

NATIONAL AMATEUR
BASEBALL FEDERATION



National Amateur Baseball Federation

2024

Liability and Accident Medical Insurance Plans

For more information about
NABF Sponsored
Liability and
Accident Medical Insurance Plans,
call **804-754-7610**

All plans underwritten by
"A" Rated Companies



Plans Administered by:
Frazier Insurance Agency, Inc.*
1602 Rolling Hills Dr., Suite 104
Richmond, VA 23229

Mailing address:
P.O. Box 1250, Midlothian, VA 23113-1250

Telephone: (804) 754-7610
Facsimile: (804) 754-7613
E-mail: ifrazier@frazierinsurance.com
www.frazierinsurance.com

*For overnight delivery use street address

This brochure presents only a brief description of available coverages. Please refer to the Policy for details of benefits, limitations, and exclusions.

Notice to New York Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

January, 2024



TO: ALL NABF MEMBERS

National Amateur Baseball Federation Liability and Excess Accident Medical Insurance Coverages

Once again, the NABF is pleased to make available to its member teams and leagues the opportunity to obtain valuable liability and accident medical coverages at competitive rates.

We all know how important it is to have appropriate insurance coverage in place. We have also considered the importance of sponsoring a program administered by a proven and reliable agency and underwritten by A rated insurance companies. We believe we are sponsoring one of the finest insurance programs available for our sport.

Although this program is not mandatory, we strongly urge your participation as it will not only benefit you but also add protection for the NABF Tournaments and World Series events.

If you do not currently have coverage or would like to compare our plan to your existing insurance, please review the brief description of coverages presented in this brochure. We do request that you carry an equivalent amount of insurance with an acceptable insurance carrier and that NABF be shown as an additional insured on any such coverage.

Enrollment in the plan is simple. Just complete the self-rating Application, or you can call Bill Frazier at **Frazier Insurance Agency, Inc.**, for a quotation.

Thank you for your attention to this important matter.

Derek J. Topik
Executive Director
www.nabf.com
nabfexecdiretor@gmail.com

LIABILITY

\$1,000,000 General Liability Occurrence
\$2,000,000 General Liability Aggregate
\$1,000,000 Participant Liability

Who is Covered

Third Party Spectator Liability Coverage and Athletic Participant Liability Coverage is provided for your league, its teams, participants, sponsors, managers, coaches, umpires, and other managing personnel and auxiliaries while acting on behalf of the league or one or more of its teams.

What is Covered

Coverage is provided against negligence arising out of the operation of the sports program including:

1. Use of athletic fields;
 2. Activities necessary or incidental to the conduct of practice, exhibition, regular season and post-season games;
 3. Food Concession (No Alcohol);
 4. Year-round activities such as fund-raising and award banquets, subject to the Insurance Company's approval;
 5. Liability assumed under approved written contract;
 6. Cost of investigating and defense of claims;
 7. Damage to Rented Premises;
 8. Athletic participant liability;
- (\$0 deductible each Bodily Injury / Property Damage claim)

What is Not Covered

This insurance does not cover:

1. Property owned, rented or leased by or in charge of the Insured;
2. Injury or death of an employee;
3. Aircraft, Watercraft, or Automobile

For a complete listing of exclusions, please read your Policy carefully.

Plans Administered by:
Frazier Insurance Agency, Inc.
P.O. Box 1250
Midlothian, VA 23113-1250
Phone: 804-754-7610 • Fax: 804-754-7613

EXCESS ACCIDENT MEDICAL

**\$25,000, \$50,000, or \$100,000 Maximum
\$0 Deductible**

Who is Covered

All players, coaches, and managers will be covered for accidental injury or death resulting directly and independently of all other causes sustained while they are: 1. participating in scheduled games or practice sessions; 2. traveling under adult supervision to or from scheduled games or practice sessions.

What is Covered

1. Accidental Medical Expense

When injury to an Insured requires treatment by a legally qualified physician; care given by a graduate nurse; confinement in a hospital; ambulance service to and from the hospital; and services and supplies ordered by a physician; the Company will pay the usual and reasonable expenses incurred on a Full Excess basis (see below) up to the policy maximum. The first expense must be incurred within 30 days of a covered accident. To be covered, any further expense must be incurred within 365 days.

