

# AMERICAN LEGION



OFFICIALLY SPONSORED & ENDORSED

## Accident/Liability Insurance

ONLY THESE PLANS WILL BE ACCEPTED BY THE BASEBALL SUBCOMMITTEE  
OF THE NATIONAL AMERICANISM COMMISSION OF THE AMERICAN LEGION.

# AMERICAN LEGION

## Accident Insurance Plan

36 YEARS OF  
CONTINUOUS  
SERVICE

### \$100,000. ACCIDENT MEDICAL EXPENSE BENEFIT

This plan pays for Covered Medical Expenses incurred within three years after an accident, to a maximum of \$100,000 per accident for each insured person. (Covered dental treatment limited to \$5,000 per accident for each insured person.)

Covered Medical Expenses are the reasonable charges required to be paid for treatment by a legally qualified physician or surgeon, hospital confinement or outpatient care in a duly licensed hospital, nursing care by a registered graduate nurse, emergency ambulance service up to \$200, prescribed legend drugs and medicines and other therapeutic services and supplies. Room and Board charges are limited to \$100 per day. Physicians, physical therapy and dentists visits are limited to \$60 for the first visit and \$50 for each subsequent visit in or out of the hospital.

Note: Medical Expenses not covered are those expenses incurred for: (1) Dental treatment (except as a result of injury to sound natural teeth); (2) Services or treatment rendered by a physician, nurse or any other person retained by the team; (3) Loss caused by war or act of war; (4) Loss sustained by an insured person while in military service; (5) Loss covered by any other valid and collectible insurance plan; (6) Loss caused or contributed to by alcohol or drug misuse; (7) Injury caused to an insured person in the commission of a felony by that insured person.

### \$10,000. ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

If the injury causes the death or loss of sight or limbs of the insured person, a benefit will be paid upon receipt of due proof that:

- (a) The insured has sustained a loss of the type listed below within 365 days after suffering the injury, and
- (b) Such loss resulted directly and independently of all other causes from such injury.

| <i>Types of Loss</i>              | <i>Benefit</i> |   |
|-----------------------------------|----------------|---|
| Life .....                        | \$10,000       | Loss of a hand or foot is actual severance through or above the wrist or ankle joint. |
| Loss of any one of the following: |                |   |
| Hand, foot or eye .....           | \$10,000       | Loss of an eye is the entire and irrecoverable loss of sight of the eye.              |

**The total benefits payable under this coverage to one insured who suffers more than one such loss from one accident shall not exceed \$10,000.**

### WHO IS INSURED?

During the tryout period, all players are covered (*provided enrollment form and payment have been received*) and, after commencement of the playing season, coverage is provided for all players whose names are registered with The American Legion. During the entire coverage period, protection is also afforded to American Legion Team Managers, Coaches, Batpersons, Athletic Officers and Post Commanders while involved in activities associated with American Legion Baseball.

### WHAT IS COVERED?

The Plan covers accidental injuries sustained while participating under the supervision of the proper authorities of The American Legion in any regularly approved baseball activity of an American Legion Baseball Team. This includes:

- (a) the tryout period, practice sessions and regularly scheduled games in department and tournament competition.
- (b) travel directly to and from any such supervised baseball activities, including the tryout period, practices, games, tournaments, and the 2008 World Series of Baseball.

**When an insured person is covered under more than one insurance plan, benefits payable under this plan will be EXCESS over any other valid and collectible insurance.**

### TERM OF INSURANCE

A Team's insurance will become effective March 1, 2008, or any later date on which a **completed enrollment form and payment are received** by S. A. Van Dyk Insurance at Oak Brook, Illinois. The term of insurance for seasonal coverage will be extended to cover the 2008 Major League World Series or will terminate as of the completion of the Team's season; when an individual is no longer a member of the team; or September 1, 2008, whichever is earlier. The term of insurance for year-round coverage will become effective March 1, 2008 or any later date on which a completed enrollment form and payment are received by S.A. Van Dyk, and will continue to March 1, 2009, providing that the number of off-season games does not exceed 50% of the regular season games. This is a single term policy for 2008.

#### PREMIUM – SENIOR TEAM

Season Coverage, Per Team ..... **\$160.00**  
Year-Round Coverage, Per Team ... **\$235.00**

#### PREMIUM – JUNIOR TEAM

Season Coverage, Per Team ..... **\$140.00**  
Year-Round Coverage, Per Team.... **\$205.00**



**SENTRY**  
INSURANCE  
A MUTUAL COMPANY  
Stevens Point, Wisconsin

# AMERICAN LEGION

## Liability Insurance Plan

The Commercial General Liability policy includes coverage for Bodily Injury, Property Damage, Premises, Personal and Advertising Injury, and Products and Completed Operations with a \$1,000,000 Limit per occurrence. "Occurrence means an accident, including continuous or repeated exposure to substantially the same general, harmful conditions."

