

2009 AABC INSURANCE APPLICATION FOR INDIVIDUAL TEAMS

Team Name _____
 League Name _____
 Manager's Name _____
 Mailing Address _____
 City/State/Zip _____
 Daytime Phone (_____) _____ Fax(_____) _____
 Email Address _____
 Please indicate how your certificate should be delivered: Email Fax US Mail

Note: Your team MUST be registered with the American Amateur Baseball Congress (AABC) in order to purchase insurance.

Is your team registered with the American Amateur Baseball Congress (AABC)?
 Yes - Please proceed No - STOP! Please contact AABC at 505-327-3120 or 866-557-3120 or register online at AABC@aabc.us before proceeding with the purchase of this insurance.

PLEASE CHECK THE BOX THAT BEST DESCRIBES YOUR TEAM AND THE COVERAGE OPTION YOU WOULD LIKE TO PURCHASE

	OPTION 1 One Million Liability Limit and Participant Accident	OPTION 2 Two Million Liability Limit and Participant Accident
T-Ball	<input type="checkbox"/> \$ 69	<input type="checkbox"/> \$ 76
Roberto Clemente (8 & under)	<input type="checkbox"/> \$ 72	<input type="checkbox"/> \$ 79
Willie Mays (10 & under)	<input type="checkbox"/> \$ 77	<input type="checkbox"/> \$ 84
Jackie Robinson (9 & under)	<input type="checkbox"/> \$ 77	<input type="checkbox"/> \$ 84
Pee Wee Reese (12 & under)	<input type="checkbox"/> \$ 85	<input type="checkbox"/> \$ 93
Gil Hodges (11 & under)	<input type="checkbox"/> \$ 85	<input type="checkbox"/> \$ 93
Sandy Koufax (14 & under)	<input type="checkbox"/> \$ 119	<input type="checkbox"/> \$ 129
Single Age Division - (13 & under)	<input type="checkbox"/> \$ 119	<input type="checkbox"/> \$ 129
Mickey Mantle (16 & under)	<input type="checkbox"/> \$ 134	<input type="checkbox"/> \$ 145
Single Age Division - (13 & under)	<input type="checkbox"/> \$ 134	<input type="checkbox"/> \$ 145
Connie Mack (18 & under)	<input type="checkbox"/> \$ 145	<input type="checkbox"/> \$ 155
Don Mattingly (17 & under)	<input type="checkbox"/> \$ 145	<input type="checkbox"/> \$ 155
Stan Musial (unlimited)	<input type="checkbox"/> \$ 385	<input type="checkbox"/> \$ 398
AMOUNT ENCLOSED _____	CHECK NUMBER _____	

I understand and agree to the following:

- Coverage is effective the day that K&K Insurance Group receives and approves the application and payment and will expire on 1/1/2010.
- Payment is Non-Refundable.
- With respect to insured teams and leagues only, no coverage for Abuse/Molestation will apply if there is no system in place to perform background checks as follows:
 - Using internet sexual offender registry checks on all persons with repeated access to youth annually.
 - Criminal background checks by a third party vendor on all persons with repeated access to youth upon initial start of position and once every third year thereafter.
- All participant must sign a waiver/release form. Please contact Cheryl Pettibone at 800-441-3994 or Cheryl_Pettibone@kandkinsurance.com should you need a sample waiver form.

MANAGER'S SIGNATURE

DATE

NOTE: The policy automatically provides additional insured status to any person, organization or entity engaged in sponsoring or providing the premises for your team or league operations. The certificate of insurance you receive will indicate this. If you should have an entity that requires their name be specifically listed on the certificate, please list below. Attach a separate page for more additional insureds certificate requests.

Name of Additional Insured _____

Additional Insured's Address _____

Relationship of Additional Insured (Provider of Premises, Sponsor, etc.) _____

Name of Additional Insured _____

Additional Insured's Address _____

Relationship of Additional Insured (Provider of Premises, Sponsor, etc.) _____

Name of Additional Insured _____

Additional Insured's Address _____

Relationship of Additional Insured (Provider of Premises, Sponsor, etc.) _____

**Please return completed application and payment to: K&K Insurance Group, c/o Sports Division/AABC Insurance Program • Mailing Address: P.O. Box 2338, Fort Wayne, IN 46801-2338
 Overnight Address: 1712 Magnavox Way, Fort Wayne, IN 46804 • Phone: 800-441-3994 Fax: 260-459-5120**

2009 AABC INSURANCE APPLICATION FOR LEAGUES INSURING ALL TEAMS WITHIN THEIR LEAGUES

League Name _____ How many teams in your league? _____
 Manager's Name _____
 Mailing Address _____
 City/State/Zip _____
 Daytime Phone (_____) _____ Fax(_____) _____
 Email Address _____

Please indicate how your certificate should be delivered: Email Fax US Mail

Note: All teams within your league MUST be registered with the American Amateur Baseball Congress (AABC) in order to purchase insurance.

