



# OBHSL INSURANCE PROGRAM

## Sports Liability and Medical Accident Coverage

### 2024

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 Debbie Stokes at 330-494-2776., or email her at [dstokes@chvallosinsurance.com](mailto:dstokes@chvallosinsurance.com)) 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, 2024 thru Feb 12, 2025. 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

<b>Hot Stove Baseball Class I</b>	Total # of teams		X	<b>\$65.61</b>	=	
<b>Hot Stove Baseball Class HH, H, G, F (thru 14 year old)</b>	Total # of teams		X	<b>\$79.61</b>	=	
<b>Hot Stove Baseball Class EE &amp; E (15 thru 18 year old)</b>	Total # of teams		X	<b>\$118.61</b>	=	
<b>Hot Stove Baseball Class D</b>	Total # of teams		X	<b>\$309.00</b>	=	
<b>Hot Stove Softball Class Farm, A, B, C (thru 14 year old)</b>	Total # of teams		X	<b>\$76.82</b>	=	
<b>Hot Stove Softball Class D (15 thru 18 year old)</b>	Total # of teams		X	<b>\$112.82</b>	=	
<b>Instructional League Baseball</b>	Total # of teams		X	<b>\$65.61</b>	=	
<b>Instructional League Softball</b>	Total # of teams		X	<b>\$59.82</b>	=	
				<b>Total</b>	<b>=</b>	

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](mailto: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. 8605 Evergreen Trail #311, Olmsted Township, OH 44138