



2020
Baseball/Softball
Insurance Application



Program Coverage Summary

General Liability

\$2,000,000	General Aggregate
\$1,000,000	Per Occurrence
\$1,000,000	Personal and Advertising
\$2,000,000	Products/Completed Operations
\$300,000	Damage to Rented Premises
\$1,000,000	Non-Owned and Hired Auto ¹
\$1,000,000	Abuse and Molestation
\$1,000,000	Participant Legal Liability (Requires accident medical coverage)
\$ -0-	Medical Expense Coverage (May be added if required by contract)

¹Only applies to league officials on league business. Not valid for player transport or 15 passenger vans

Excess Liability Coverage

Increase General Liability Aggregate & Per Occurrence by \$4,000,000 each (\$2M/\$1M → \$6M/\$5M)

Accident Medical

Option 1

\$100,000	Accident Medical
\$10,000	Accidental Death & Dismemberment
\$3,000	Accidental Dental Benefit

Option 2

\$250,000	Accident Medical
\$10,000	Accidental Death & Dismemberment
\$3,000	Accidental Dental Benefit

Option 3

\$500,000	Accident Medical
\$20,000	Accidental Death & Dismemberment
\$3,000	Accidental Dental Benefit



Broker Information

Only complete this page if you are an insurance broker obtaining a policy on behalf of your client.

Name of Agency / Brokerage: _____

Name of Contact / Agent: _____

GIS-ID: _____

ORG-ID: _____

Mailing Address of Agency / Brokerage: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

GIS-ID and ORG-ID's are created and assigned to our clients and brokers via our website application system. If you have not yet created an account online, we highly recommend doing so now at www.gsportsinsurance.com/app/login.

As a broker your GIS-ID should contain the letter B, if it does not please reach out to us.

Contact Methods:

Online Chat	bottom right-hand corner of our website www.gsportsinsurance.com
Phone	1-800-995-9768
Email	sales@gsportsinsurance.com



Client/Organization Information

The below information is required. If you are a broker completing this application on behalf of your client, please fill-in your client's information below.

Organization/Association Name: _____

Name of Contact (You): _____

GIS-ID: _____

ORG-ID: _____

Mailing Address of Organization/Association: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Presidents Name: _____

Additional Contacts

Please identify any other individuals within your organization/association you wish to allow permission to request documents and other insurance related information.

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Contact Methods:

Online Chat bottom right-hand corner of our website www.gsportsinsurance.com

Phone 1-800-995-9768

Email sales@gsportsinsurance.com



Policy Questions

The information below is required. Please answer to the best of your ability.

Select One:

New Policy (New to Gagliardi)

Renewal (Renewing a Policy)

Adding Teams/Coverage (Adding to an existing Policy)

Desired Effective Date: _____

If you are renewing your policy with us, please refer to the expiration date of your organization/association's previous policy for accurate effective date.

All New & Renewal Policies will expire 1 year from the effective date. If you're Adding Teams/Coverages, the expiration date will be 1 year from the effective date of the initial policy.

Underwriting Questions

The information below is required. Please answer to the best of your ability.

Does your organization adopt or adhere to rules and regulations created by a nationally recognized rulemaking organization? (AAU, MLB, NBA, NCAA, FIFA, etc...)	Yes	No
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Has your Organization/Association have any claims filed against it within the last four years?	Yes	No
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If Yes, please provide a carrier generated loss runs report

Please note: Based on your organization's loss history, additional premium may be required.

Do you have a waiver in place that each participant must sign prior to play and would you be able to provide upon request?	Yes	No
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If No, do you agree to use the sample provided?	Yes	No
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If No, your Organization/Association is ineligible for General Liability coverage.	Initials:	
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Is a parent's signature required for minors?	Yes	No
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If No, your Organization/Association is ineligible for General Liability coverage.	Initials:	
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Do you have a written incident report procedure in place or agree to put one in place?	Yes	No
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Abuse & Molestation Questions

The information below is required. Please answer to the best of your ability.