Dental Benefit is included in the Medical Maximum Benefit.

Full Excess: The Company will pay the covered expenses incurred which are in excess of those benefits paid or payable by another Plan Providing Medical Expense Benefits, to the maximum for the plan selected (\$25,000, \$50,000, or \$100,000). Deductibles must be satisfied before benefits are paid.

Plan Providing Medical Expense Benefits means any group type policy, contract, or other arrangement for benefits or services for medical or dental care or treatment.

2. Accidental Dismemberment

If a covered injury results in loss of limb(s) or sight, the Company will pay the benefits shown below.

For loss of:

Two hands, two feet, or the sight of both eyes

(or any combination of these losses).....\$10,000

One hand, one foot, or sight of one eye\$5,000

Loss of hand or foot means complete severance through or above the wrist or ankle joint. (In SC, "loss of four fingers entire" is "loss of hand".) With regards to sight, the entire and irrecoverable loss of sight.

Only one benefit, the largest applicable, will be paid for all losses that result from any one accident. Injury must result in loss within 180 days of the accident.

3. Accidental Death • \$10,000 Benefit

The Company will pay the Accidental Death Benefit when a covered injury results in the Insured's death. Death must occur within 180 days after the accident occurs. If dismemberment benefits have been paid for a loss resulting from the same accident, the Accidental Death Benefit will not be payable.

Coordination of Benefits will be administrated in accordance with the laws of the Michigan Insurance Department.

Benefits will not be paid for a loss due to:

Intentionally self-inflicted Injury, suicide while sane or insane or any attempt thereat (in Missouri this applies only while sane). Any loss to which a contributing cause was the Covered Person's commission of or attempt to commit a felony or to which a contributing cause was the Covered Person's being engaged in an illegal occupation; Participation in a riot or insurrection; An act of declared or undeclared war (not including terrorism); active duty service in any Armed Forces of any country and, in such event, the pro-rata unearned premium will be returned upon proof of service. This does not include Reserve or National Guard active duty or training unless it extends beyond 31 days; practice or play in any sports activity, including travel to and from the activity and practice, unless specifically provided for in the Policy; parachuting, except for self-preservation; bungee jumping, flight in an ultralight aircraft, hang-gliding; sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial infection, regardless of how contracted. This does not exclude bacterial infection that is the natural and foreseeable result of an Injury or accidental food poisoning; services or treatment rendered by a Doctor, Nurse or any other person who is: Employed or retained by the Policyholder; or is the Covered Person, His spouse, parent, child or sibling; flight in an aircraft, except as a fare-paying passenger; dental treatment or dental X rays, except as otherwise provided, and only when Injury occurs to sound natural teeth; any loss for which benefits are paid under state or federal worker's compensation, employer's liability, or occupational disease law; treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay; cosmetic surgery, except for reconstructive surgery due to a covered Injury; charges which the Covered Person would not have to pay if He did not have insurance; eyeglasses, contact lenses, hearing aids; charges which are in excess of Usual and Customary charges.

Limitations

When Excess insurance is provided and another Plan Providing Medical Expense Benefits to an Insured is an HMO, PPO or similar arrangement for provision of benefits or services and the Insured does not use the facilities or services of the HMO, or PPO, or similar arrangement for provision of benefits or services, the medical benefits otherwise payable under this policy shall be reduced by 50%. This limitation shall not apply to emergency treatment required within 24 hours after an accident when the accident occurs outside the geographic area served by the HMO, PPO, or similar arrangement for provision of benefits or services.

Policy Term: Coverage will be in effect on the Effective Date specified on the Policy or one day after the U.S. Postmark on the mailed premium and application, whichever is later. Coverage will terminate on the Expiration Date given or according to the Master Policy.

Claim Procedure

Frazier Insurance Agency has a copy of the Medical Claim form for injuries to any of your players. When you first find out about an injury to a player please email our office and we will forward a copy of this form. The policy holder (yourself as the coach or league president) and the player or parent/guardian of the injured player will BOTH have to complete the form. Once the form is completed, please mail this and a copy of any medical bills available at time of completion, directly to the insurance carrier. Sending the form to our office will only slow down the process. There are instructions located on the form itself on how to correctly fill in information, but if you have any questions about the process or application please contact Frazier Insurance Agency. Finally, please note that there is a 90 day reporting period for ALL MEDICAL CLAIMS; reporting claims after 90 days of injury runs the risk of the claim not being paid.

RATES

Combined Liability

- A. \$1,000,000 General Liability (Occurrence)
- B. \$2,000,000 General Liability (Aggregate)
- C. \$1,000,000 Participant Liability
- D. Coverage includes Premises, Products and Personal Injury.
- E. Damage to Rented Premises (\$300,000 Any One Claim)
- F. Host Liquor and Limited Contractual are Included.

Annual Rates per Team

10 & Under - Rookie.....\$39.00 per Team
 12 & Under - Freshman\$39.00 per Team
 14 & Under - Sophomore.....\$39.00 per Team
 16 & Under - Junior\$39.00 per Team
 High School\$39.00 per Team
 18 & Under - Senior.....\$39.00 per Team
 22 & Under - College.....\$46.00 per Team
 Unlimited - Major\$46.00 per Team

Excess Accident Medical

Annual Rates per Team

Maximum Benefits: \$25,000 \$50,000 \$100,000

10 & Under - Rookie.....\$48.00\$53.00..... \$59.00
 12 & Under - Freshman\$62.00\$66.00..... \$70.00
 14 & Under - Sophomore.....\$75.00\$83.00..... \$90.00
 16 & Under - Junior\$112.00\$123.00..... \$132.00
 High School\$150.00\$168.00..... \$200.00
 18 & Under - Senior.....\$177.00\$185.00..... \$223.00
 22 & Under - College.....\$205.00 (Tournament only-\$121.00)
 Unlimited - Major\$205.00 (Tournament only-\$121.00)

Excess is paid only above primary coverages.

PLEASE KEEP THIS BROCHURE AS A GENERAL SUMMARY OF THE INSURANCE BENEFITS. The Master Policy on file at the National Amateur Baseball Federation contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be included in this Brochure. If any discrepancy exists between the Brochure and the Policy, the Master Policy will govern and control the payment of benefits.

No policies will be issued without payment of both Liability and Medical Premiums. Credit card payment available on-line at www.frazierinsurance.com or mail application with premium payable to:

Frazier Insurance Agency, Inc.
 P.O. Box 1250, Midlothian, VA 23113-1250

NATIONAL AMATEUR BASEBALL FEDERATION**

TEAM NAME	
FRANCHISE OR LEAGUE NAME	
STREET ADDRESS	
CITY/STATE/ZIP	
YOUR NAME / TITLE	
BUS. PHONE	HOME PHONE
EMAIL	FAX NO.
SIGNATURE	DATE

NABF Sanctioned? Yes _____ No _____

CHECK COVERAGE DESIRED:

Combined Liability
\$1,000,000 General - \$1,000,000 Participant
 (Waiver & Release System required for coverage.)
 Minimum \$25,000 Medical Coverage required

Excess Accident Medical

- \$ 25,000 Maximum Benefit
- \$ 50,000 Maximum Benefit
- \$100,000 Maximum Benefit

	LIABILITY		MEDICAL	
	# Teams	Premium	# Teams	Premium
10 & Under - Rookie.....	_____	_____	_____	_____
12 & Under - Freshman.....	_____	_____	_____	_____
14 & Under - Sophomore.....	_____	_____	_____	_____
16 & Under - Junior.....	_____	_____	_____	_____
High School.....	_____	_____	_____	_____
18 & Under - Senior.....	_____	_____	_____	_____
22 & Under - College.....	_____	_____	_____	*
Unlimited - Major.....	_____	_____	_____	*
Total:	_____	_____	Total:	_____

*College & Major Tournament only - \$121.00 Medical Premium

Attach name and address for each Additional Insured.
Total Amount Enclosed: \$ _____

****Program only available to NABF sanctioned teams, leagues, and tournaments.**