Are all teams in your league registered with the American Amateur Baseball Congress (AABC)?
 Yes - Please proceed No - STOP! Please contact AABC at 505-327-3120 or 866-557-3120 or register online at AABC@aabc.us before proceeding with the purchase of this insurance.

PLEASE CHECK THE BOX THAT BEST DESCRIBES YOUR TEAM AND THE COVERAGE OPTION YOU WOULD LIKE TO PURCHASE

Note all teams within the league should purchase the same coverage option

	OPTION 1 One Million Liability Limit and Participant Accident				OPTION 2 Two Million Liability Limit and Participant Accident			
	Per Team		# Teams	COST	Per Team		# Teams	COST
T-Ball	<input type="checkbox"/> \$ 62	X			<input type="checkbox"/> \$ 69	X		
Roberto Clemente (8 & under)	<input type="checkbox"/> \$ 65	X			<input type="checkbox"/> \$ 72	X		
Willie Mays (10 & under)	<input type="checkbox"/> \$ 70	X			<input type="checkbox"/> \$ 76	X		
Jackie Robinson (9 & under)	<input type="checkbox"/> \$ 70	X			<input type="checkbox"/> \$ 76	X		
Pee Wee Reese (12 & under)	<input type="checkbox"/> \$ 77	X			<input type="checkbox"/> \$ 84	X		
Gil Hodges (11 & under)	<input type="checkbox"/> \$ 77	X			<input type="checkbox"/> \$ 84	X		
Sandy Koufax (14 & under)	<input type="checkbox"/> \$109	X			<input type="checkbox"/> \$ 117	X		
Single Age Division - (13 & under)	<input type="checkbox"/> \$109	X			<input type="checkbox"/> \$ 117	X		
Mickey Mantle (16 & under)	<input type="checkbox"/> \$122	X			<input type="checkbox"/> \$ 132	X		
Single Age Division - (13 & under)	<input type="checkbox"/> \$122	X			<input type="checkbox"/> \$ 132	X		
Connie Mack (18 & under)	<input type="checkbox"/> \$133	X			<input type="checkbox"/> \$ 142	X		
Don Mattingly (17 & under)	<input type="checkbox"/> \$133	X			<input type="checkbox"/> \$ 142	X		
Stan Musial (unlimited)	<input type="checkbox"/> \$349	X			<input type="checkbox"/> \$ 361	X		
TOTAL COST: \$					TOTAL COST: \$			
AMOUNT ENCLOSED _____				CHECK NUMBER _____				

I understand and agree to the following:

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2. Payment is Non-Refundable.
3. With respect to insured teams and leagues only, no coverage for Abuse/Molestation will apply if there is no system in place to perform background checks as follows:
 - Using internet sexual offender registry checks on all persons with repeated access to youth annually.
 - Criminal background checks by a third party vendor on all persons with repeated access to youth upon initial start of position and once every third year thereafter.
4. All participant must sign a waiver/release form. Please contact Cheryl Pettibone at 800-441-3994 or Cheryl_Pettibone@kandkinsurance.com should you need a sample waiver form.

LEAGUE OFFICIAL'S SIGNATURE

DATE

LEAGUES: Please list your teams and their appropriate age division. If more space is needed please attach an additional page.

Team Name	Division*	Team Name	Division*
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

*Please use the following division abbreviations:

TB = T-Ball RC = Roberto Clemente WM = Willie Mays JR = Jackie Robinson 15 = Single Age 15
 GH = Gil Hodges SK = Sandy Koufax 13 = Single Age 13 MM = Mickey Mantle
 CM = Connie Mack DM = Don Mattingly SM = Stan Musial PW = PeeWee Reese

NOTE: The policy automatically provides additional insured status to any person, organization or entity engaged in sponsoring or providing the premises for your team or league operations. The certificate of insurance you receive will indicate this. If you should have an entity that requires their name be specifically listed on the certificate, please attach a separate page that provides the following information:

Name of Additional Insured _____

Additional Insured's Address _____

Relationship of Additional Insured (Provider of Premises, Sponsor, etc.) _____

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