with intent to defraud any insurance company or another 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 is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

APPLICABLE IN COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORDIA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT: Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA: Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

I understand that the insurance company, in determining in whether to provide insurance coverage, will rely on the information contained in this form and all other information submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Insured Signature:

Date: