

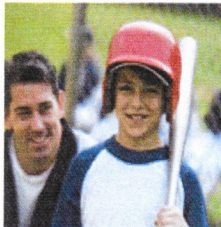
American Legion Baseball

ALL NEW USERS MUST REGISTER FIRST (see [register here](#) underneath the login/register wording) prior to beginning the insurance purchase; After registered, your information will be saved, and you can click [Buy Online](#).

If already a registered user; sign in; click on [Buy Online](#) to start the insurance purchase process. If you have forgotten your password from 2018, then use the [forgot password](#) link to reset the password.



We Take Fun Seriously



General Liability and Participant Accident Coverage for American Legion Baseball

Phone 1-630-990-7300
 Fax 1-630-990-8907
 Claims 1-630-990-7300
 Email savinsur@aol.com

[Buy Online](#)

Login/Register

First time users must register in order to save their Quotes & Applications: [Register here](#)

E-mail
 Password

[Forgot password?](#)

WHY DO I NEED THIS INSURANCE?

Whether or not your league is negligent, you can be sued. Even if you are found innocent, you have investigation and legal expenses. If you are found liable, you will have to pay all judgments. You need to be protected:

- To protect yourself and your team from lawsuits that may arise as a result of baseball-related activities.
- To protect current and future assets that may be at risk as a result of a bodily injury, personal injury, or property damage claim.
- To provide excess medical benefits for accidental injuries to your players & volunteers.

PROVIDES PROTECTION FOR

- Participant and Spectator Bodily Injury and Property Damage
- Claims resulting from injuries to participants
- Claims of libel, slander and wrongful eviction
- Claims from consumption or use of food products
- Liability assumed under written contract

GENERAL LIABILITY POLICY LIMITS

General Aggregate	NONE
Per Occurrence	\$ 2,000,000
Participant Legal Liability	\$ 2,000,000
Products/Completed Operations Aggregate	\$ 2,000,000
Damage to Premises Rented To You	\$ 300,000
Medical Payments Expense	\$ 5,000
Personal/Advertising Injury	\$ 2,000,000
Abuse/Molestation per Occurrence	\$ 2,000,000
Abuse/Molestation Aggregate	\$ 2,000,000

PARTICIPANT ACCIDENT LIMITS

Excess Medical - Per participant	\$100,000
Deductible - Per Claim	\$ 0
Accidental Death & Specific loss coverage	\$ 25,000

COVERED ACTIVITIES

- Try-outs
- Supervised Practices
- Baseball Games
- Tournaments
- Meetings
- Award Banquets
- Approved Fundraisers



Need Assistance, Please Call 1.800.441.3994 x5053
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 FATCA Notice: Please click <http://www.aon.com/FATCA> to obtain the appropriate W-9.
 K&K Insurance Group is a wholly-owned subsidiary of Aon.

The user enters the required data and clicks the 'Continue' button.

Quote

1 Eligibility — 2 Rating — 3 Quote

Teams - Eligibility

Is your team registered with the American Legion State and National Depts? Yes No

Desired effective date:

In which state is the team based:

*Coverage will expire on March-01 of the following year.

If the user answers 'No' to the first question, this pop-up is displayed.

Is your team registered with the American Legion State and National Depts? Yes No

Desired effective date:

Coverage will expire on March-01 of the following year.

Information

You have indicated that you are not registered with American Legion. You must be registered in order to purchase coverage through this program. Go to www.legion.org/baseball to register.

The user selects the Liability Plan and Accident Plan best suited to their team 'Continue' button to move to the next screen. Please note premium amounts shown below are for illustrative purposes only and are subject to change by policy period.

Quote 1 Eligibility - **2 Rating** - 3 Quote

Team - Rating

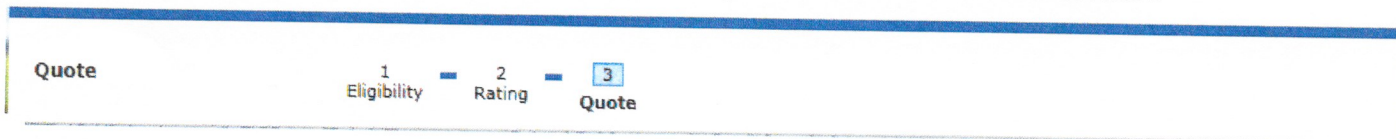
Please check the box that best describes your team below. If purchasing coverage for multiple teams, you will need to go through this process for each individual team.

