

# Cover **all** your bases



## Amateur Baseball, Softball & T-ball Accident Insurance

### What is it?

Nationwide's GrouProtector<sup>SM</sup> Amateur Baseball, Softball & T-ball Accident Insurance is a practical insurance plan that provides accident medical coverage for accidents that occur during sponsored team/league activities. This coverage extends to players, coaches and other volunteers associated with amateur sports teams and leagues. It gives all eligible persons the security they need and deserve.

Individual names are not required as 100% of all eligible players are insured.

Each player is protected — as well as the league and/or team itself — because all eligible persons are automatically covered.

Voluntary enrollment plans are not available.

All cases are subject to the acceptance of the risk. Cases producing over \$15,000 of premium are also subject to our review of prior claims experience.

SPL-7041-CHP (8/07)



**Nationwide<sup>®</sup>**  
*On Your Side*

# Play as a team, Win as a team and Coverage as a team



## What are the covered activities?

- A scheduled, approved and supervised team or league activity. These include practice sessions or games of the sport involved, trips or tours, fund raising drives, parades, picnics, concession stand operation and care of the playing court or field
- A team or league sponsored and/or endorsed clinic or all-star practice session or game
- Direct travel to or from the meeting place to take part in any such practice session, game or clinic

## Who is covered?

Premium automatically includes coverage for the following:

- Players, managers, coaches, batpersons and officers
- Persons specifically designated by one of your officers to assist without pay in an assigned team or league volunteer duty to be conducted during a given period of time
- If all teams of a league are insured under the policy, the league umpires, referees, official scorers and timers, player agents and safety officers are also covered

## What is the difference between our primary medical and excess medical plans?

- **Our primary plan** – is usually “first in line” to pay a claim. It pays covered expenses regardless of most other plans. Other plans, however, may reduce their payments based on what we pay.
- **Our Excess Plan** – is usually “last in line” to pay a claim. It does not pay covered expenses to the extent they are collectible under most other plans. Thus, we need to know what others pay before we will pay. If there is no coverage, we will pay the same as primary. Excess essentially “fills in” other plans’ deductibles and coinsurance as well as pays remaining covered expenses after others have exhausted their benefits. If our excess plan has a deductible, it is “out-of-pocket” and cannot be satisfied by other plans.

**Availability of Primary and Excess plans varies. Please refer to the rate sheet and the NOTE at the bottom of the application.**

## What are the policy exclusions and limitations?

We will not pay benefits for expenses incurred for:

- (1) the examination, prescription, purchase or fitting of eyeglasses, contact lenses or hearing aids; or
- (2) treatment by a person employed or retained by the plan sponsor or its subsidiaries or affiliates and for which no charge is normally made; or
- (3) care or treatment by a person who ordinarily lives in the insured’s home or is a parent, grandparent, spouse, brother, sister or child of either the insured or the insured’s spouse (if a NJ contract, care or treatment furnished by a member of the insured’s immediate family); or
- (4) diathermy, light, shortwave and other heat or physiotherapy treatments in excess of the first five of all such treatments while the insured is neither hospital confined nor under the care of a home health care agency. Nor will we pay benefits for loss or expenses resulting from:
- (5) intentional self-destruction or an attempt at it, or intentional self-inflicted injury (if a MO contract, while sane);
- (6) war or an act of war, declared or undeclared; or
- (7) air travel unless the insured is a passenger on a regularly scheduled flight of a properly licensed commercial airline.

# Here are the benefits

**Death and Specific Loss Benefit**—If, as a result of injury, an insured dies or suffers a specific loss within one year from the date of the accident causing the injury, we will pay a benefit as specified below (the one year limit does not apply to the loss of life benefit in a WV contract):

Specific Loss	% of Face Amount
Loss of Life	100%
Each Arm	75%
Each Leg	75%
Each Hand	50%
Each Foot	50%
Sight of Each Eye	50%
Speech	50%
Hearing of Each Ear	25%
Thumb & Index Finger of Same Hand	25%

The total payment for all of the losses of an insured because of any one accident will not be more than the face amount shown in the application. The loss of the thumb and index finger of the same hand benefit will not be paid if the loss of the hand or arm benefit applies. The loss of the hand or foot benefit will not be paid if the loss of the arm or leg benefit applies.

**Medical Expense Benefit**—If, as a result of injury, an insured incurs covered expenses starting within 90 days from the date of the accident causing the injury, we will pay, less the deductible (if any) shown in the application and not to exceed the overall maximum benefit amount, all covered expenses incurred within 3 years from such date.