Does your organization require a form of background check and/or other reviews of persons working with the team or league, including volunteers, coaches and officials? Yes No

If No, do you agree to update your risk guidelines to include this procedure? Yes No

If No, ineligible for Abuse & Molestation Coverage Initials:

Has your organization ever had an incident which resulted in an allegation of sexual abuse? Yes No

If Yes, please explain:

Has a sexual abuse claim ever been made against your organization? Yes No

If Yes, please explain how the claim was resolved:

Has your organization since made the proper changes to avoid sexual abuse moving forward? (Changes including but not limited to; background checks, incident report procedure, and organization wide discussions on recognizing the signs of sexual abuse and the importance of providing the children with a safe environment.)

If No, ineligible for Abuse & Molestation Coverage Initials:

Do you have written procedure in place to follow if a child, member, or employee reports an incident of sexual or physical abuse or Molestation? Yes No

Does your organization discuss how to recognize the signs of an abused child and the importance of providing a safe environment for the children in your care? Yes No



Concussion Questions

The information below is required. Please answer to the best of your ability.

If you suspect an athlete has a concussion, do you have an action plan that includes immediately removing the athlete from play or practice: Yes No

If No, ineligible for concussion protection Initials:

Keeping the athlete out of play or practice until they provide written clearance from a licensed physician:

If No, ineligible for concussion protection Initials:

Do you maintain a system for your sporting activities that includes communication (in written or electronic form) of education materials to participants, parents and coaches about the nature of risk of concussions, including but not limited to information such as: focusing on prevention and preparedness to keep athletes safe; understanding concussions and potential consequences of the injury; recognizing concussion symptoms and how to respond; and learning about steps for returning to play after a suspected concussion? Yes No

If No, ineligible for concussion protection Initials:

General Liability Coverage

General Liability covers your Organization/Association from legal liability that can arise from an incident to a third party resulting in bodily injury, property damage, and/or personal/advertising injury due to negligent acts of a member of your Organization/Association.

General Liability: \$2,000,000 Aggregate / \$1,000,000 Occurrence				
Rate per Team		Number of Teams		Premium Due
\$49	x		=	\$
The # of teams must be equal to the total # of teams listed in the Accident Medical section				



Program Rates

All teams must have the same Limit and Deductible (DED).

Calculate Premium Due by multiplying the # of teams by the deductible option selected.

OPTION 1 \$100,000 Accident Medical \$10,000 AD&D \$3,000 Accidental Dental Benefit						
		\$50 DED	\$100 DED	\$250 DED		
Select A Deductible						
BASEBALL						
Age Group	# of Teams	\$50 DED	\$100 DED	\$250 DED	Premium Due	
10 and Under	x	\$34	\$32	\$25	=	\$
12 and Under	x	\$37	\$34	\$27	=	\$
16 and Under	x	\$68	\$61	\$50	=	\$
18 and Under	x	\$147	\$119	\$99	=	\$
21 and Under	x	\$235	\$189	\$158	=	\$
SOFTBALL						
Age Group	# of Teams	\$50 DED	\$100 DED	\$250 DED	Premium Due	
12 and Under	x	\$32	\$28	\$23	=	\$
16 and Under	x	\$65	\$59	\$50	=	\$
21 and Under	x	\$133	\$121	\$101	=	\$

Option 2 & Option 3 can be found on the next page.

We offer 3 Accident Medical options as each Organization/Association has different needs. If you are unsure which options works best for you and your Organization/Association, please reach out to us for assistance.