A team's insurance will become effective March 1st or any later date on which a completed purchase with payment is made. The term of insurance for seasonal coverage will be extended to cover the Major League World Series, or will terminate as of the completion of the team's season, when the individual insured is no longer a member of the team or September 1st, whichever is earlier. The term of insurance for year round coverage will become effective March 1st or any later date which a completed purchase is made and will continue until March 1st of the next year.

	Junior	Senior
Liability Plan - per team	<input type="radio"/> 68.00	<input type="radio"/> 100.00
Accident Plan - per team		
Annual	<input type="radio"/> 185.00	<input type="radio"/> 225.00
Seasonal	<input type="radio"/> 130.00	<input checked="" type="radio"/> 155.00
Total Cost		\$ <input type="text"/>

*Coverage is effective on the day and time that payment is made and will expire on 03/01 of the following year.

See the bottom of the quote summary screen for options available on this screen.



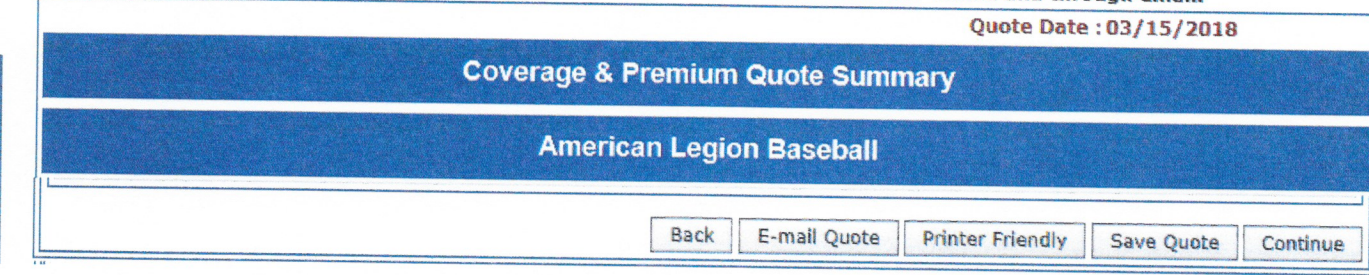
Below is your Quote Summary.

To purchase coverage, select **"Continue"** at the bottom of the screen

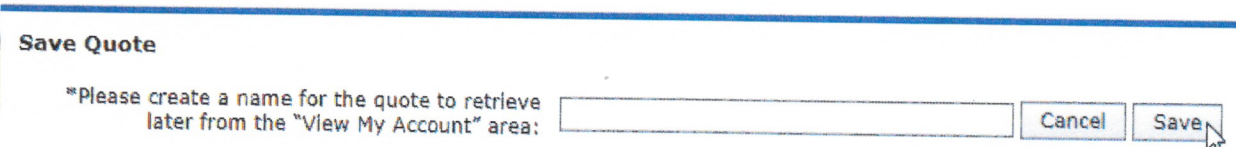
During this process, you will...

- Provide your Insured Information (to appear on the policy)
- **Provide Additional Insured/Certificate Holder Information (if needed - at no additional cost)**
- Accept the Warranty and Disclosure page (serves as your signature)
- Receive a Final Summary outlining the coverages, limits and amount due. You'll have the option to Save and return later, or purchase coverage now.
- Submit payment information (PayPal, Credit Card or Checking Account options)

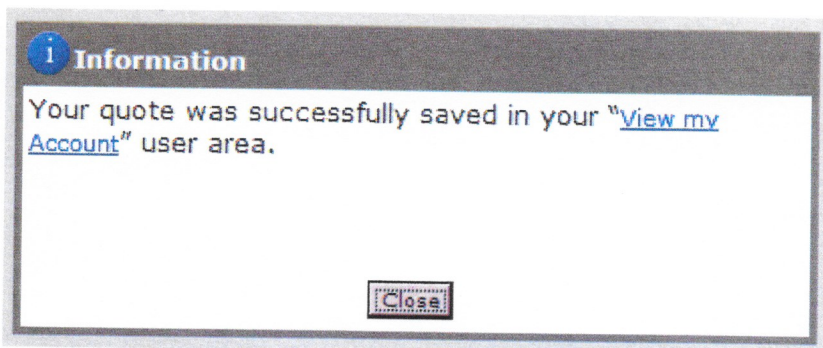
Once payment is processed, you will receive your coverage documents **IMMEDIATELY** online and through email.



If you want to save the quote you need to be logged in. To save at the quote summary, click on the 'Save Quote' button at the bottom of the quote summary screen. Enter a name for your document and click on the 'Save' button.



Close the pop-up message.



Click on the 'Continue' button to continue with the online application.

If you are not logged in, you will not see the 'Insured information is the same as login information' box. Checking this box will fill in all the required mandatory fields except the '*Team name:' field.

After entering the team name, click the 'Continue' button to move to the next screen in the online application.

Enrollment **1** Insured Information — 2 Certificate Request — 3 Warranty — 4 Final Summary — 5 Payment

** fields are mandatory*

Insured Information

Insured information is the same as login information

*Team name:

*Contact first name:

*Contact last name:

*Mailing address:

*City:

*State:

*Zip:

*Phone (including area code):

Cell (including area code):

Fax (including area code):

*E-mail:

*Re-confirm e-mail:

Website address (if any):

The 'Yes' button is automatically selected on the Certificate of Insurance Request screen. If additional certificates are needed, enter the required information and click on the Add This Certificate button. When all certificates have been added, click on the Continue button.

If no certificates are needed, click 'No' then the Continue button to move to the next screen in the application process.

Enrollment	1 Insured Information	2 Certificate Request	3 Warranty	4 Final Summary	5 Payment
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Certificate of Insurance Requests

At the conclusion of the insurance purchase, you will receive a certificate(s) of insurance via email, as evidence of the coverage that has been purchased.

If you require additional certificates listing a facility, property owner, or sponsor as an **Additional Insured**, please complete the certificate information section below.

Do you need to request an additional Insured certificate? Yes No

Additional Insured Field is limited to 90 characters. If a longer name is needed, you must complete your insurance transaction first, then submit a request for another certificate by using the ONLINE Certificate Request Option on the Customer Service tab located at the top of our website page.

Certificate Information:

Name of Certificate holder (Additional Insured):

Mailing address:

City:

State:

Zip:

Please indicate the relationship of the above entity (select one).

Owner, manager or lessor of the premises where you conduct practices or games

Sponsor

Co-promoter

If the relationship of the certificate holder you are entering is not listed above or if special language is required, complete your insurance purchase first. After your purchase is complete, you may submit a special request by using the ONLINE Certificate Request option on the Customer Service tab located at the top of our web page.

When the user clicks on the Add This Certificate button, the certificate is moved to the bottom of the screen.

Certificate 1	Preview Edit Delete
Certificate holder: Additional Insured	
Entity name: Additional Insured Cert Test	
Mailing address: 1 Main Street	
City: Payne	State: Ohio
	Zip: 45880
Relationship: Owner, manager or lessor of the premises where you conduct practices or games	
<input type="button" value="Back"/>	<input type="button" value="Continue"/>

The user needs to check the box, enter the first name and last name then select the relationship to the insured. Click the 'Continue' button to move to the next screen.

Enrollment	1 Insured Information	2 Certificate Request	3 Warranty	4 Final Summary	5 Payment
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Warranty and Disclosure Statement

I understand that the insurance company, in determining whether to provide insurance coverage, will rely on the information contained in this form and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

I am aware that the insurance company expects accurate reporting for my premium calculation, and should my figures exceed my estimates during the coverage term I will make arrangements to pay the additional premium. I understand that my book and records may be examined or audited by the insurance company at any time during the coverage period and up to three years thereafter. Intentional misrepresentation or misreporting may jeopardize coverage. K&K reserves the right to decline/void any ineligible coverage.

I further acknowledge that, I have reviewed all information provided with this enrollment form and understand the exclusions which apply, as well as the activities and operations for which coverage is not provided. The information I provided on this enrollment form becomes a part of the insurance contract.

Compensation and Other Disclosure Information

K&K Insurance Group, Inc. ("K&K") is an insurance producer licensed in your state. Insurance producers are authorized by their license to confer with insurance purchasers about the benefits, terms and conditions of insurance contracts; to offer advice concerning the substantive benefits of particular insurance contracts; to sell insurance; and to obtain insurance for purchasers. The role of the producer in any particular transaction involves one or more of these activities. Compensation will be paid to the producer, based on the insurance contract the producer sells. Depending on the insurer(s) and insurance contract(s) the purchaser selects, compensation will be paid by the insurer(s) selling the insurance contract or by another third party. Such compensation may vary depending on a number of factors, including the insurance contract(s) and the insurer(s) the purchaser selects. In addition, K&K may charge a fee for administrative services. Your signature on your application, quote form, check, credit card and/or other authorization for payment of your premium, will be deemed to signify your consent to and acceptance of the terms and conditions including the compensation, as disclosed above, that is to be received by K&K. The insurance purchaser may obtain information about compensation expected to be received by the producer based in whole or in part on the sale of insurance to the purchaser, and compensation expected to be received based in whole or in part of any alternative quotes presented to the purchaser by the producer, by emailing a written request to warranty@kandkinsurance.com.

I have agreed to all of the above terms

Name of person completing this form:

First Name:

Last Name:

Relationship to Insured:

See the bottom of the final summary screen for options available on this screen.

Saving the application is a required step to purchase coverage. It is also required if you want to save the information on the application and purchase later.

Save Application - This step is required prior to purchase

*Please provide a name for this Application/Final Coverage summary:

Information

Your application was successfully saved in your "View My Account" user area.

Click the 'Continue to Payment' button to make the purchase online. The method of payment is selected and the appropriate payment screens will come up after the user clicks on the 'Continue' button.

** See next page for documents you will receive after purchase **

After the payment has been processed the purchase summary screen will come up. From here the user can print out the coverage documents. An email will also be sent to the registered user's email address containing the purchase summary along with the coverage documents.

Hollie Lamle

From: savinsur@aol.com
Sent: Friday, April 13, 2018 11:11 AM
To: Hollie Lamle
Cc: Hollie Lamle; savinsur@aol.com
Subject: ALB-Post 123-Your K&K Insurance purchase
Attachments: W01211075-Acord 25-EOC.pdf; W01211076CCPR.pdf; 041320181110-Application Summary.pdf

Thank You For Your Business.

Your payment has been processed successfully.

Thank you for allowing us to serve your insurance needs. Your payment has been processed successfully.

Below is a detailed purchase summary. In addition, attached to this email, you will find your coverage documents related to your insurance purchase in PDF (Adobe Reader) format. Please open the attachments to print and save for your records.

Please Note: If at any time during your coverage period, you need to request additional certificates of insurance for this account, please contact our office.

We appreciate your business.

Sincerely,

S.A. Van Dyk, Inc.
PO Box 4806
Oak Brook, IL 60522-4806

Phone: 1-630-990-7300
Email: savinsur@aol.com
Office hours: M-F, 9:00 AM to 5:00 PM CST

Purchase Document Example

For your security, no credit card information is retained on this website.

PURCHASE SUMMARY

Application Information

Application Date	04/13/2018
Applicant	hollie lamle
Insured	Post 123
Insured State	Indiana

Coverage(s) Purchased

American Legion Baseball	\$198.00
Total Cost	\$198.00

Total Premium & Payment Information

Total Cost	\$198.00
Total Payment	\$198.00
Payment Method	CREDIT CARD
Payment Reference	BQ3PF6555AB3

If you do not have the software to open .pdf files, you can download [Adobe Acrobat Reader for free.](#)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/13/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

