

2021 PONY Baseball/Softball Insurance Program



MESTMAKER & ASSOC.

A division of Morgan White Group

Program Coverage Summary

To be eligible for our PONY Insurance package all teams must be registered members of PONY.

The PONY Insurance package requires applicants obtain both General Liability and Accident Medical insurance thus the rates provided later in the form are a combination of both coverages.

General Liability

\$2,000,000	General Aggregate
\$1,000,000	Per Occurrence
\$1,000,000	Personal and Advertising
\$2,000,000	Products/Completed Operations
\$300,000	Damage to Rented Premises
\$1,000,000	Non-Owned and Hired Auto ¹
\$300,000	Abuse and Molestation (\$1,000,000 limit available for additional premium)
\$1,000,000	Participant Legal Liability
\$0	Medical Expense Coverage (May be added if required by contract)

¹Only applies to league officials on league business. Not valid for player transport or 15 passenger vans.

Excess Liability Coverage

Increase General Liability Per Occurrence by \$4,000,000 (\$5M/\$5M)

Accident Medical

Option 1

\$100,000	Accident Medical
\$10,000	Accidental Death & Dismemberment
\$3,000	Dental Injury Benefit

Option 2

\$250,000	Accident Medical
\$10,000	Accidental Death & Dismemberment
\$3,000	Dental Injury Benefit

Option 3

\$500,000	Accident Medical
\$10,000	Accidental Death & Dismemberment
\$3,000	Dental Injury Benefit

Client/Organization Information

The below information is required.

Organization/Association Name: _____

Name of Contact (You): _____

Mailing Address of Organization/Association: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Presidents Name: _____

Additional Contacts

Please identify any other individuals within your organization/association you wish to allow permission to request documents and other insurance related information.

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Contact Methods

Phone 1-855-955-1970
 Fax 1-661-325-6090
 Email pony@mestmaker.com

Policy Questions

The below information is required. Please answer to the best of your ability.

Desired Effective Date: _____

If you're renewing your policy with us please refer to the expiration date of your organization/association's previous policy for accurate effective date. All new policies will expire 1 year from the effective date. If you're adding teams/coverages the expiration date will be 1 year from the effective date of the initial policy.

Underwriting Questions

The below information is required. Please answer to the best of your ability.

Did you receive, and do you agree to implement the PONY Risk Management Guidelines?	Yes	No
If No, do you agree to obtain your copy at www.pony.org and implement?	Yes	No
Has your Organization/Association had any claims filed against it within the last four years? If Yes, please provide a carrier generated loss runs report. <i>Please note: Based on your organizations loss history additional premium may be required. Failure to accurately answer this may result in loss of coverage.</i>	Yes	No
Do you have a waiver in place that each participant must sign prior to play and would you be able to provide upon request?	Yes	No
If No, do you agree to use the sample provided?	Yes	No
If No, your Organization/Association is ineligible for General Liability coverage.	Initials:	
Is a parent's signature required for minors?	Yes	No
Do you have a written incident report procedure in place or agree to put one in place?	Yes	No

Abuse & Molestation Questions

The below information is required. Please answer to the best of your ability.

Does your organization require a form of background check and/or other reviews of persons working with the team or league, including volunteers, coaches and officials?	Yes	No
If No, do you agree to update your risk guidelines to include this procedure?	Yes	No
If No, your Organization/Association is ineligible for General Liability coverage.	Initials:	
Has your organization ever had an incident which resulted in an allegation of sexual abuse?	Yes	No
If Yes, please explain:		
Has a sexual abuse claim ever been made against your organization?	Yes	No
If Yes, please explain how the claim was resolved:		
Has your organization since made the proper changes to avoid sexual abuse moving forward? (Changes including but not limited to; background checks, Incident report procedure, and organization wide discussions on recognizing the signs of sexual abuse and the importance of providing the children with a safe environment.)	Yes	No
If No, ineligible for abuse & molestation coverage.	Initials:	
Do you have written procedure in place to follow if a child, member, or employee reports an incident of sexual or physical abuse or molestation?	Yes	No
Does your organization discuss how to recognize the signs of an abused child and the importance of providing a safe environment for the children in your care?	Yes	No

Concussion Questions

The below information is required. Please answer to the best of your ability.