Contact Methods:

Online Chat bottom right-hand corner of our website www.gsportsinsurance.com
 Phone 1-800-995-9768
 Email sales@gsportsinsurance.com



OPTION 2 \$250,000 Accident Medical \$10,000 AD&D \$3,000 Accidental Dental Benefit							
			\$50 DED	\$100 DED	\$250 DED		
Select A Deductible							
BASEBALL							
Age Group	# of Teams		\$50 DED	\$100 DED	\$250 DED	Premium Due	
10 and Under		x	\$40	\$37	\$32	=	\$
12 and Under		x	\$44	\$40	\$33	=	\$
16 and Under		x	\$82	\$74	\$60	=	\$
18 and Under		x	\$176	\$142	\$119	=	\$
21 and Under		x	\$282	\$227	\$190	=	\$
SOFTBALL							
Age Group	# of Teams		\$50 DED	\$100 DED	\$250 DED	Premium Due	
12 and Under		x	\$34	\$30	\$28	=	\$
16 and Under		x	\$80	\$71	\$59	=	\$
21 and Under		x	\$161	\$145	\$121	=	\$

OPTION 3 \$500,000 Accident Medical \$10,000 AD&D \$3,000 Accidental Dental Benefit							
			\$50 DED	\$100 DED	\$250 DED		
Select A Deductible							
BASEBALL							
Age Group	# of Teams		\$50 DED	\$100 DED	\$250 DED	Premium Due	
10 and Under		x	\$55	\$52	\$47	=	\$
12 and Under		x	\$59	\$55	\$48	=	\$
16 and Under		x	\$97	\$89	\$75	=	\$
18 and Under		x	\$191	\$157	\$134	=	\$
21 and Under		x	\$297	\$242	\$205	=	\$
SOFTBALL							
Age Group	# of Teams		\$50 DED	\$100 DED	\$250 DED	Premium Due	
12 and Under		x	\$49	\$45	\$43	=	\$
16 and Under		x	\$95	\$86	\$74	=	\$
21 and Under		x	\$176	\$160	\$136	=	\$



Directors & Officers Coverage Application

Directors & Officers coverage (D&O) indemnifies your organization for legal/defense costs or other losses in the event of civil or criminal litigation arising against a director or officer of the board of directors of your association with a \$1,000,000 limit.

For multiple associations, make as many copies of this page as required. The below pricing matrix/pricing table only needs to be completed once.

D&O Limit	Deductible	Rate per Board		# of Boards		Premium Due
\$1,000,000	\$500	\$345	x		=	\$

Conference Name: _____

Association Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

President's Name: _____

Have any loss payments been made under any prior or current D&O or similar insurance? Yes No

Has any league person given written notice under the provisions of any prior D&O liability or similar insurance of circumstances which might give cause for a claim against any insured person(s)? Yes No

Are you aware of any circumstance which would afford valid grounds for any future claim(s) which would fall within the scope of this coverage? Yes No

Cyber Liability Endorsement

If your organization is collecting participant data or sign up fees over the internet, we highly suggest this endorsement.

If you are obtaining D&O Coverage for multiple boards and wish to obtain a Cyber Liability Endorsement, then all board must obtain the endorsement.

Cyber Liability Limit	Deductible	Rate per Board		# of Boards		Premium Due
\$1,000,000	\$500	\$100	x		=	\$

\$100K Regulatory Action Limit For:

Legal fees incurred in response to a privacy loss Regulatory Action investigation
Fines and penalties the organization is required to pay resulting from a Regulatory Action investigation
A fund to provide compensation to individuals as required by Regulatory Action

\$100K Privacy Event Limit For:

Notifying individuals whose information was compromised
Credit Monitoring
Legal fees to determine compliance requirements when information is compromised
Identity Restoration Services
The costs to engage a computer expert to identify how information was accessed

DECLARATION AND SIGNATURE: (Signature of Association President is Mandatory)

Although the signing of this application shall be the basis of the contract should a policy be issued, the company is hereby authorized to make any investigation and inquiry in connection with this application that it deems necessary. We must be notified in writing of any changes in Board of Directors.