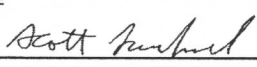
PRODUCER S.A. Van Dyk, Inc. PO Box 4806 Oak Brook, IL 60522-4806	CONTACT NAME: Maggi Van Dyk		
	PHONE (A/C, No, Ext): 1-630-990-7300	FAX (A/C, No): 1-630-990-8907	
E-MAIL ADDRESS: savinsur@aol.com			
PRODUCER CUSTOMER ID:			
INSURED The American Legion, It's State Departments and; Post 123 123 main street columbia city, IN 46725	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: National Casualty Insurance Company		11991
	INSURER B: Nationwide Life Insurance Company		66869
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** W01211075 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			6LKRO000007167000	04/13/2018 11:10 AM EDT	03/01/2019 12:01 AM	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea Occurrence) \$300,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE NONE PRODUCTS - COMP/OP AGG \$2,000,000 LEGAL LIAB TO PARTICIPANTS \$2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> NOT PROVIDED WHILE IN HAWAII						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
B	Participant Accident			6ASPX0000028548000	04/13/2018 11:10 AM EDT	09/01/2018 12:01 AM	AD&D \$25,000 PRIMARY MEDICAL NONE EXCESS MEDICAL \$100,000 WEEKLY INDEMNITY NONE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Coverage is provided to the Named Insured under the policy for baseball operations and activities that are scheduled, sanctioned, approved, organized, and supervised by the insured that includes but not limited to tryouts, practices, clinics, operation of concession stands at covered activities, games, tournaments, fund raising drives, field maintenance, event set-up and tear-down periods, parades in which the covered team participates, awards banquets, conferences, ceremonies and meetings.

CERTIFICATE HOLDER Evidence of Coverage	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/13/2018

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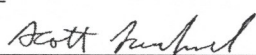
PRODUCER S.A. Van Dyk, Inc. PO Box 4806 Oak Brook, IL 60522-4806	CONTACT NAME: Maggi Van Dyk	
	PHONE (A/C, No, Ext): 1-630-990-7300	FAX (A/C, No): 1-630-990-8907
	E-MAIL ADDRESS: savinsur@aol.com	
	PRODUCER CUSTOMER ID:	
INSURED The American Legion, It's State Departments and; Post 123 123 main street columbia city, IN 46725	INSURER(S) AFFORDING COVERAGE	
	INSURER A: National Casualty Insurance Company	NAIC # 11991
	INSURER B: Nationwide Life Insurance Company	NAIC # 66869
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** W01211076 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		6LKRO0000007167000	04/13/2018 11:10 AM EDT	03/01/2019 12:01 AM	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea Occurrence) \$300,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE NONE PRODUCTS - COMP/OP AGG \$2,000,000 LEGAL LIAB TO PARTICIPANTS \$2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> NOT PROVIDED WHILE IN HAWAII						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
B	Participant Accident			6ASPX0000028548000	04/13/2018 11:10 AM EDT	09/01/2018 12:01 AM	AD&D \$25,000 PRIMARY MEDICAL NONE EXCESS MEDICAL \$100,000 WEEKLY INDEMNITY NONE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 The certificate holder named below is named as an additional insured under the policy but only as respects to the operation of the named insured. The inclusion does not increase the limit of liability under the policy.
 (Owner/Lessor of Premises)

CERTIFICATE HOLDER CCPR 1235 main street columbia city, IN 46725	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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S.A. Van Dyk, Inc.
PO Box 4806
Oak Brook, IL 60522-4806
Phone 1-630-990-7300
Fax 1-630-990-8907
Claims 1-630-990-7300

Application Date :04/13/2018

Final Summary

American Legion Baseball

Insured Information

Team Name: **Post 123**
Contact first name: **hollie**
Contact last name: **lamle**
Mailing address: **123 main street**
City: **columbia city** State: **Indiana** Zip: **46725**
Phone: **2602601234** Fax: Cell:
E-mail: hollie.lamle@kandkinsurance.com
Website:
This is a new account

Agent Information

Agency Name: **S.A. Van Dyk, Inc.**
Agency Mailing address: **PO Box 4806**
City: **Oak Brook** State: **Illinois** Zip: **60522-4806**
Agency Phone: **1-630-990-7300** Fax: **1-630-990-8907**
Agent/contact E-mail: savinsur@aol.com

Commercial General Liability Coverages & Limits

Eligibility

Is your team registered with the American Legion State and National Depts? Yes
Desired effective date: 04/13/2018 to 03/01/2019
In which state is the team based? Indiana

