

CHAPPELL INSURANCE AGENCY

“YOUR SPORTS INSURANCE SPECIALISTS...”

SPECIALIZING IN SPORTS INSURANCE FOR OVER 39 YEARS

YOUTH AND ADULT TEAM INSURANCE

- BASKETBALL**

**GENERAL LIABILITY INSURANCE - \$2,000,000
& ACCIDENT MEDICAL EXPENSE - \$100,000 (YOUTH)
\$10,000 (ADULT)**

CHAPPELL INSURANCE AGENCY, INC.

K & K INSURANCE GROUP

- Team insurance covers the play and practice of amateur activities in the insured sport, including organized/sanctioned activities of any association.
- Coverage begins the day after postmark on the envelope containing your application and check.
- All coverage expires on 8-1-2021
- General Liability coverage is provided for players, coaches, managers, sponsors, and volunteers of the team.
- Accident Medical Coverage is secondary to any other collectible insurance; primary, if no other insurance is in force.
- The entire premium is earned when enrollment is accepted. There are no cancellation refunds.
- Age of oldest child on date of purchase determines team age bracket.
- To qualify for the Group Discount: 6 or more teams must be submitted together **IN THE GROUP NAME**.
- Group discounted payment must be made with one check.

**ACCIDENT MEDICAL EXPENSE BENEFIT -
\$100,000 LIMIT (YOUTH) \$500 DEDUCTIBLE
\$10,000 LIMIT (ADULT) \$500 DEDUCTIBLE**

The plan pays for covered medical expenses incurred within one year after an accident, to a maximum of \$100,000 (Youth) \$10,000 (Adult) per accident for each insured person. Treatment must begin within 26 weeks 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.

BASKETBALL RATES

YOUTH TEAM INDIVIDUAL	\$98.00
ADULT TEAM INDIVIDUAL	\$223.00
YOUTH TEAM GROUP	\$80.00***
ADULT TEAM GROUP	\$183.00***

*** Must purchase for 6 teams at one time to qualify for this rate.

GENERAL LIABILITY INSURANCE

Lawsuits against players, coaches, sponsors, volunteers and league officials are increasing at an alarming rate. Play with peace of mind knowing you will be covered by one of the best sports liability programs available.

Liability coverage is provided during:

- Games
- Award Banquets
- Fundraisers
- Team Meetings
- Practices

This general liability policy provides \$2,000,000 coverage per occurrence 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
Product Liability**

Some of the policy exclusions are: the use of motor vehicles, watercraft and aircraft, injury to an employee, medical malpractice, and liquor liability.

ADDITIONAL INSURED COVERAGE

If requested, a facility owner, sponsor, or organization can be named as an additional insured at no additional charge. Liability coverage will be in effect only during the play and practice of the insured team/league. 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.

BASKETBALL

2020-2021

(Expires 8-1-2021)

TEAM INSURANCE ENROLLMENT FORM

1-800-447-6797

TEAM OR GROUP NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTACT PERSON _____ TITLE _____

PHONE (_____) _____

EMAIL _____

INSURED SPORT (CIRCLE ONE): BASKETBALL

BASKETBALL			
YOUTH TEAM INDIVIDUAL	\$98.00	YOUTH TEAM GROUP	\$80.00
ADULT TEAM INDIVIDUAL	\$223.00	ADULT TEAM GROUP	\$183.00

_____ X \$ _____ = \$ _____
of Teams Rate per Team Total Premium

COMPLETE ONLY IF FACILITY 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

OR

CALL: 1-800-447-6797

Certificates will be emailed. If email not available, then faxed

EMAIL ADDRESS: _____

FAX #: _____

ALL RATES INCLUDE AN ADMINISTRATION AND MEMBERSHIP FEE.

There is a \$10.00 additional processing fee for credit card purchases.