Date: _____ Signature: _____



Fidelity Bond Application

A Fidelity Bond protects your organization against fraud or dishonesty by named board members / volunteers but will not cover cash/untraceable funds.

Each Fidelity Bond covers 5 Board Members / Volunteers on a single Board. If you wish to cover more than 5 members or your organization has more than one Board, you must purchase multiple Fidelity Bonds.

Please print as many copies of this page as necessary to obtain coverage for all Boards, Board Members or volunteers you deem fit to place on this policy

Fidelity Bond Limit	Deductible	Rate per Bond		# of Bonds		Premium Due
\$35,000	\$500	\$180	x		=	\$
\$50,000	\$500	\$258	x		=	\$

Have you sustained any employee dishonesty losses in the last six years? Yes No

If Yes, Please Explain:

Board Association Name: _____

5 Association Positions to be on Policy:
(Position Title)

Full Name of Person on Policy:

This bond covers only those 5 persons holding the "positions" designated while such person is engaged in activities sanctioned by the League. We must be notified in writing of any changes in covered positions / individuals.

Date: _____

Signature: _____



Sports Equipment Coverage Application

This application is for Sports Equipment Coverage. This coverage protects your equipment against theft, vandalism or weather-related damage.

Buildings and food products are NOT covered under this policy.

To be eligible for this coverage equipment must be stored in a locked facility with either a deadbolt or external locking device.

I, _____, understand and acknowledge the above statement.

Check all that apply:

Burglar Alarms

Fire Alarms

Automatic Sprinklers

None

Association Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Presidents Name: _____

Deductible	Equipment Value	Rate per \$1 of Equipment		Premium Due (Round to nearest whole dollar)	
\$500		x	\$0.0291	=	\$

Minimum Premium for Sports Equipment Coverage is \$500 gives your association a \$17,182 limit of protection.

Complete address where equipment is stored:

Address: _____

City: _____ State: _____ Zip Code: _____

Please list all equipment/items valued over \$1,000 with serial number and description. Failure to do so may result in denial of claim. The following page is intended for the submission of those items.



Additional Insured /Certificate holders

Please list any and all additional insureds required. If you have greater than 5, we recommend providing the list via email to sales@gsportsinsurance.com

Additional Insured: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Additional Insured: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Additional Insured: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Additional Insured: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Additional Insured: _____

Address: _____

City: _____ State: _____ Zip Code: _____



Total Premium Due Calculation

Total Premium Amount	
Application Fee	\$100
Expedite Fee	\$50 (optional)
Total Due	

To receive a less expensive application fee and to obtain instant proof of coverage (for certain policies) we highly recommend you utilize our online application system www.gsportsinsurance.com

Policy will begin upon receipt of application and premium and will be valid for the specified term.

No backdating will be allowed under any circumstances.

To add participants/days at any time during the policy period please complete another application and submit to our office along with premium.

Participants cannot be deleted or removed after policy has been bound and processed.

I acknowledge & understand the above: _____

I, _____, confirm that all information provided on this application is true to the best of my knowledge and understand that any inaccurate or misleading statements may affect any claims made against the associated policy. I verify I have read and understand all information contained in this application and that Gagliardi Insurance Services reserves the right to deny all or part of any coverage offered. I understand that this application only provides a summary of coverage and that full details of the coverage or a copy of the insurance policies offered or purchased can be provided upon request. Insurance requirements may vary by venue and state. I understand that I am responsible for ensuring that I have purchased adequate coverage based on the location of the event or other covered activities.

Signature: _____

Date: _____ Name & Title: _____



Submission Methods

Complete Online Application:

We highly recommend clients utilize our online website application system to complete and submit their insurance application.

In addition to a smaller application fee, those who utilize our website application system receive the benefits of instant proof of coverage, automated COI requests, and easier renewal process for the following year.

Scan & Email:

If printed and completed by hand, please scan the application and email it to us.

For those who completed the application using the form-fill feature, please save and email the application to us.

