

***OBHSL INSURANCE PROGRAM***

***Sports Liability and Medical Accident Coverage***

***2019***

To all Charter Holders:

**Charter holders participating in the OHSBL insurance program must pay insurance fees at the same time you submit your team fees.**

Upon request, Charter can request insurance certificates by calling 330-494-2776.

**Request and injury claim form from C.H. Vallos & Associates (call Jan at 330-494-2776.) All Insurance Claims must be submitted as soon as possible but no later than 90 days after the accident.**

**Effective date for our insurance is February 13, 2019 thru Feb 12, 2020. OHSBL insurance acknowledgment form must be on file with OHSBL prior to the team's first practice.**

**CHARTER HOLDER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NUMBER OF TEAMS COVERED BY INSURANCE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Hot Stove Class I** | **Total # of teams** |  | **X** | **65.61** | **=** |  |
|  |  |  |  |  |  |  |
| **Hot Stove Class HH, H, GG, G, F (thru 14 year old)** | **Total # of teams** |  | **X** | **79.61** | **=** |  |
|  |  |  |  |  |  |  |
| **Hot Stove Class EE & E (15 thru 18 year old)** | **Total # of teams** |  | **X** | **118.61** | **=** |  |
|  |  |  |  |  |  |  |
| **Hot Stove Class D** | **Total # of teams** |  | **X** | **309.00** | **=** |  |
|  |  |  |  |  |  |  |
| **Girls Softball (thru 14 year old)** | **Total # of teams** |  | **X** | **76.82** | **=** |  |
|  |  |  |  |  |  |  |
| **Girls Softball (15 thru 18 year old)** | **Total # of teams** |  | **X** | **112.82** | **=** |  |
|  |  |  |  |  |  |  |
| **Instructional League Baseball** | **Total # of teams** |  | **X** | **65.61** | **=** |  |
|  |  |  |  |  |  |  |
| **Instructional League Softball** | **Total # of teams** |  | **X** | **59.82** | **=** |  |
|  |  |  |  | **Total** |  |  |

If you are paying for a team that is playing in another charter, record the class and charter they are playing in on the back of this form.

**Medical Accident Coverage**

$100,000 Medical Expense Maximum per injury - full Excess

Included Dental is included up to the medical expense maximum

$15,000 Accidental Death

$50,000 Accidental Dismemberment & Paralysis

$50,000 D&D Aggregate

$0 Deductible

**General Liability Coverage**

$1,000,000 per Occurrence

$3,000,000 General Aggregate

$1,000,000 Personal and Advertising

$1,000,000 Products and Completed OPS

$10,000 Fire Damage

$25,000 Sexual Abuse/Molestation Each Occurrence sub limit

$50,000 Sexual Abuse/Molestation Each Occurrence Aggregate

|  |  |
| --- | --- |
| **Authorized Charter Officer** | **Date Submitted** |
|  |  |

**Submit to: OHSBL League, Inc. 33963 Washington Blvd., North Ridgeville, OH 44039**