

**2017 STATE BASEBALL INSURANCE REQUIREMENTS APPLICATION  
16 & 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: \$112.00** Per 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 Each 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- Includes 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.

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Boen & Associates, Inc.  
307 W. 41<sup>st</sup> Street, P.O. Box 89010  
Sioux Falls, SD 57105

(Please Print)

**16 & Under**

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