Coverage & Limits

Junior Team

General Aggregate :	NONE
Per Occurrence :	\$2,000,000
Participant Legal Liability :	\$2,000,000
Products/Completed Operations Aggregate :	\$2,000,000
Damage to Premises Rented To You :	\$300,000
Medical Payments Expense :	\$5,000
Personal/Advertising Injury :	\$2,000,000
Abuse/Molestation Per Occurrence :	\$2,000,000
Abuse/Molestation Aggregate :	\$2,000,000

Total Commercial General Liability Premium:

\$68.00

Notable Exclusions:

Fireworks, Nuclear Energy Liability, Asbestos, Motorized Vehicle/ Motorcycle/Watercraft/Power Boat, Aircraft/Hot Air Balloon, Amusement Devices, Bungee, Dunk Tanks, Haunted Houses, Employment-Related Practices, Fungi or Bacteria, Violation of statutes that Govern E-Mails, Fax, Phone Calls or other methods of sending material or information, Lead Contamination, Property of others in the care, custody and control of insured, Intentional Acts, Sale or Manufacturing of alcoholic beverages.

Terms & Conditions:

1. Coverage will become effective 03/01 or if enrollment is completed after 03/01, then the effective date will be the date and time that the completed enrollment is processed and payment is received. Coverage will expire on 03/01 of the following year.

Participant Accident Coverages & Limits

Junior Seasonal

Excess Medical - Per participant	\$100,000
Deductible - Per Claim	\$0
Accidental Death & Specific loss coverage	\$25,000

Coverage Dates: 04/13/2018 to 09/01/2018

Notable Exclusions:

1. The cost of eyeglasses, contact lenses or examinations for either.
2. Air travel, unless the insured is a passenger on a regularly scheduled flight of a properly licensed commercial airline.
3. Intentional self-destruction or an attempt at it, or intentional self-inflicted injury while sane or insane.
4. Declared or undeclared war.
5. Losses resulting from being intoxicated or under the influence of a narcotic, unless it is administered on the advice of a doctor.
6. Losses resulting from sickness, disease, or bodily infirmity, or from any cause other than the accident.

Terms & Conditions:

1. Coverage will become effective 03/01 or if enrollment is completed after 03/01, then the effective date will be the date and time that the completed enrollment is processed and payment is received. Coverage will expire on 03/01 of the following year, unless the SEASONAL premium is purchased, then the expiration date will be 09/01 of the current year.

Total Participant Accident Premium:

\$130.00

Additional Certificate Request

Do you need to request any additional Certificate(s) of Insurance to present to a third party? Yes

Entity Name: CCPR
Mailing Address: 1235 main street
City: columbia city State: Indiana Zip: 46725
Relationship: Owner, manager or lessor of the premises where you conduct practices or games

Warranty & Disclosure

I understand that the insurance company, in determining whether to provide insurance coverage, will rely on the information contained in this form and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

I am aware that the insurance company expects accurate reporting for my premium calculation, and should my figures exceed my estimates during the coverage term I will make arrangements to pay the additional premium. I understand that my book and records may be examined or audited by the insurance company at any time during the coverage period and up to three years thereafter. Intentional misrepresentation or misreporting may jeopardize coverage. K&K reserves the right to decline/void any ineligible coverage.

I further acknowledge that, I have reviewed all information provided with this enrollment form and understand the exclusions which apply, as well as the activities and operations for which coverage is not provided. The information I provided on this enrollment form becomes a part of the insurance contract.

Compensation and Other Disclosure Information

K&K Insurance Group, Inc. ("K&K") is an insurance producer licensed in your state. Insurance producers are authorized by their license to confer with insurance purchasers about the benefits, terms and conditions of insurance contracts; to offer advice concerning the substantive benefits of particular insurance contracts; to sell insurance; and to obtain insurance for purchasers. The role of the producer in any particular transaction involves one or more of these activities. Compensation will be paid to the producer, based on the insurance contract the producer sells. Depending on the insurer(s) and insurance contract(s) the purchaser selects, compensation will be paid by the insurer(s) selling the insurance contract or by another third party. Such compensation may vary depending on a number of factors, including the insurance contract(s) and the insurer(s) the purchaser selects. In addition, K&K may charge a fee for administrative services. Your signature on your application, quote form, check, credit card and/or other authorization for payment of your premium, will be deemed to signify your consent to and acceptance of the terms and conditions including the compensation, as disclosed above, that is to be received by K&K. The insurance purchaser may obtain information about compensation expected to be received by the producer based in whole or in part on the sale of insurance to the purchaser, and compensation expected to be received based in whole or in part of any alternative quotes presented to the purchaser by the producer, by emailing a written request to warranty@kandkinsurance.com.