**Covered expenses** mean the reasonable and customary charges for local (“local” not applicable in a CT contract) professional ambulance service to or from a hospital and/or surgical center as well as the following reasonable and customary charges for treatment, services and supplies provided or prescribed by a doctor:

- (1) hospital or surgical center care;
- (2) medical treatment;
- (3) nursing care provided by a licensed nurse;
- (4) X-rays and lab exams;
- (5) prescription drugs and therapeutic services and supplies;
- (6) dental treatment as a result of injury to sound, natural teeth (natural teeth in SC); and
- (7) the following licensed home health care agency services and supplies provided instead of an otherwise required hospital or skilled nursing home confinement:
  - (a) physical, occupational, respiratory and speech therapy,
  - (b) the services of a home health aide; and
  - (c) medical supplies.

## Coverage is provided under policy form No. GR-9041 et al.

Certain provisions of the policy are summarized in this folder. All benefits are subject to the policy, which alone constitutes the agreement under which payments are made.

## How do you apply for coverage?

1. Complete items 1 through 5 on the application (page 4) (including TEAM names and player ages). Date and sign where indicated.
2. Fax or mail (please see “Submitting the application” on pg. 8) completed application and your check made payable to Nationwide Insurance<sup>SM</sup>, to your Nationwide agent before the desired effective date.

When we receive your completed application and premium payment, we will send your policy, certificates (if required in your state), claim forms and instructions.

which, upon acceptance and approval by **Nationwide Life Insurance Company—Columbus, Ohio 43216**, will become a part of Sports Accident Insurance Policy number **402-94-** Office Use Only

**Sport:**  Baseball (001)  
 Softball/T-Ball (002)  
 Combination (003)

- Name of Plan Sponsor** (Groups Name) \_\_\_\_\_  
**Permanent Mailing Address** Number Street City State Zip County
- Policy Term:** The policy term (for the standard season premium rates shown in the brochure, do not exceed 6 straight months) starts at **12:01** A.M. on \_\_\_/\_\_\_/\_\_\_ which is the effective date and ends at **12:01** A.M. on \_\_\_/\_\_\_/\_\_\_ which is the termination date.
- Team Name(s) and Age Class(es)** (for example, ages 9 & under, 10-12, 13-15, 16-18 or 19 & over)

Team Name	Age Class	Team Name	Age Class
1.		4.	
2.		5.	
3.		6.	

Note: If additional space is required, use a separate sheet.

#### 4. Maximum Benefit Amounts

Benefit Provisions (Check Medical Expense Plan Desired)	Maximum Benefit Amounts
A. Death and Specific Loss (Face Amount)	\$ _____
B. Medical Expense <input type="checkbox"/> Primary Plan, or <input type="checkbox"/> Excess Plan	
Deductible	\$ _____
Maximum Amount	\$ _____

#### 5. Premium Rates

Sport	Age Class	Gross Rate per Player	Discount of ___% for insuring ___ Teams	Net Rate per Player	Number of Players	Premium Due
Baseball	9 & Under	\$ _____	- \$ _____ = \$ _____	\$ _____	x _____	= \$ _____
Baseball	10-12	\$ _____	- \$ _____ = \$ _____	\$ _____	x _____	= \$ _____
Baseball	13-15	\$ _____	- \$ _____ = \$ _____	\$ _____	x _____	= \$ _____
Softball/T-Ball	9 & Under	\$ _____	- \$ _____ = \$ _____	\$ _____	x _____	= \$ _____
Softball/T-Ball	10-12	\$ _____	- \$ _____ = \$ _____	\$ _____	x _____	= \$ _____
Softball/T-Ball	13-15	\$ _____	- \$ _____ = \$ _____	\$ _____	x _____	= \$ _____
Baseball/Softball	16-18	\$ _____	- \$ _____ = \$ _____	\$ _____	x _____	= \$ _____
Baseball/Softball	19 & Over	\$ _____	- \$ _____ = \$ _____	\$ _____	x _____	= \$ _____

Total premium due subject to a minimum of: **\$225** if the medical expense **primary** plan has been elected and **\$175** if the medical expense **excess** plan has been elected \$ \_\_\_\_\_

**6. It is understood and agreed that:** (a) premium will be paid for all team players (participants); (b) all eligible persons will be insured; and (c) **the premium will be paid entirely by the plan sponsor with no contribution made by the eligible persons toward the cost of the insurance.**

(NY) Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

By sending your check to Nationwide Life Insurance Company ("Nationwide"), you give your consent to Nationwide to authorize our financial institution to convert your check into an electronic fund transfer. Please be aware that your bank account may be debited as soon as the same day we receive your payment and you will not receive a canceled check.

