

# 2011 AABC INSURANCE APPLICATION FOR INDIVIDUAL TEAMS

Team Name \_\_\_\_\_

League Name \_\_\_\_\_

Manager's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Daytime Phone (\_\_\_\_\_) \_\_\_\_\_ Fax(\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Please indicate how your certificate should be delivered:  Email  Fax  US Mail

**Note: Your team MUST be registered with the American Amateur Baseball Congress (AABC) in order to purchase insurance.**

Is your team registered with the American Amateur Baseball Congress (AABC)?

Yes - Please proceed  No - STOP! Please contact AABC at 505-327-3120 or 866-557-3120 or register online at [AABC@aabc.us](mailto:AABC@aabc.us) before proceeding with the purchase of this insurance.

**PLEASE CHECK THE BOX THAT BEST DESCRIBES YOUR TEAM AND THE COVERAGE OPTION YOU WOULD LIKE TO PURCHASE**

	<b>OPTION 1 One Million Liability Limit and Participant Accident</b>	<b>OPTION 2 Two Million Liability Limit and Participant Accident</b>
T-Ball	<input type="checkbox"/> \$ 62	<input type="checkbox"/> \$ 68
Roberto Clemente (8 & under)	<input type="checkbox"/> \$ 65	<input type="checkbox"/> \$ 71
Willie Mays (10 & under)	<input type="checkbox"/> \$ 70	<input type="checkbox"/> \$ 76
Jackie Robinson (9 & under)	<input type="checkbox"/> \$ 70	<input type="checkbox"/> \$ 76
Pee Wee Reese (12 & under)	<input type="checkbox"/> \$ 77	<input type="checkbox"/> \$ 84
Gil Hodges (11 & under)	<input type="checkbox"/> \$ 77	<input type="checkbox"/> \$ 84
Sandy Koufax (14 & under)	<input type="checkbox"/> \$ 109	<input type="checkbox"/> \$ 117
Single Age Division - (13 & under)	<input type="checkbox"/> \$ 109	<input type="checkbox"/> \$ 117
Mickey Mantle (16 & under)	<input type="checkbox"/> \$ 124	<input type="checkbox"/> \$ 133
Single Age Division - (15 & under)	<input type="checkbox"/> \$ 124	<input type="checkbox"/> \$ 133
Connie Mack (18 & under)	<input type="checkbox"/> \$ 135	<input type="checkbox"/> \$ 144
Don Mattingly (17 & under)	<input type="checkbox"/> \$ 135	<input type="checkbox"/> \$ 144
Stan Musial (unlimited)	<input type="checkbox"/> \$ 385	<input type="checkbox"/> \$ 398
<b>AMOUNT ENCLOSED</b> _____ <b>CHECK NUMBER</b> _____		

# 2011 AABC INSURANCE APPLICATION FOR INDIVIDUAL TEAMS

**I understand and agree to the following:**

1. Coverage is effective the day that K&K Insurance Group receives and approves the application and payment and will expire on 1/1/2012.
2. Payment is Non-Refundable.
3. With respect to insured teams and leagues only, no coverage for Abuse/Molestation will apply if there is no system in place to perform background checks as follows:
  - Using internet sexual offender registry checks on all persons with repeated access to youth annually.
  - Criminal background checks by a third party vendor on all persons with repeated access to youth upon initial start of position and once every third year thereafter.
4. All participants must sign a waiver/release form. Sample waivers are available online at [www.kandkinsurance.com/aabc](http://www.kandkinsurance.com/aabc).

\_\_\_\_\_  
MANAGER'S SIGNATURE

\_\_\_\_\_  
DATE

**NOTE: The policy automatically provides additional insured status to any person, organization or entity engaged in sponsoring or providing the premises for your team or league operations. The certificate of insurance you receive will indicate this.** If you should have an entity that requires their name be specifically listed on the certificate, please list below. Attach a separate page for more additional insureds certificate requests.

Name of Additional Insured \_\_\_\_\_

Additional Insured's Address \_\_\_\_\_

Relationship of Additional Insured (Provider of Premises, Sponsor, etc.) \_\_\_\_\_

Name of Additional Insured \_\_\_\_\_

Additional Insured's Address \_\_\_\_\_

Relationship of Additional Insured (Provider of Premises, Sponsor, etc.) \_\_\_\_\_

Name of Additional Insured \_\_\_\_\_

Additional Insured's Address \_\_\_\_\_

Relationship of Additional Insured (Provider of Premises, Sponsor, etc.) \_\_\_\_\_

