

AABC INSURANCE WAIVER APPLICATION

This form, AND a copy of your insurance policies must be received by the AABC no later than June 1 of the current year.
RETURN COMPLETED FORM TO: AABC, 100 West Broadway, Farmington , NM 87401.

Our league/team desires an insurance waiver to satisfy the AABC insurance requirement.

NAME OF TEAM/LEAGUE _____
OFFICER AND ADDRESS _____
PHONE _____

YOUR POLICY MUST MEET THE MINIMUM AABC REQUIREMENTS

LIABILITY POLICY	Is Commercial General Liability written on an occurrence basis?	Yes ___	No ___
	Does your liability policy include a deductible? How much? _____	Yes ___	No ___
	Is the American Amateur Baseball Congress named as an additional insured?	Yes ___	No ___
	Does coverage extend to all AABC sponsored and sanctioned practice and play?	Yes ___	No ___
	<u>Does your liability policy specifically state coverage for abuse and molestation?</u>	Yes ___	No ___
	Does your policy cover registered AABC umpires?	Yes ___	No ___
	<u>What is the AM/Best rating of your carrier?</u>	_____	

When does your policy expire? _____

Does your liability policy contain the following minimum limits?

POLICY LIMITS	Products - Completed Operations Aggregate Limit - \$1,000,000	Yes ___	No ___
	Personal & Advertising Injury Limit - \$1,000,000	Yes ___	No ___
	Each Occurrence Limit - \$1,000,000	Yes ___	No ___
	Participant Legal Liability - \$1,000,000	Yes ___	No ___
	Fire Damage Limit - \$50,000	Yes ___	No ___
	Medical Expense Limit - \$5,000	Yes ___	No ___

ACCIDENT MEDICAL	Is the limit on your accident medical coverage no less than \$50,000?	Yes ___	No ___
	Is the limit on your Accidental Death & Dismemberment no less than \$10,000?	Yes ___	No ___
	Are payments for claims limited to specific HMO's or doctors groups?	Yes ___	No ___
	Is there a reduced limit on dental expense?	Yes ___	No ___
	<u>Is there a provision for paralysis under the definition of "dismemberment"?</u>	Yes ___	No ___
	Does your policy cover registered AABC umpires?	Yes ___	No ___
	<u>What is the AM/Best rating of your carrier?</u>	_____	

When does your policy expire? _____

OFFICER'S SIGNATURE _____ TITLE _____ DATE _____