If you suspect an athlete has a concussion, do you have an action plan that includes immediately removing the athlete from play or practice?	Yes	No
If No, ineligible for concussion protection.	Initials:	
Keeping the athlete out of play or practice until they provide written clearance from a licensed physician?	Yes	No
If No, ineligible for concussion protection.	Initials:	
Do you maintain a system for your sporting activities that includes communication (in written or electronic form) of education materials to participants, parents and coaches about the nature of risk of concussions, including but not limited to information such as: focusing on prevention and preparedness to keep athletes safe; understanding concussions and potential consequences of the injury; recognizing concussion symptoms and how to respond; and learning about steps for returning to play after a suspected concussion?	Yes	No
If No, ineligible for concussion protection.	Initials:	

If you have a question or need assistance with completing the form, please do not hesitate to contact us. Below are the best methods to connect with one of our agents in order of quickest response.

Contact Methods

Phone 1-855-955-1970
 Fax 1-661-325-6090
 Email pony@mestmaker.com

Program Rates

The below rates are a combination of general liability and accident medical. All teams must have the same limit and deductible. Calculate premium due by multiplying the number of teams by the deductible (DED) option selected.

Option 1 \$100,000 Accident Medical • \$10,000 AD&D • \$3,000 Dental Injury Benefit

Select a Deductible							
BASEBALL TEAM RATES							
Age Group	# of Teams		\$50 DED	\$100 DED	\$250 DED	Premium Due	
10 and Under		x	\$81	\$75	\$71	=	\$
12 and Under		x	\$83	\$78	\$73	=	\$
16 and Under		x	\$110	\$105	\$94	=	\$
19 and Under		x	\$194	\$167	\$148	=	\$
23 and Under		x	\$308	\$257	\$224	=	\$
SOFTBALL TEAM RATES							
Age Group	# of Teams		\$50 DED	\$100 DED	\$250 DED	Premium Due	
12 and Under		x	\$72	\$70	\$67	=	\$
16 and Under		x	\$100	\$95	\$88	=	\$
19 and Under		x	\$128	\$119	\$110	=	\$
23 and Under		x	\$197	\$183	\$161	=	\$
CHAMPIONS DIVISION							
Age Group	# of Teams		\$50 DED	\$100 DED	\$250 DED	Premium Due	
All ages		x	\$81	\$75	\$71	=	\$

Option 2 \$250,000 Accident Medical • \$10,000 AD&D • \$3,000 Dental Injury Benefit

Select a Deductible							
BASEBALL TEAM RATES							
Age Group	# of Teams		\$50 DED	\$100 DED	\$250 DED	Premium Due	
10 and Under		x	\$86	\$82	\$76	=	\$
12 and Under		x	\$89	\$85	\$78	=	\$
16 and Under		x	\$123	\$114	\$104	=	\$
19 and Under		x	\$225	\$190	\$167	=	\$
23 and Under		x	\$360	\$299	\$257	=	\$
SOFTBALL TEAM RATES							
Age Group	# of Teams		\$50 DED	\$100 DED	\$250 DED	Premium Due	
12 and Under		x	\$77	\$75	\$70	=	\$
16 and Under		x	\$111	\$105	\$95	=	\$
19 and Under		x	\$143	\$134	\$119	=	\$
23 and Under		x	\$213	\$198	\$174	=	\$
CHAMPIONS DIVISION							
Age Group	# of Teams		\$50 DED	\$100 DED	\$250 DED	Premium Due	
All ages		x	\$86	\$82	\$76	=	\$

Program Rates (continued)

The below rates are a combination of General Liability and Accident Medical. All teams must have the same Limit and Deductible. Calculate Premium Due by multiplying the number of teams by the deductible (DED) option selected.

Option 3 \$500,000 Accident Medical • \$10,000 AD&D • \$3,000 Dental Injury Benefit

Select a Deductible							
BASEBALL TEAM RATES							
Age Group	# of Teams		\$50 DED	\$100 DED	\$250 DED	Premium Due	
10 and Under		x	\$101	\$97	\$91	=	\$
12 and Under		x	\$104	\$100	\$93	=	\$
16 and Under		x	\$138	\$129	\$119	=	\$
19 and Under		x	\$241	\$206	\$183	=	\$
23 and Under		x	\$376	\$315	\$273	=	\$
SOFTBALL TEAM RATES							
Age Group	# of Teams		\$50 DED	\$100 DED	\$250 DED	Premium Due	
12 and Under		x	\$92	\$90	\$85	=	\$
16 and Under		x	\$126	\$120	\$110	=	\$
19 and Under		x	\$159	\$150	\$135	=	\$
23 and Under		x	\$229	\$214	\$190	=	\$
CHAMPIONS DIVISION							
Age Group	# of Teams		\$50 DED	\$100 DED	\$250 DED	Premium Due	
All ages		x	\$101	\$97	\$91	=	\$

