



**Application Date : 11/11/2015**

**Final Summary**  
**Team Sports Combined Liability and Accident Insurance**

**Insured Information**

Named insured (as it should appear on the policy):	<b>New Berlin Magic</b>				
Doing business as (DBA):					
Contact first name:	<b>Edward</b>				
Contact last name:	<b>DeFrance</b>				
Mailing address:	<b>4015 S Wilshire Dr</b>				
City:	<b>New Berlin</b>	State:	<b>Wisconsin</b>	Zip:	<b>53151</b>
Phone:	<b>262-649-3021</b>	Fax:		Cell:	
E-mail:	<b>edefrance@rwbaird.com</b>				
Website:					
This is a renewal of coverage					

Member Name:	New Berlin Magic Baseball
Name of Organization or Public Member Agency:	New Berlin Magic
Current NRPA Membership Number:	26687

**Eligibility**

Coverage Effective Date:	01/01/2016 to 01/01/2017
In which state is the organization/entity located?	Wisconsin
Is the organization/entity not-for-profit?	Yes
Selected Sports/Activities:	Baseball
Do you conduct any Day Camps and/or Clinics for the sports selected?	No

The following activities are not covered by this policy:

Adventure races; Aerobic exercises; Bandy; BMX/Stunt cycling; Boating activities/sports; Bobsled; Body boarding; Boxing; Camps and clinics (age 19 & over); Canoe; Cheerleading (age 19 & over); Climbing; Cycling; Dance; Drill team/majorette (age 19 & over); Equestrian; Fishing (open water); Fitness - aerobics & exercise; Gymnastics; Hammer throw; Hang gliding; Hostelling; Interscholastic/intercollegiate teams or leagues; Jai alai; Javelin; Kayak; Kite surfing; Lifeguarding activities; Luge (street); Marathon; Martial arts; Mixed martial arts; Modern pentathlon; Mountain biking and/or hiking; Mountain boarding; Open water activities/sports; Outrigging; Paintball; Parachute; Parasailing; Polo (horse); Rafting; Rodeo; Roller derby; Rowing/crew; Rugby; Sailing; Scuba diving; Shooting sports; Skate boarding; Skating (inline/extreme/stunt/aggressive/free style); Skiing (water/snow-down hill); Sky diving; Sky surfing; Sled dog racing; Snorkeling; Snowboarding/snow surfing; Soccer (age 19 & over); Sport parachuting; Streetball; Strength & conditioning; Surfing (including boogie boards); Tackle/contact football; Touch/flag football; Trampoline; Trapeze; Triathlon; Unicycling; Wake boarding; Water ski; Wind surfing; Wrestling (age 19 & over); Wrestling (professional); Yachting.

Accepted

**Number of TEAMS in each category:**

**Max Age of Participant on Team**

Selected Sports:	12 yrs	16 yrs	18 yrs	19-59 yrs	TOTALS
Baseball	5	2	0	0	7

**Total Commercial General Liability & Participant Accident Cost****\$793.00****Coverage & Limits**

Each Occurrence:	\$ 2,000,000
General Aggregate (other than Products-completed Operations):	\$ 5,000,000
Products-completed Operations Aggregate:	\$ 2,000,000
Personal and Advertising Injury:	\$ 2,000,000
Damage to Premises Rented to You:	\$ 300,000
Medical Expense (other than participants):	\$ 5,000
Professional Liability:	\$ 2,000,000
Legal Liability to Participants:	\$ 2,000,000

**Notable Exclusions:**

Abuse, molestation, harassment or sexual conduct; Aircraft/hot air balloon; Airport; Amusement devices (The ownership, operation, maintenance or use of: any mechanical or non-mechanical ride, slide, or water slide, any inflatable recreational device, any bungee operation or equipment, any vertical device or equipment used for climbing-either permanently affixed or temporarily erected, or dunk tank. Amusement devices do not include any video or computer games or any device that is specifically designed for the training or instruction of the activity for which you are enrolled.); Animals (injury or death to, or injury, death or property damage caused by any animal owned, rented or hired by you); Asbestos; Commercial general liability standard exclusions (CG0001 12/04 edition); Employment-related practices; Fireworks; Fungi or bacteria; Haunted attractions; Lead; Nuclear energy liability; Performers; Rodeos; Saddle animals; Snowmobile; Transportation of athletes/participants. The operation, ownership, or management of any athletic facility or field, other than while being used for covered activities; concessionaires/vendors in conjunction with your organization; Carnivals/Festivals; Concerts; 24 hour premises liability for sports fields; Events involving gambling (ie: Bingo, Casino nights, Poker, Texas Hold'em tournaments); Non-rostered participants at tournaments hosted by the Insured; Events where alcohol is furnished or served; Sports events/activities involving participants in sports other than those reported and for whom premium has been paid.

