

LITTLE LEAGUE INSURANCE PLANS

ACCIDENT INSURANCE

Player Accident Section

Covers players, team managers, coaches, volunteer umpires, official scorers, player agents and safety officers, while acting in their official capacity.

Volunteer Accident Section

Covers all league volunteer workers who are league officers, auxiliary workers, concession stand aides, groundskeepers, and other league personnel who perform duties under the direction of league officials at the practice or playing fields.

Special Events Section

Provides additional protection to the coverage above for insureds who are acting in official capacity while participating in scheduled league activities, such as picnics, parades and approved fund raisers. **(This coverage does not provide protection regarding the scheduled play or practice of baseball and softball.)**

Maximum Benefits:

\$100,000	Accident Medical Expense
\$ 500	Deferred Dental Expense
\$ 10,000	Double Dismemberment
\$ 5,000	Single Dismemberment
\$ 10,000	Death

GENERAL LIABILITY

As a result of action by the International Board of Directors in 2000, general liability insurance is now mandatory for all leagues for the adequate protection of volunteers. It was previously mandatory only for leagues that hosted tournaments. Coverage may be secured locally or through group plans available to local leagues as a result of their affiliation with Little League Baseball.

The General Liability Policy through CNA protects and defends the league against lawsuits arising out of an accident or injury. Standard policy provides a \$1,000,000 combined single limit bodily injury and property damage per claim and \$2,000,000 aggregate limit where applicable. The coverage is subject to a \$250-per-claim property damage deductible. Outside interests such as individuals, cities, churches or corporations, which may incur liability through the loaning, donating, or rental of that part of the premises used by the League, may be included as an insured under the policy, for an additional fee, with the same amount of protection as described in "AMOUNTS OF PROTECTION."

NOTE: Liability claim forms are mailed with your General Liability Declaration Page. Those forms must only be used for liability claims and not accident insurance claims.

**Little League Baseball®
CLAIM FORM INSTRUCTIONS**



WRITE YOUR LEAGUE IDENTIFICATION NUMBER BELOW

You can find your league identification number on your Charter Application or on any Financial Statements received from Little League Headquarters. Write it on the line below and be sure to use it in the space provided on all claim forms

WARNING — It is important that parents/guardians and players note that: *Protective equipment cannot prevent all injuries a player might receive while participating in Baseball/Softball.*

A supply of Little League CNA Accident Insurance Claim Forms is enclosed.

To expedite reporting injuries sustained by league personnel, we have prepared guidelines to use as a checklist in completing reports. It will save time -- and speed your payment of claims.

The CNA Accident Master Policy acquired through Little League contains an "Excess Coverage Provision" whereby all personal and/or group insurance shall be used first. Due to this provision, Little League is able to offer low cost coverage to our leagues.

To help explain insurance coverage to parents/guardians we have enclosed a sample memo that should be reproduced on your league's letterhead and distributed to parents/guardians of all participants at registration time.

If injuries occur, initially it is necessary to determine whether claimant's parents/guardians or the claimant has other insurance such as group, employer, Blue Cross and Blue Shield, etc., which pays benefits. (This information should be obtained at the time of registration prior to tryouts.) If such coverage is provided, the claim must be filed first with the primary company under which the parent/guardian or claimant is insured.

When filing a claim, all medical costs should be fully itemized and forwarded to Headquarters. If no other insurance is in effect, a letter from the parent's/guardian's or claimant's employer explaining the lack of group or employer insurance should accompany the claim form.

The CNA Accident Policy is acquired by leagues, not parents, and provides comprehensive coverage at the lowest cost available.

With your league's cooperation, insurance rates have increased only three times since 1965. This rate stability would not have been possible without your help in stressing safety programs at the local level. The ASAP manual, **League Safety Officer Program Kit**, is recommended for use by your Safety Officer. In 2000 the State of Virginia was the first state to have its accident insurance rates reduced by high participation in ASAP and reduction in injuries.

TREATMENT OF DENTAL INJURIES

Insurance benefits for dental treatment to sound natural teeth under the Little League CNA Policy extend for a period of 52 weeks after the date of injury. If it is determined by a current licensed physician, surgeon or dentist that deferred treatment is necessary due to the physiological changes of a growing child, a written certification should be submitted to the company within 52 weeks from the date of accident. When necessary dental treatment must be postponed due to the physiological changes of a growing child, the company will waive the 52-week time limit, and, if the policy maximum has not been paid, the company will pay the reasonable expenses incurred for such deferred dental treatment, subject to a \$50 deductible per claim, up to a maximum of \$500.

CHECK LIST FOR PREPARING CLAIM FORM

1. Print or type all information.
2. Complete all portions of the claim form before mailing to our office.
3. Be sure to include league name and league ID number.

PART I - CLAIMANT, OR PARENT(S)/GUARDIAN(S), IF CLAIMANT IS A MINOR

1. The adult claimant or parent(s)/guardians(s) must sign this section, **if the claimant is a minor.**
2. Give the name and address of the injured person, along with the name and address of the parent(s)/guardian(s), if claimant is a minor.
3. Fill out all sections, including check marks in the appropriate boxes for all categories. **Do not leave any section blank, this will cause a delay in processing your claim, as a copy of the claim form will be returned for completion.**
4. It is mandatory to forward information on other insurance. Without that information there will be a delay in processing your claim.
5. Be certain all necessary papers are attached to the claim form. (See instruction 3.) Only itemized bills are acceptable.
6. On dental claims, it will be necessary to fill out a Major Medical Form, as well as a Dental Form, then submit them both to the insurance company of the claimant, or parent(s)/guardian(s), if claimant is a minor. "Accident damage to whole, sound, normal teeth as a direct result of an accident" must be stated on the form and bills. Please forward a copy of the insurance company's response to Little League Headquarters. Include the claimant's name, league ID, and year of the injury on the form.

PART II - LEAGUE STATEMENT

1. This section must be filled out, signed, and dated by the **league official.**
2. Fill out all sections, including check marks in the appropriate boxes for all categories. **Do not leave any section blank. This will cause a delay in processing your claim, as a copy of the claim form will be returned for completion.**

IMPORTANT: Notification of a claim should be filed with Little League Headquarters within 20 days of the incident for the current season.