Additional Coverage Options

The following coverage options are designed and offered to better protect you and your Organization/Association. Some of the coverages may be required by various locations you intend to utilize throughout the year. We highly recommend that you reach out to those locations to request their insurance requirements. Doing so will ensure that you're properly insured and help to avoid potential issues when attempting to utilize those locations in the future.

Excess Liability Coverage

Increase General Liability Per Occurrence by \$4,000,000 (\$5M/\$5M)

This coverage is recommended for Organizations/Associations who utilize high school, college, or minor league stadiums for play/practice as many of these locations require higher limits.

Rate per Team	Number of Teams		Premium Due	
\$16		x	=	\$

The number of teams must be equal to the total number of teams listed in the Program Rates section.

Playing Field Coverage

This coverage extends the liability policy to cover your Organization/Associations owned playing fields or fields which you're responsible for 24/7.

Rate per Field		Number of Fields		Premium Due	
\$165	x		=	\$	

If you have opted to acquire playing field coverage please complete the following two questions.

Are contractors utilized for maintenance and/or repair?	Yes	No
Do you allow outside entities to use your fields?	Yes	No

If you have answered yes to either of the above questions those contractors and/or entities are required to provide certificates of insurance listing your Organization/Association as an additional Insured.

Sports Equipment Coverage

This section is for Sports Equipment Coverage. This coverage protects your equipment against theft, vandalism or weather-related damage. Buildings and food products are NOT covered under this policy.

To be eligible for this coverage equipment must be stored in a locked facility with either a deadbolt or external locking device.

I, _____ understand and acknowledge the above statement.

Check all that apply: Burglar Alarms Fire Alarms Automatic Sprinklers None

Association Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Presidents Name: _____

Deductible	Equipment Value		Rate per \$1 of Equipment		Premium Due <i>(Round to the nearest whole dollar)</i>
\$500		x	\$0.02	=	\$

Minimum Premium for Sports Equipment Coverage is \$250 gives your association a \$10,500 limit of protection.

Complete address where equipment is stored:

Address: _____

City: _____ State: _____ Zip Code: _____

All equipment/items valued over \$1,000 with serial number and description. Failure to do so may result in denial of claim. The following page is intended for the submission of those items.

Foul Ball Coverage

We will pay for accidental property damage to vehicles, regardless of fault, caused by baseballs (or other baseball related equipment) hit, thrown or otherwise launched out of play up to a \$750 limit. Coverage extends to any damaged vehicle regardless of ownership, including vehicles owned by coaches, volunteers, and family members who are attending the organization's activities. This coverage is available for only \$5 per team. (Normally, coverage is only afforded for property owned by persons or entities that are unaffiliated with the organization's activities.)

Exclusions:

1. Damage to vehicles outside of the "Coverage Territory" or outside of the policy period.
2. Damage to vehicles if reported to us more than 6 months after the "Property Damage" occurs.
3. Damage to vehicles if expected or intended (intentional) from the standpoint of any insured.

Rate per Team		Number of Teams	Premium Due	
\$5	x		=	\$

The number of teams must be equal to the total number of teams listed in the Program Rates section.

Additional Insured/Certificate holders

Please list any and all additional insureds required. If you have greater than five, we recommend providing the list via email to pony@mestmaker.com.

Additional Insured: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Additional Insured: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Additional Insured: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Total Premium Amount	Processing Fee	Expedite Fee	Total Due
	\$100	\$50 (optional)	\$

Will be payable by check made to MWG Mestmaker.

Additional Insured/Certificate holders (continued)

Policy will begin upon receipt of form and premium and will be valid for the specified term. No backdating will be allowed under any circumstances. To add participants/days at any time during the policy period please complete another form and submit to our office along with premium. Participants cannot be deleted or removed after policy has been bound and processed.

