



OBHSL INSURANCE PROGRAM
Sports Liability and Medical Accident Coverage
2020

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, 2020 thru Feb 12, 2021. OHSBL insurance acknowledgment form must be on file with OHSBL prior to the team's first practice.

Charter Holder (choose from dropdown) --> _____

NUMBER OF TEAMS COVERED BY INSURANCE

Hot Stove Baseball Class I	Total # of teams		X	\$65.61	=	
Hot Stove Baseball Class HH, H, GG, G, F (thru 14 year old)	Total # of teams		X	\$79.61	=	
Hot Stove Baseball Class EE & E (15 thru 18 year old)	Total # of teams		X	\$118.61	=	
Hot Stove Baseball Class D	Total # of teams		X	\$309.00	=	
Hot Stove Softball Class Farm, A, B, C (thru 14 year old)	Total # of teams		X	\$76.82	=	
Hot Stove Softball Class D (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 or in a separate email to pat@ohsbl.com.

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