### WHO IS COVERED?

The plan covers the team, its sponsors, managers, coaches and any other volunteer workers or auxiliaries while acting on behalf of the team. Field owners are covered as additional insureds under the policy.

NOTE: A CERTIFICATE OF INSURANCE may be requested by a city, municipality, county, school district, university or private field owners, asking to be named as an Additional Insured under your liability policy. Please list names and addresses of additional insured certificate holders on enrollment form and return along with a check.

### The Plan also covers potential liability arising out of:

1. The use of baseball fields and playing areas.
2. All activities necessary or incidental to the conduct of tryouts, practice, exhibitions, schedules and post season games.
3. Consumption or use of food and other products.
4. Insured contractual agreements.
5. Year round activities such as fund raising, meetings and award banquets.

### The Plan does not cover:

1. Liability arising out of the use of motor vehicles.
2. Property of others in care, custody and control of insured.
3. Injury or death of an employee.
4. Any baseball athletic activities such as tryouts, practice, exhibition or post season games conducted between the last day of the American Legion World Series and March 1, 2009, unless accident coverage is in place during the period.

### TERM OF INSURANCE

Insurance will become effective March 1, 2008 (or any later date on which a **completed enrollment form and payment are received** by S. A. Van Dyk Insurance at Oak Brook, Illinois) and continues to March 1, 2009. Once your coverage period has begun, there will be no return of premium. For your continuous on and off-field protection, it is important that your policy stay in effect from year to year.

### PREMIUM – SENIOR TEAM

Premium Per Team ..... **\$145.00**

### PREMIUM – JUNIOR TEAM

Premium Per Team ..... **\$100.00**

Underwritten By:



# 2008 AMERICAN LEGION BASEBALL ACCIDENT AND LIABILITY INSURANCE PLANS **Senior Enrollment Form** (Ages 19 & Under)

**PLEASE PRINT OR TYPE CLEARLY**

Post Name and No. \_\_\_\_\_  
(Please use Exact Legal Identity of Post)

Post Address, City, State & Zip \_\_\_\_\_

Name of Team (if different) \_\_\_\_\_

Is your team officially registered with the appropriate American Legion Baseball official and playing by American Legion rules? Yes  No

**Team Official to Whom Insurance Certificate is to be sent.**  
PLEASE PRINT OR TYPE

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

**A. AMERICAN LEGION ACCIDENT PLAN**

Seasonal Coverage = \$160.00 – **OR** –  Year-Round Coverage = \$235.00  
**You must select one of the above, then enter that amount here** ..... A. \$ \_\_\_\_\_

Accident coverage begins March 1, 2008 (or the date this enrollment form and payment are received by S. A. VAN DYK INSURANCE, at Oak Brook, Illinois; whichever date is later) and continues to September 1, 2008 for Seasonal coverage; or to March 1, 2009 for Year-Round coverage.

**B. AMERICAN LEGION BASEBALL LIABILITY PLAN**

**You must carry this Year-Round Coverage. The premium for this is \$145.00.** ..... B. \$ 145.00

Liability coverage begins March 1, 2008 (or the date this enrollment form and payment are received by S. A. VAN DYK INSURANCE, at Oak Brook, Illinois; whichever date is later) and continues to March 1, 2009.

**C. ADMINISTRATION FEE (NON REFUNDABLE)** ..... C. \$ 10.00

(In addition to the premium, an additional \$10.00 administration fee payable to S.A. Van Dyk Insurance, will be charged per team.)

**D. LIABILITY CERTIFICATES OF INSURANCE AVAILABLE AT NO CHARGE**

Please show name and address of the certificate holder below.