I acknowledge & understand the above: _____

I, _____ confirm that all information provided on this form is true to the best of my knowledge and understand that any inaccurate or misleading statements may affect any claims made against the associated policy. I verify I have read and understand all information contained in this form and that the carrier reserves the right to deny all or part of any coverage offered. I understand that this form only provides a summary of coverage and that full details of the coverage or a copy of the insurance policies offered or purchased can be provided upon request. Insurance requirements may vary by venue and state. I understand that I am responsible for ensuring that I have purchased adequate coverage based on the location of the event or other covered activities.

Signature: _____

Date: _____ Name & Title: _____

Submission Methods

Scan & Email

If printed and completed by hand, please scan the form and email it to us. For those who completed the form using the form-fill feature please save an email the form to us at pony@mestmaker.com.

Mail

Please send physical copy of form to:

1675 Chester Avenue, Suite 400
Bakersfield, CA 93301

Contact Methods

Phone 1-855-955-1970
Fax 1-661-325-6090
Email pony@mestmaker.com

Waiver of Liability, Release (sample)

For and In consideration of the undersigned participant's registration with _____ (Name of Organization) ("Organization") and being allowed to participate In events and member activities, participant and the parent(s) or legal guardian(s) of participant waive, release and relinquish any and all claims for liability and cause(s) of action, Including for personal injury, property damage or wrongful death occurring to participant or participant's parent(s) or legal guardian(s) arising out of participation In events, or sports, and/or activities incidental thereto, whenever or however they occur and for such period said activities may continue, and by this agreement any such claims, rights, and causes of action that participant and/or participant's parent(s) or legal guardian(s) may have are hereby waived, released and relinquished, and participant and participant's parent(s)/guardian(s) do so on behalf of their heirs, executors, administrators and assigns.

Participant and participant's parent(s)/guardian(s) acknowledge, understand and assume all risks relating to events or sports participation and activities incidental thereto, and understand that activities incidental thereto involve risks to participant's and participant's parent(s)/guardian(s) person including bodily injury, partial or total disability, paralysis and death, and damages which may arise there from and that we have full knowledge of said risks. These risks and dangers may be caused by the negligence of the participant, participant's parent(s)/guardian(s) or the negligence of others, including the organization, its affiliates, members, event hosts, other participants, other parents and legal guardians, coaches, officials, sponsors, advertisers, owners and operators of the premises used to conduct any event and each of them, their officers, directors, agents and employees (collectively, "releases"), and include risks arising from the conditions and use of facilities and related premises. I/We further acknowledge that there may be risks and dangers not known to us or not reasonably foreseeable at this time.

Participant and participant's parent(s)/guardian(s) acknowledge, understand and assume the risks, if any, arising from the conditions and use of facilities and related premises, whether as a participant or a spectator, including without limitation, the risks involved with participating in the Organization's activities. Participant and participant's parent(s)/guardian(s) further acknowledge and understand that included within the scope of this waiver and release is any cause of action (including any cause of action based on negligence) arising from the performance, or failure to perform, maintenance, inspection, supervision or control of said areas and for the failure to warn of dangerous conditions existing at said facilities, for negligent selection of certain releases, or negligent supervision or instruction by releases.

Participant and participant's parent(s)/guardian(s) acknowledge, understand The Organization reserves the right to photograph facilities, activities and program participants for potential future use. All photos remain the property of the Organization and may be used for publicity and promotional services.

Consent to Medical Treatment of Minor: I hereby give my consent to have the above applicant treated by a physician or surgeon In case of sudden illness or injury while participating in the above event. It is understood that the Organization provides no medical insurance for such treatment under its liability insurance coverage. Medical benefits for such treatments/injuries may be provided with proof of medical coverage purchased through the Organization. The location of the activity or the nature of the illness or injury may require the use of emergency medical personnel.

Participant and participant's parent(s)/guardian(s) agree if any claim for personal injury or wrongful death is commenced against releases, he/she shall defend, indemnify and save harmless from any and all claims or causes of action by whomever or wherever made or presented for his/her personal injuries, property damage or wrongful death.

Participant and participant's parent(s)/guardian(s) acknowledge that they have been provided and have read the above paragraphs and have not relied upon any representations of releases, that they are fully advised of the potential dangers and risks and understand these waivers and releases are necessary to allow the activities of the Organization to exist In its present form.

Participant Signature: _____

Print Participant Name: _____ Age: _____ Date: _____

Parent Signature: _____ Date: _____
(if under 18)