

# INSURANCE AGENT CHECKLIST

(Not For Use With Endorsed DYB / Sadler Insurance Plan)

## DIXIE YOUTH BASEBALL TOURNAMENT TEAM Insurance Requirements Checklist

### Verification of Minimum Insurance Standards For Sanctioned Dixie Youth TOURNAMENT TEAM

When Either Accident General Liability Insurance Are Not  
Purchased Through the DYB Endorsed Insurance Plan

All teams participating in officially sanctioned and other approved DYB tournament play must provide evidence of Accident and General Liability insurance that meets certain minimum standards as outlined in current edition of the Official Rules and Regulations of Dixie Youth Baseball.

### TO BE COMPLETED BY INSURANCE AGENT

As a pre-condition of participation in DYB sanctioned tournament play, the Tournament Team listed below is requesting analysis of the Accident and General Liability policies that are provided through your insurance agency to verify compliance with minimum insurance standards per DYB Rulebook.

Name of Tournament Team:

League To Which Tournament Team Belongs:

Name of Insurance Agency:

Name of Insurance Agent Completing This Form:

Phone Number of Insurance Agent: (            )

Date This Form Completed:

Signature of Insurance Agent Verifying Coverage:

Minimum Standards

Please Check Appropriate Box

<u>Accident Insurance</u>	<u>Meets Standards</u>	<u>Does Not Meet Standards</u>
* Named Insured – The Insured organization is listed under the name of the individual Tournament Team or the name of the League to represented by the team.	<input type="checkbox"/>	<input type="checkbox"/>
* Effective And Expiration Dates must encompass the length of the entire tournament.	<input type="checkbox"/>	<input type="checkbox"/>
* Medical Limit – Must be at least \$50,000	<input type="checkbox"/>	<input type="checkbox"/>
<u>General Liability</u>	<u>Meets Standards</u>	<u>Does Not Meet Standards</u>
* Named Insured – The Insured organization is listed under the name of the individual Tournament Team or the name of the League represented by the Tournament team.	<input type="checkbox"/>	<input type="checkbox"/>
* Effective And Expiration Dates must encompass the length of the entire tournament.	<input type="checkbox"/>	<input type="checkbox"/>
* Each Occurrence Limit – The Each Occurrence Limit must be at least \$1,000,000.	<input type="checkbox"/>	<input type="checkbox"/>
* Athletic Participants Exclusion – The policy does <u>not</u> have an Athletic Participants (or similar) exclusion.	<input type="checkbox"/>	<input type="checkbox"/>
* Claims Made Coverage – The policy does <u>not</u> provide claims made coverage.	<input type="checkbox"/>	<input type="checkbox"/>
* Additional Insured - Dixie Youth Baseball, Inc. is listed as an “Additional Insured.”	<input type="checkbox"/>	<input type="checkbox"/>