Name \_\_\_\_\_ Address \_\_\_\_\_

**TOTAL ENCLOSED** (add amounts for **A & B & C**) ..... \$ \_\_\_\_\_

Submitted by: \_\_\_\_\_  
(Signature of Team Official) (Title)

**Please Make Your Check Payable To: S. A. VAN DYK INSURANCE and MAIL TO: S. A. VAN DYK INSURANCE ADMINISTRATORS, AMERICAN LEGION BASEBALL INSURANCE PLANS, P.O. BOX 4806, OAK BROOK, ILLINOIS 60522-4806**

ACCIDENT PLAN UNDERWRITTEN BY SENTRY INSURANCE A MUTUAL COMPANY • STEVENS POINT, WISCONSIN  
LIABILITY PLAN UNDERWRITTEN BY K & K INSURANCE GROUP, INC. • FORT WAYNE, INDIANA

# 2008 AMERICAN LEGION BASEBALL ACCIDENT AND LIABILITY INSURANCE PLANS **Junior Enrollment Form** (Ages 17 & Under)

**PLEASE PRINT OR TYPE CLEARLY**

Post Name and No. \_\_\_\_\_  
(Please use Exact Legal Identity of Post)

Post Address, City, State & Zip \_\_\_\_\_

Name of Team (if different) \_\_\_\_\_

Is your team officially registered with the appropriate American Legion Baseball official and playing by American Legion rules? Yes  No

**Team Official to Whom Insurance Certificate is to be sent.**  
PLEASE PRINT OR TYPE

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

**A. AMERICAN LEGION ACCIDENT PLAN**

Seasonal Coverage = \$140.00 – **OR** –  Year-Round Coverage = \$205.00  
**You must select one of the above, then enter that amount here** ..... A. \$ \_\_\_\_\_

Accident coverage begins March 1, 2008 (or the date this enrollment form and payment are received by S. A. VAN DYK INSURANCE, at Oak Brook, Illinois; whichever date is later) and continues to September 1, 2008 for Seasonal coverage; or to March 1, 2009 for Year-Round coverage.

**B. AMERICAN LEGION BASEBALL LIABILITY PLAN**

**You must carry this Year-Round Coverage. The premium for this is \$100.00.** ..... B. \$ 100.00

Liability coverage begins March 1, 2008 (or the date this enrollment form and payment are received by S. A. VAN DYK INSURANCE, at Oak Brook, Illinois; whichever date is later) and continues to March 1, 2009.

**C. ADMINISTRATION FEE (NON REFUNDABLE)** ..... C. \$ 10.00

(In addition to the premium, an additional \$10.00 administration fee payable to S.A. Van Dyk Insurance, will be charged per team.)

**D. LIABILITY CERTIFICATES OF INSURANCE AVAILABLE AT NO CHARGE**

Please show name and address of the certificate holder below.

Name \_\_\_\_\_ Address \_\_\_\_\_

**TOTAL ENCLOSED** (add amounts for **A & B & C**) ..... \$ \_\_\_\_\_

Submitted by: \_\_\_\_\_  
(Signature of Team Official) (Title)

**Please Make Your Check Payable To: S. A. VAN DYK INSURANCE and MAIL TO: S. A. VAN DYK INSURANCE ADMINISTRATORS, AMERICAN LEGION BASEBALL INSURANCE PLANS, P.O. BOX 4806, OAK BROOK, ILLINOIS 60522-4806**

ACCIDENT PLAN UNDERWRITTEN BY SENTRY INSURANCE A MUTUAL COMPANY • STEVENS POINT, WISCONSIN  
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## TO ENROLL FOR COVERAGE:

The enrollment form must be *completed and signed* by a Team official and returned with payment for the appropriate premium.

The payment should be made payable to S. A. VAN DYK INSURANCE:

**S. A. VAN DYK INSURANCE ADMINISTRATORS  
AMERICAN LEGION BASEBALL INSURANCE PLANS  
P.O. BOX 4806  
OAK BROOK, ILLINOIS 60522**

## CERTIFICATE OF INSURANCE

Each Insured Team will be given a Certificate of Insurance which contains a complete description of the benefits.

Each Insured Team will also be given a duplicate Certificate of Insurance which must be filed with The American Legion National Headquarters along with National Form 1.

## CLAIMS:

All completed claim forms should be sent to S. A. VAN DYK INSURANCE.

# Questions?

Call 1-800-323-7326 or 630-990-7300.

Or write to: **S. A. VAN DYK INSURANCE ADMINISTRATORS  
AMERICAN LEGION BASEBALL INSURANCE PLANS  
1010 JORIE BLVD., SUITE 242  
P.O. BOX 4806  
OAK BROOK, ILLINOIS 60522-4806**

# Accident Plan

Underwritten By:



**SENTRY**<sup>®</sup>  
INSURANCE  
A MUTUAL COMPANY

Stevens Point, Wisconsin

# Liability Plan

Underwritten By:



***This brochure is for illustrative purposes only and is not an insurance contract. You must refer to your policies for complete information regarding policy limits, conditions and exclusions.***