

**CHAPPELL
INSURANCE
AGENCY**

“YOUR SPORTS INSURANCE SPECIALISTS...”

SPECIALIZING IN SPORTS INSURANCE FOR OVER 27 YEARS

2008

INDEPENDENT SOFTBALL ASSOCIATION

FIELDOWNERS INSURANCE PROGRAM

- **SOFTBALL**
- **BASEBALL**

GENERAL LIABILITY INSURANCE - \$2,000,000

CHAPPELL INSURANCE AGENCY, INC.
LEISURE/SPORTS SPECIALISTS

This ISA program provides the general liability coverage for bodily injury, property damage, and personal injury claims for which you are legally obligated due to the negligent acts of ISA.

Coverage is provided with a limit of \$2,000,000 per occurrence. Coverage is written on an occurrence form, not a claims made form.

The ISA liability insurance program provides coverage for lawsuits brought by injured participants. This coverage is crucial, and is excluded on many general liability policies written today.

FULL SEASON COVERAGE - \$350

The cost for full season coverage is \$350 per additional insured. Coverage is in effect during any ISA sanctioned activity and will expire 12-31-2008. The premium is fully earned upon certificate issuance.

Refunds are not available.

WEEKEND COVERAGE - \$100

Coverage may be written for one weekend (maximum of seven consecutive days) for \$100 per weekend. A field/facility owner can purchase weekend coverage only twice in a calendar year. If more than two weekends are needed, they full season coverage must be purchased. The premium is fully earned upon certificate issuance. **Refunds or transfers to other dates are not available. No credit will be given from weekend coverage to full season coverage.**

SPECIAL NOTES

This liability insurance covers only the field/facility owner during ISA sanctioned activities. Team or leagues must enroll for coverage under the team insurance program. Call 1-800-447-6797 for brochures and applications or visit the ISA website at www.isasoftball.com

REQUIREMENTS FOR COVERAGE TO BE IN EFFECT

- All teams must be registered with ISA.
- All umpires/officials must be registered with ISA.
- Tournaments must be sanctioned with ISA.
- Coverage begins upon receipt of the application and appropriate premium, and expires 12/31/2008.

2008 ISA FIELD/FACILITY OWNER ENROLLMENT FORM

FIELD/FACILITY OWNER _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

SIGNATURE _____

PHONE (____) _____

EMAIL _____

TYPE OF COVERAGE (CHECK ONE):

FULL SEASON COVERAGE - \$350 _____

WEEKEND COVERAGE - \$100 _____
(Maximum of 2 weekends per calendar year per insured.)

SPECIFY TOURNAMENT DATE

(For weekend coverage only)

FROM _____ TO _____

CHAPPELL INSURANCE AGENCY, INC.
25807A Cox Road, Petersburg, VA. 23803
1-800-447-6797