Email: sales@gssportsinsurance.com

Mail:

Please send physical copy of application to:

Gagliardi Insurance Services
950 S Bascom Ave. Suite 3010
San Jose, CA 95128

Fax:

Fax Number: 408-414-8199

Contact Methods:

Online Chat	bottom right-hand corner of our website www.gssportsinsurance.com
Phone	1-800-995-9768
Email	sales@gssportsinsurance.com



Waiver of Liability, Release (sample)

For and in consideration of the undersigned participant's registration with _____(Name of Organization) ("Organization") and being allowed to participate in events and member activities, participant and the parent(s) or legal guardian(s) of participant waive, release and relinquish any and all claims for liability and cause(s) of action, including for personal injury, property damage or wrongful death occurring to participant or participant's parent(s) or legal guardian(s) arising out of participation in events, or sports, and/or activities incidental thereto, whenever or however they occur and for such period said activities may continue, and by this agreement any such claims, rights, and causes of action that participant and/or participant's parent(s) or legal guardian(s) may have are hereby waived, released and relinquished, and participant and participant's parent(s)/guardian(s) do so on behalf of their heirs, executors, administrators and assigns.

Participant and participant's parent(s)/guardian(s) acknowledge, understand and assume all risks relating to events or sports participation and activities incidental thereto, and understand that activities incidental thereto involve risks to participant's and participant's parent(s)/guardian(s) person including bodily injury, partial or total disability, paralysis and death, and damages which may arise there from and that we have full knowledge of said risks. These risks and dangers may be caused by the negligence of the participant, participant's parent(s)/guardian(s) or the negligence of others, including the organization, its affiliates, members, event hosts, other participants, other parents and legal guardians, coaches, officials, sponsors, advertisers, owners and operators of the premises used to conduct any event and each of them, their officers, directors, agents and employees (collectively, "releasees"), and include risks arising from the conditions and use of facilities and related premises. I/We further acknowledge that there may be risks and dangers not known to us or not reasonably foreseeable at this time.

Participant and participant's parent(s)/guardian(s) acknowledge, understand and assume the risks, if any, arising from the conditions and use of facilities and related premises, whether as a participant or a spectator, including without limitation, the risks involved with participating in the Organization's activities. Participant and participant's parent(s)/ guardian(s) further acknowledge and understand that included within the scope of this waiver and release is any cause of action (including any cause of action based on negligence) arising from the performance, or failure to perform, maintenance, inspection, supervision or control of said areas and for the failure to warn of dangerous conditions existing at said facilities, for negligent selection of certain releasees, or negligent supervision or instruction by releasees.

Participant and participant's parent(s)/guardian(s) acknowledge, understand The Organization reserves the right to photograph facilities, activities and program participants for potential future use. All photos remain the property of the Organization and may be used for publicity and promotional services.

Consent to Medical Treatment of Minor: I hereby give my consent to have the above applicant treated by a physician or surgeon in case of sudden illness or injury while participating in the above event. It is understood that the Organization provides no medical insurance for such treatment under its liability insurance coverage. Medical benefits for such treatments/injuries may be provided with proof of medical coverage purchased through the Organization. The location of the activity or the nature of the illness or injury may require the use of emergency medical personnel.

Participant and participant's parent(s)/guardian(s) agree if any claim for personal injury or wrongful death is commenced against releasees, he/she shall defend, indemnify and save harmless from any and all claims or causes of action by whomever or wherever made or presented for his/her personal injuries, property damage or wrongful death.

Participant and participant's parent(s)/guardian(s) acknowledge that they have been provided and have read the above paragraphs and have not relied upon any representations of releasees, that they are fully advised of the potential dangers and risks and understand these waivers and releases are necessary to allow the activities of the Organization to exist in its present form.

Participant Signature: _____ Age: _____ Date: _____

Print Participant Name: _____

Parent Signature: _____ Date: _____
(If under 18)