**Terms & Conditions:**

- Any exposure changes that deviate from the original enrollment form must be reported in writing.
- Premiums are 100% fully earned and are non-refundable once the coverage begins.
- Coverage will be effective upon receipt of the completed enrollment form and premium payment unless the desired effective date is later.
- The expiration date is one full year from the effective date.
- Acceptance of this quote confirms your desire to obtain liability insurance through the Sports, Leisure and Entertainment Risk Purchasing Group.
- Please note that the total above includes both premium and a risk purchasing group (RPG) fee of \$10 per team; NRPA receives \$3 per team of the total RPG fee.
- Commercial General Liability Broadening Endorsement:
  - Expected or intended bodily injury or property damage resulting from the use of reasonable force to protect persons or property.
  - Non-owned Watercraft - extended to 58 feet.
  - Supplementary Payments - \$2,500 bail bonds, \$500 a day loss of earnings.
  - Waiver of Right of Recovery.
  - Bodily Injury definition expanded to include mental anguish, mental injury, shock, fright, humiliation, emotional distress or death resulting from bodily injury, sickness or disease.
  - Damage to Premises Rented to You - the term fire is replaced with fire, lightning, explosion, smoke and leaks from sprinklers.
  - Additional Coverage:
    - Emergency Real Estate Consultant Fee - \$25,000
    - Identity Theft Exposure - \$25,000
    - Key Individual Replacement Cost - \$50,000
    - Lease Cancellation Moving Expense - \$2,500
    - Temporary Meeting Space - \$25,000
    - Terrorism Travel Reimbursement - \$25,000
    - Workplace Violence Counseling - \$25,000

**Additional Information****Team Names**

Sport	Age Group	Team Name
Baseball	12 yrs	NB Magic U8
	12 yrs	NB Magic U9
	12 yrs	NB Magic U10
	12 yrs	NB Magic U11
	12 yrs	NB Magic U12
	16 yrs	NB Magic U13
	16 yrs	NB Magic U14

**Participant Accident Adult Sports Ages 18 and Under**

Participant Accident Excess Medical Expense Benefit	Limits	
Maximum	\$250,000	
Deductible Per Claim	\$0	
Benefit Period	3 years	
Accident Death and Specific Loss*		
Death	\$25,000*	
Specific Loss	\$25,000	

\*Subject to a \$500,000 overall maximum for any one accident  
Note: No aggregate limit for medical expense

**EXCLUSIONS AND LIMITATIONS** We will not pay for:

- (1) the examination, prescription, purchase, or fitting of eyeglasses, contact lenses, or hearing aids;
- (2) treatment by a person employed or retained by you or your subsidiaries or affiliates and for which no charge is normally made; or
- (3) care or treatment by a person who ordinarily lives in the insured's home or is a parent, grandparent, spouse, brother, sister, or child of either the insured or the insured's spouse.
- (4) intentional self destruction or an attempt at it, or intentional self inflicted injury while sane or insane (if a Missouri contract, while sane);
- (5) war or an act of war, declared or undeclared; or
- (6) air travel unless the insured is a passenger on a regularly scheduled flight of a properly licensed commercial airline.
- (7) being intoxicated or under the influence of a narcotic unless it is administered on the advice of a doctor; and
- (8) participation in a scheduled competitive event or meet by a person who is receiving benefits under the contract, unless he or she has a written statement from a doctor permitting such participation.

**Terms & Conditions:**

1. Any exposure changes that deviate from the original enrollment form must be reported in writing.
2. Premiums are 100% fully earned and are non-refundable once the coverage begins.
3. Coverage will be effective upon receipt of the completed enrollment form and premium payment unless the desired effective date is later.
4. The expiration date is one full year from the effective date.
5. The benefits under the plan selected are excess to any valid and collectible coverage.

