

SODA National Insurance Program

Proof of Coverage

Club # _____

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Application Receipt Date: 1/8/2007

Tracking Number: 449

I. GENERAL INFORMATION

Sports: Organization: **Gambrills Athletic Club 10 & Under Baseball**
Contact Person: **Marc Binder**
Mailing Address: **1909 Aquinas Drive**
City, St Zip Code: **Gambrills, MD 21054**
Home Phone: **443-995-4598** Business Phone: **443-995-4598**
Fax:
Email: **gambrillsbaseball@comcast.net**
Temporary Email:
Agreement Accepted: Yes

II. ACCIDENT INSURANCE

Policy #: SRG8710411

AIG Life Insurance Company

Ref # AMS9010007

Effective Date: 1/8/2007

Expiration Date: 1/1/2008

Plan: FULL EXCESS Since this policy contains an EXCESS MEDICAL BENEIT, YOU MUST FIRST FILE THE CLAIM WITH YOUR EXISTING INSURANCE PLANS (including major medical) before we may determine what payments, if any, we owe. Note: If your family carrier is an HMO or PPO, you must always follow their rules for obtaining benefits.

Coverage Effective Date: Coverage starts January 1, 2007, or the date on which this electronic Form and premium payment are received by Sadler & Company, Inc., whichever is later, and contains as outlined under the Accident Plan Description but in no event later than December 31, 2007

Type of Coverage: Youth Team Insurance
Accident Package Youth Team: \$100,000 Excess Medical; \$5000 Accidental Death or Dismemberment; \$250 per claim deductible

Teams: Sport: Baseball
of Teams: 1

10 & Under

III. GENERAL LIABILITY INSURANCE

Great American Assurance Company

Policy #: GLO0000566223303

Effective Date: 1/8/2007

Expiration Date: 1/1/2008

COVERAGE EFFECTIVE DATE: Coverage starts January 1, 2007, or the date on which this electronic Form and premium payment are received by Sadler & Company, Inc., whichever is later, and continues to December 31, 2007 subject to the limitations under General Liability Plan Description.

Type of Youth Team Insurance

Coverage: General Liability Package Youth Team: \$2,000,000 Each Occurrence; \$2,000,000 Participant Legal Liability; Waiver/Release Recommended

Teams: Sport: Baseball

of Teams: 1

10 & Under

IV. CERTIFICATES OF INSURANCE

With respect to the General Liability, the certificate holder(s) below are added as an Additional Insured solely in their capacity as a property owner or sponsor with respect to liability arising out of the insured's operations. This insurance does not apply to the sole negligence of the Additional Insured.

<u>Property Owner/Sponsor</u>	<u>Mailing Address</u>	<u>Relationship</u>
Mid Atlantic Baseball Association	P.O. Box 573 Ellicott City, MD 21041	Sponsor

V. OPTIONAL COVERAGES

Philadelphia Indemnity Insurance Company

In Louisiana Only: Philadelphia Insurance Company

Optional Coverages are effective only upon final underwriting and acceptance by Philadelphia Insurance Companies. If effective, all Optional Coverages expire one year after effective date.

Directors & Officers Liability (\$1,000,000 limit, \$1,000 deductible)	
A. Did your sports organization purchase a D&O Policy LAST YEAR from an insurance agency OTHER THAN Sadler & Company? (If yes, mail a copy to Sadler & Company.)	No
B. Within the scope of this proposed insurance: There has not been any claim made, or is there any now pending, against any corporation or persons proposed for this insurance, except as follows: Not Covered No corporation, director, officer or any other persons proposed for this insurance have any knowledge or information of any breach of duty, error, misstatement, misleading statement or omission, which could rise to a claim against them, except as follows: Not Covered	
C. Has any corporation, director, officer or any persons proposed for this insurance been the subject of any suit, inquiry, complaint or Notice of Hearing, including, but not limited to suits, inquiries, complaints or Notice of Hearing based upon or arising from charges of discrimination, sexual harassment or wrongful termination? If so, give details: Not Covered	
D. Approximate Sports Organization Revenue for current year:	Not Covered
Premium Accepted:	Not Covered

Crime Insurance (\$25,000 limit, \$500 deductible)	
List all dishonesty, burglary, robbery, disappearance, destruction and forgery losses discovered by the league in the past six (6) years, itemizing each loss separately below. Not Covered	
Premium Accepted:	Not Covered

Equipment Coverage (\$1,000 deductible per loss)	
Part I: Equipment Valued Less Than \$ 1,000 per item	
Type of unscheduled equipment with replacement cost values less than \$1,000 per item that you will be insuring:	
Sports Equipment:	Not Covered
Field/Facility Maintenance Equipment:	Not Covered
Concession Equipment:	Not Covered
Small Stock Sheds (valued less than \$1,000)	Not Covered
Concession Stock	Not Covered
Fences, Scoreboards, Lights	Not Covered
Uniforms	Not Covered
Dugouts, Bleachers, Benches	Not Covered
Other:	Not Covered
Other:	Not Covered
Total replacement cost value of all unscheduled equipment in Part 1:	Not Covered
Part 2: Equipment Valued \$ 1,000 or more per item	
Scheduled equipment with a replacement cost value greater than \$1,000 below:	
<u>Brief Description</u>	<u>Replacement Cost Value</u>
Not Covered	
Total replacement cost value of all scheduled equipment in Part 2:	Not Covered
Total replacement cost of Part 1 and Part 2:	Not Covered
Location where equipment is stored during off season:	
Not Covered	
Premium Accepted:	Not Covered

Insurance Agency:

Sadler & Company, Inc.

PO Box 5866, Columbia, SC 29250

803-254-6311 803-622-7370

send us an email @ soda@sadlersports.com www.sadlersports.com