

2009 AMERICAN SPECIALTY YOUTH BASEBALL PROGRAM ENROLLMENT FORM FOR INDIVIDUAL TEAMS

TEAM INFORMATION

(Please type or print legibly)

Team Name _____

Manager's Name _____

Address _____

City/State/Zip _____

Manager's Signature _____

Daytime Phone (____) _____ Fax (____) _____

Email Address _____

PLEASE CHECK THE BOX THAT BEST DESCRIBES YOUR TEAM

T-Ball	\$41	<input type="checkbox"/>
8 & under	\$51	<input type="checkbox"/>
9 to 10	\$63	<input type="checkbox"/>
11 to 12	\$72	<input type="checkbox"/>
13 to 14	\$98	<input type="checkbox"/>
15 to 16	\$111	<input type="checkbox"/>
17 to 18	\$127	<input type="checkbox"/>
Amount enclosed*	\$ _____	
Check number	# _____	

Please return the completed application, check, and final team roster to:

AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.
P.O. Box 309
Roanoke, IN 46783-0309
Phone: 800-245-2744 Fax: 260-672-8835

Register for insurance online at:
www.amerspec.com/baseball

PLEASE NOTE: Coverage will begin on the date you indicate when applying online, or the day American Specialty receives your completed enrollment form/payment, and will remain in effect for one year from the date of purchase. Premium is non-refundable.

*PROGRAM NOT AVAILABLE IN THE FOLLOWING STATES: Florida.

MINIMUM PREMIUMS APPLY IN THE FOLLOWING STATES WHICH MAY AFFECT TOTAL COST TO YOUR TEAM OR LEAGUE --

SEE ONLINE PURCHASE SITE OR CALL AMERICAN SPECIALTY AT 800-245-2744 FOR ACTUAL PREMIUM IN THESE STATES:
Alaska, California, Iowa, Maine, Missouri, Mississippi, Montana, North Carolina, Oklahoma, and South Dakota.

ADDITIONAL INSURED REQUESTS

If landowners, cities, towns, financial sponsors, your league, or other affiliated parties require certificates naming them as an additional insured, please list them below. If you have more than five (5) additional insureds, please attach an additional page to complete your list.

NOTE: Additional insured certificates should only be requested for those entities that are required to be included under your policy. All additional insured requests will be reviewed to determine the appropriate insurable interest of the requesting entity.

1) Additional Insured _____
Address _____
City/State/Zip _____
Relationship: Landowner Financial Sponsor League

2) Additional Insured _____
Address _____
City/State/Zip _____
Relationship: Landowner Financial Sponsor League

3) Additional Insured _____
Address _____
City/State/Zip _____
Relationship: Landowner Financial Sponsor League

4) Additional Insured _____
Address _____
City/State/Zip _____
Relationship: Landowner Financial Sponsor League

5) Additional Insured _____
Address _____
City/State/Zip _____
Relationship: Landowner Financial Sponsor League

2009 AMERICAN SPECIALTY YOUTH BASEBALL PROGRAM ENROLLMENT FORM FOR LEAGUES

All teams in the league must purchase insurance to receive league prices. Register for insurance online at www.amerspec.com/baseball.

LEAGUE INFORMATION

**ONLY COMPLETE THIS AREA IF YOU WANT TO INSURE YOUR LEAGUE
AND ALL OF THE TEAMS IN YOUR LEAGUE!**

(Please type or print legibly)

League Name _____ How many teams in your league? _____
 League Representative's Name _____
 Address _____
 City/State/Zip _____
 Signature _____
 Daytime Phone (____) _____ Fax (____) _____
 Email Address _____

The certificates of insurance evidencing the teams' coverages, will be delivered to the league address listed above. It will be the responsibility of the league to distribute the necessary material to the individual teams.

PER TEAM PRICE x # OF TEAMS = TOTAL*

T-Ball	\$38	x	_____	=	\$	_____
8 & under	\$46	x	_____	=	\$	_____
9 to 10	\$57	x	_____	=	\$	_____
11 to 12	\$64	x	_____	=	\$	_____
13 to 14	\$89	x	_____	=	\$	_____
15 to 16	\$100	x	_____	=	\$	_____
17 to 18	\$115	x	_____	=	\$	_____

Check Number _____ Total \$ _____*

*PROGRAM NOT AVAILABLE IN THE FOLLOWING STATES: Florida.

MINIMUM PREMIUMS APPLY IN THE FOLLOWING STATES WHICH MAY AFFECT TOTAL COST TO YOUR TEAM OR LEAGUE --
 SEE ONLINE PURCHASE SITE OR CALL AMERICAN SPECIALTY AT 800-245-2744 FOR ACTUAL PREMIUM IN THESE STATES:
 Alaska, California, Iowa, Maine, Missouri, Mississippi, Montana, North Carolina, Oklahoma, and South Dakota.

LEAGUES: Please list your teams and their appropriate age division. If more space is needed, please attach an additional page.

Team Name	Age Group	Team Name	Age Group

ADDITIONAL INSURED REQUESTS

If landowners, cities, towns, financial sponsors, or other affiliated parties require certificates naming them as an additional insured, please list them below. If you have more than five (5) additional insureds, please attach an additional page to complete your list.

NOTE: Additional insured certificates should only be requested for those entities that are required to be included under your policy. All additional insured requests will be reviewed to determine the appropriate insurable interest of the requesting entity.

1) Team Requesting Additional Insured: _____

Additional Insured _____

Address _____

City/State/Zip _____

Relationship: Landowner Financial Sponsor

2) Team Requesting Additional Insured: _____

Additional Insured _____

Address _____

City/State/Zip _____

Relationship: Landowner Financial Sponsor