**Additional Coverages**

**Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement**

Do you want to add this coverage to the quote? No, Thank you

**Equipment & Contents (Inland Marine) (This is a separate coverage document)**

**Eligibility**

Does the insured have leased/owned equipment that they want to insure? No, Thank you

**Directors & Officers Liability (This is a separate coverage document)**

**Eligibility**

Do you want to include directors & officers coverage in this quote? No, Thank you

**Additional Certificate Request**

Do you need to request any additional Certificate(s) of Insurance to present to a third party?						Yes
Entity name:	New Berlin West High School					
Mailing address:	18695 W Cleveland Ave					
City:	New Berlin	State:	Wisconsin	Zip:	53146	
Relationship:	Owner, manager or lessor of premises					
Entity name:	City of New Berlin					
Mailing address:	3805 S Casper Dr					
City:	New Berlin	State:	Wisconsin	Zip:	53151	
Relationship:	Owner, manager or lessor of premises					
Entity name:	New Berlin Public School District					
Mailing address:	4333 S Sunnyslope Rd					
City:	New Berlin	State:	Wisconsin	Zip:	53151	

Relationship:	Owner, manager or lessor of premises			
Entity name:	New Berlin Eisenhower School			
Mailing address:	4333 S Sunnyslope Rd			
City:	New Berlin	State:	Wisconsin	Zip: 53151
Relationship:	Owner, manager or lessor of premises			
Entity name:	Above Par Golf Carts, LLC			
Mailing address:	4485 S Racine Ave			
City:	New Berlin	State:	Wisconsin	Zip: 53146
Relationship:	Owner, manager or lessor of premises			
Entity name:	New Berlin Public School District			
Mailing address:	4333 S Sunnyslope Rd			
City:	New Berlin	State:	Wisconsin	Zip: 53151
Relationship:	Owner, manager or lessor of premises			
Entity name:	Star of Bethlehem Church and School			
Mailing address:	3700 S Casper Drive			
City:	New Berlin	State:	Wisconsin	Zip: 53151
Relationship:	Owner, manager or lessor of premises			
Entity name:	MLG TNBC LLC			
Mailing address:	13400 Bishop's Lane, Suite 270			
City:	Brookfield	State:	Wisconsin	Zip: 53005
Relationship:	Owner, manager or lessor of premises			

### Warranty & Disclosure

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

**I accept**

K&K Insurance Group, Inc. as managing general underwriter for the insurance company, receives compensation from the insurance company in consideration for its performance of insurance services that include, but are not limited to: underwriting, policy/certificate issuance, administration and claims handling. The insurance company compensates K&K, based on a predetermined calculation of thirty-three percent of the total premium. The total may also include an RPG membership fee.

I understand that, subject to applicable laws, K&K Insurance Group, Inc. will invest the premium and, in accordance with the permission of the insurer, will receive any interest or other income that the premium generates prior to remittance to the insurer.

**I accept**

I am aware that the insurance company expects accurate reporting for my premium calculation, and should my figures exceed my estimates during the coverage term I will make arrangements to pay the additional premium. I understand that my book and records may be examined or audited by the insurance company at any time during the coverage period and up to three years thereafter. Intentional misrepresentation or misreporting may jeopardize coverage. K&K reserves the right to decline/void any ineligible coverage.

**I accept**

I further acknowledge that, I have reviewed all information provided with this enrollment form and understand the exclusions which apply, as well as the activities and operations for which coverage is not provided. The information I provided on this enrollment form becomes a part of the insurance contract.

**I accept**

Name of the person completing this form: First name: **Edward** Last name: **DeFrance**

Relationship to insured: **Officer of the Board**

### Cost Summary

<b>Commercial General Liability:</b>	<b>\$ 793.00</b>	
Sexual Abuse/Sexual Molestation:	<b>Not Covered</b>	
<b>Total Commercial General Liability &amp; Participant Accident:</b>	<b>\$ 793.00</b>	
<b>Total Equipment &amp; Contents (Inland Marine):</b>	<b>Not Covered</b>	
<b>Total Directors &amp; Officers Liability:</b>	<b>Not Covered</b>	
<b>Total Cost</b>	<b>\$ 793.00</b>	

**Total Amount Due** **\$793.00**

**\* Cost subject to change if not completing purchase same day as quoting \***

This summary is not a contract of insurance. You must refer to the actual policy for complete information regarding coverage terms, conditions and exclusions, as they may change from one coverage period to the next. Please remember that you will receive evidence of coverage immediately if purchased online. You may request a copy of the full policy by submitting a written request.

Acceptance of this quote confirms your desire to obtain liability insurance through the Sports, Leisure and Entertainment Risk Purchasing Group (where applicable). An RPG provides group purchasing power for similar risks resulting in potential advantageous coverage terms, competitive rates, risk management bulletins, and rewards for favorable group loss experience.

An RPG membership fee may be charged.

#### Fraud Warning

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

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)\*. \*Applies in FL Only.

**Applicable in KS**

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 KY, NY, OH and PA**

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 is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits.

\*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

[NRPA\\_Insurance\\_Programs@aon.com](mailto:NRPA_Insurance_Programs@aon.com)

1-800-722-5676

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