

**2017 STATE BASEBALL INSURANCE REQUIREMENTS APPLICATION
10 & UNDER**

Satisfactory insurance is required of every team participating. The Department of South Dakota, VFW, has arranged for coverage through Boen & Associates, Inc.
The application at the bottom of this sheet is for your use in contacting Boen & Associates, Inc.

If you decide to meet the insurance requirements of obtaining insurance elsewhere, such arrangement is entirely permissible.

COST: \$87.00 Per 10 & Under Team (All teams are covered under the same policy limit) **TEAMS SHOULD RENEW AS SOON AS POSSIBLE PRIOR TO BEGINNING PRACTICE FOR 2017 TO HAVE ANY COVERAGE.**

BENEFITS:

LIABILITY: 1,000,000 Combined Single Limit Occurrence, 2,000,000 General Aggregate per Policy Term.
No Deductible Applies to Liability
EXCESS LIABILITY: 4,000,000 Each Occurrence/4,000,000 Aggregate Per Policy Term

ELIGIBILITY

All Players, Coaches, Managers and Volunteers of the Policyholder

DESCRIPTION OF COVERAGES:

Sports Only Coverage
Policyholder Functions

DESCRIPTION OF BENEFITS:

\$100,000 Maximum Benefit Amount Per Covered Person
\$10,000 Accidental Death, Dismemberment,
100% Of Usual and Customary - Benefit Amount
Dental Treatment – Included in Maximum Medical Benefit (\$3,000)
\$250 Deductible Amount Per Covered Person Per Injury

Accidental Medical Expense is paid only in **EXCESS** of any expenses payable by other valid and collectible Group Insurance.

Statements of coverage are obviously abbreviated. Exact provisions are stated in the master policy. By return mail you will receive a Certificate of Coverage and a more detailed explanation of the coverages.

If you choose to purchase team insurance through Boen & Associates, Inc., mail the application below with your check directly to Boen & Associates, Inc.

Boen & Associates, Inc. (Please Print)
307 W. 41st Street, P.O. Box 89010 **10 & Under**
Sioux Falls, SD 57105

Attached is our check for \$_____ to insure our team(s) under the policy sponsored by the South Dakota VFW Baseball Association.

PLEASE PRINT CLEARLY

Number of Teams _____ E-Mail Address: _____

Team Name _____ Town _____

Name of Coach _____ Phone: _____

Coach's Address, Town & Zip Code _____

I understand that coverage is effective upon receipt of my payment by Boen & Associates, Inc.

Signature of Coach