Please return completed application and payment to: K&K Insurance Group, c/o Sports Division/AABC  
Insurance Program • Mailing Address: P.O. Box 2338, Fort Wayne, IN 46801-2338  
Overnight Address: 1712 Magnavox Way, Fort Wayne, IN 46804 • Phone: 800-441-3994 Fax: 260-459-5120

# 2011 AABC INSURANCE APPLICATION FOR LEAGUES INSURING ALL TEAMS WITHIN THEIR LEAGUES

League Name \_\_\_\_\_ How many teams in your league? \_\_\_\_\_  
 Manager's Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Daytime Phone (\_\_\_\_\_) \_\_\_\_\_ Fax(\_\_\_\_\_) \_\_\_\_\_  
 Email Address \_\_\_\_\_

Please indicate how your certificate should be delivered:  Email  Fax  US Mail

**Note: All teams within your league MUST be registered with the American Amateur Baseball Congress (AABC) in order to purchase insurance**

Is your team registered with the American Amateur Baseball Congress (AABC)?

Yes - Please proceed  No - STOP! Please contact AABC at 505-327-3120 or 866-557-3120 or register online at AABC@aabc.us before proceeding with the purchase of this insurance.

**PLEASE CHECK THE BOX THAT BEST DESCRIBES YOUR TEAM AND THE  
COVERAGE OPTION YOU WOULD LIKE TO PURCHASE**

Note: All teams within the league should purchase the same coverage option

	OPTION 1 One Million Liability Limit and Participant Accident				OPTION 2 Two Million Liability Limit and Participant Accident			
	Per Team		# Teams	Cost	Per Team		# Teams	Cost
T-Ball	<input type="checkbox"/> \$ 56	X			<input type="checkbox"/> \$ 61	X		
Roberto Clemente (8 & under)	<input type="checkbox"/> \$ 59	X			<input type="checkbox"/> \$ 64	X		
Willie Mays (10 & under	<input type="checkbox"/> \$ 63	X			<input type="checkbox"/> \$ 68	X		
Jackie Robinson (9 & under	<input type="checkbox"/> \$ 63	X			<input type="checkbox"/> \$ 68	X		
Pee Wee Reese (12 & under)	<input type="checkbox"/> \$ 69	X			<input type="checkbox"/> \$ 75	X		
Gil Hodges (11 & under	<input type="checkbox"/> \$ 69	X			<input type="checkbox"/> \$ 75	X		
Sandy Koufax (14 & under)	<input type="checkbox"/> \$ 100	X			<input type="checkbox"/> \$ 107	X		
Single Age Division - (13 & under)	<input type="checkbox"/> \$ 100	X			<input type="checkbox"/> \$ 107	X		
Mickey Mantle (16 & under)	<input type="checkbox"/> \$ 113	X			<input type="checkbox"/> \$ 121	X		
Single Age Division - (15 & under)	<input type="checkbox"/> \$ 113	X			<input type="checkbox"/> \$ 121	X		
Connie Mack (18 & under)	<input type="checkbox"/> \$ 124	X			<input type="checkbox"/> \$ 132	X		
Don Mattingly (17 & under)	<input type="checkbox"/> \$ 124	X			<input type="checkbox"/> \$ 132	X		
Stan Musial (unlimited)	<input type="checkbox"/> \$ 349	X			<input type="checkbox"/> \$ 361	X		
				<b>Total Cost: \$</b>				
				<b>Total Cost: \$</b>				
<b>AMOUNT ENCLOSED</b> _____				<b>CHECK NUMBER</b> _____				

# 2011 AABC INSURANCE APPLICATION FOR LEAGUES INSURING ALL TEAMS WITHIN THEIR LEAGUES

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\_\_\_\_\_  
LEAGUE OFFICIAL'S SIGNATURE

\_\_\_\_\_  
DATE

**LEAGUES: Please list your teams and their appropriate age division. If more space is needed please attach an additional page.**

Team Name	Division*	Team Name	Division*
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

\*Please use the following division abbreviations:

TB = T-Ball	RC = Roberto Clemente	WM = Willie Mays	JR = Jackie Robinson	15 = Single Age 15
GH = Gil Hodges	SK = Sandy Koufax	13 = Single Age 13	MM = Mickey Mantle	
CM = Connie Mack	DM = Don Mattingly	SM = Stan Musial	PW = PeeWee Reese	

**NOTE:** The policy automatically provides additional insured status to any person, organization or entity engaged in sponsoring or providing the premises for your team or league operations. The certificate of insurance you receive will indicate this. If you should have an entity that requires their name be specifically listed on the certificate, please attach a separate page that provides the following information:

Name of Additional Insured \_\_\_\_\_

Additional Insured's Address \_\_\_\_\_

Relationship of Additional Insured (Provider of Premises, Sponsor, etc.) \_\_\_\_\_