In addition, premiums paid by clients to K&K for remittance to insurers, client refunds and claim payments paid to K&K by insurance companies for remittance to clients are deposited into fiduciary accounts in accordance with applicable insurance laws until they are due to be paid to the insurance company or Client. Subject to such laws and the applicable insurance company's consent, where required, K&K will retain the interest or investment income earned while such funds are on deposit in such accounts.

In placing, renewing, consulting on or servicing your insurance coverages K&K and its affiliates may participate in contingent commission arrangements with insurance companies that provide for additional contingent compensation, if, for example, certain underwriting, profitability, volume or retention goals are achieved. Such goals are typically based on the total amount of certain insurance coverages placed by K&K with the insurance company or the overall performance of the policies placed with that insurance company, not on an individual policy basis. As a result, K&K may be considered to have an incentive to place your insurance coverages with a particular insurance company. Where K&K participates in contingent commission arrangements with insurance companies, K&K may be entitled to additional commission in the range of 0 to 5% depending upon whether and when specified thresholds are achieved.

Our liability to you, in total, for the duration of our business relationship for any and all damages, costs, and expenses (including but not limited to attorneys' fees), whether based on contract, tort (including negligence), or otherwise, in connection with or related to our services (including a failure to provide a service) that we provide in total shall be limited to the lesser of \$2,500,000 or the singular annual limit of the policy of insurance procured by us on your behalf from which your damages arise.

This liability limitation applies to you, our client, and extends to our client's parent(s), affiliates, subsidiaries, and their respective directors, officers, employees and agents (each a "Client Group Member" of the "Client Group") wherever located that seek to assert claims against K&K, and its parent(s), affiliates, subsidiaries and their respective directors, officers, employees and agents (each an "K&K Group Member" of the "K&K Group"). Nothing in this liability limitation section implies that any K&K Group Member owes or accepts any duty or responsibility to any Client Group Member.

If you or any of your Group Members asserts any claims or makes any demands against us or any K&K Group Member for a total amount in excess of this liability limitation, then you agree to indemnify K&K for any and all liabilities, costs, damages and expenses, including attorneys' fees, incurred by K&K or any K&K Group Member that exceeds this liability limitation.

Aon Corporation, our ultimate parent company, and its affiliates have from time to time sponsored and invested in insurance and reinsurance companies. While we generally undertake such activities with a view to creating an orderly flow of capacity for our clients, we also seek an appropriate return on our investment. These investments, for which Aon is generally at-risk for potential price loss, typically are small and range from fixed-income to common stock transactions. In such case, the gains or losses we make through your investments could potentially be linked, in part, to the results of treaties or policies transacted with you. Please visit the Aon website at http://www.aon.com/market_relationships for a current listing of insurance and reinsurance carriers in which Aon Corporation and its affiliates hold any ownership interest.

I accept

Name of the person completing this form: First name: **hollie** Last name: **lamle**
Relationship to insured: **Insured**

Premium Summary

Total Commercial General Liability Premium:	\$68.00
Total Participant Accident Premium:	\$130.00
Total Premium:	\$198.00

This summary is not a contract of insurance. You must refer to the actual policy for complete information regarding coverage terms, conditions and exclusions, as they may change from one coverage period to the next. Please remember that you will receive evidence of coverage immediately if purchased online. You may request a copy of the full policy by submitting a written request to S.A. Van Dyk, Inc.

Acceptance of this quote confirms your desire to obtain liability insurance and participant accident insurance through K&K Insurance Group.

Fraud Warning

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy, for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Need Assistance, Please Call 1.800.441.3994 x5053

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