

**Premier Girls Fastpitch
Tournament /Camp/Clinic
Insurance Program**

General Liability Coverage for PGF Sanctioned Events – provides protection for claims of bodily injury and property damage arising out of your PGF Sanctioned Event.

\$2,000,000 per Occurrence Limit

No General Aggregate Limitation

\$1,000,000 Sexual Abuse and Molestation per Occurrence Limit

\$2,000,000 Sexual Abuse and Molestation – Aggregate

Includes Legal Liability to Participants

Participant Accident Coverage for PGF Sanctioned Events – provides coverage for injuries incurred by participants. This coverage is excess over any valid and collectible coverage.

\$25,000 Accident Medical Limit

\$1,000 Deductible

**RATES PER TEAM ARE BASED ON TIER
for Tournaments Coverage**

TIER 1: Teams insured through the PGF insurance program

TIER 2: Teams that provide certificate of insurance with proof of general liability and accident coverage.

Camp/Clinic rates:

Rate applies per participant and is \$1.00 for General Liability and Participant Accident per day.

**PGF Tournament /Camp/Clinic
Insurance Enrollment Form**

Entity to be Insured _____

Name of Event _____

Tournament or Camp/Clinic

Director _____

Address _____

Telephone _____

Email _____

Location of Tournament or Camp/Clinic

State _____ Zip Code _____

Date(s) of Event(s) (list each date not a range)

Additional Insured (name/ mailing address)

Premium Calculation:

teams @ Tier 1 _____ x \$0 = \$0

teams @ Tier 2 _____ x \$16 = \$ _____

Camps/Clinics:

participants _____ x 1.000
multiplied by # of days = \$ _____

Estimated Premium \$ _____



Policy is subject to audit – Send in form with projected number of teams and the estimated premium. Collect insurance certificates from your participating teams and following the tournament the premium will be adjusted based on the actual number of teams and the rating tier for each team. The insurance company requires that all participants in tournaments, camps and clinics sign a waiver/release form.

I verify that the information provided on this application is true and correct. I acknowledge and agree that the final premium for this coverage will be determined following the tournament and will be based on the information that I provide that will include a listing of all team participants and copies of their insurance certificates

Authorized Signature of
Tournament Director/Host

Date of Signature

Please send completed enrollment form to:
**G. S. Newborn & Associates, Inc.,
PO Box 2507,
Flemington, New Jersey 08822**
with check for estimated premium made payable to G. S. Newborn & Associates, Inc. (in California, make payable to G. S. Newborn Insurance Agency). Insurance will not be effective until the application is received and processed. You should send this in at least 30 days prior to the Tournament

Questions?

Contact Gary Newborn at 908-788-9080
or gary@newborninsurance.com