**By signing below, you agree that you have read all of the Fraud Warnings provided with this application.**

Previous Policy Number _____	Signature of Applicant _____
Date _____	Printed Name and Title of Applicant _____
Agent's Signature and Number _____	Address of Applicant _____
Agent's Phone Number _____	Applicant's Phone Number _____
Agent's E-mail Address _____	Applicant's E-mail Address _____

**Note:** These plans are available in DC, PR, VI and all 50 states. Special rates of up to 80% higher apply to all public schools (private and religious schools use the rates shown in this brochure). For public schools, please contact us.

(For other states, please see page 6.)

Benefit Amounts		Gross Rate Per Player by Age Class**											
Death & Specific Loss (Face Amount)	Medical Expense	Ages 9 and Under		1 Ages 10-12		2 Ages 13-15		3 Ages 16-18		4 Ages 19 & Over		5 Office Use Only	
		Deductible	Plan Maximum	Primary Plan	Excess Plan	Primary Plan	Excess Plan	Primary Plan	Excess Plan	Primary Plan	Excess Plan	Primary Plan	Excess Plan

**Baseball (001) (Six Months Standard Maximum Policy Term)\***

\$10,000	\$ 0	\$ 5,000	\$ 5.60	\$ 2.65	\$ 9.20	\$ 3.95	\$ 21.30	\$ 8.30	\$ 27.20	\$ 10.40	\$ 74.10	\$ 27.20	X201	X701
	50	5,000	5.30	2.05	8.70	2.90	20.10	5.65	25.65	7.00	69.85	17.75	X207	X707
12,500	0	10,000	6.60	3.10	10.85	4.50	25.00	9.30	31.90	11.65	86.85	30.20	X301	X801
	50	10,000	6.35	2.40	10.35	3.25	23.85	6.20	30.40	7.60	82.60	18.95	X307	X807
15,000	0	25,000	7.80	3.50	12.70	5.05	29.35	10.30	37.40	12.85	101.70	33.20	X401	X901
	50	25,000	7.50	2.75	12.25	3.75	28.15	7.00	35.85	8.60	97.45	21.30	X407	X907
	100	25,000	7.25	2.45	11.75	3.20	26.95	5.75	34.35	6.95	93.20	16.75	X409	X909
17,500	0	50,000	NA	4.20	NA	6.15	NA	12.60	NA	15.75	NA	40.75	NA	X951
	50	50,000	NA	3.60	NA	5.00	NA	9.80	NA	12.15	NA	30.70	NA	X957
	100	50,000	NA	3.10	NA	4.15	NA	7.70	NA	9.40	NA	23.10	NA	X959
20,000	0	100,000	NA	4.65	NA	6.70	NA	13.60	NA	16.95	NA	NA	NA	X969
	50	100,000	NA	4.30	NA	6.05	NA	12.10	NA	15.00	NA	NA	NA	X975
	100	100,000	NA	3.85	NA	5.25	NA	10.05	NA	12.40	NA	NA	NA	X977
25,000	0	250,000	NA	5.35	NA	7.55	NA	15.05	NA	18.65	NA	NA	NA	X985
	50	250,000	NA	5.00	NA	6.90	NA	13.45	NA	16.60	NA	NA	NA	X986
	100	250,000	NA	4.50	NA	6.10	NA	11.40	NA	13.95	NA	NA	NA	X987

**Softball & T-ball (002) (Six Months Standard Maximum Policy Term)\***

\$10,000	\$ 0	\$ 5,000	\$ 3.80	\$ 2.00	\$ 6.05	\$ 2.85	\$ 19.40	\$ 7.60	\$ 27.20	\$ 10.40	\$ 74.10	\$ 27.20	X201	X701
	50	5,000	3.60	1.65	5.75	2.20	18.30	5.25	25.65	7.00	69.85	17.75	X207	X707
12,500	0	10,000	4.50	2.35	7.20	3.25	22.75	8.55	31.90	11.65	86.85	30.20	X301	X801
	50	10,000	4.35	1.95	6.90	2.50	21.70	5.70	30.40	7.60	82.60	18.95	X307	X807
15,000	0	25,000	5.30	2.70	8.45	3.70	26.70	9.50	37.40	12.85	101.70	33.20	X401	X901
	50	25,000	5.15	2.25	8.15	2.90	25.60	6.50	35.85	8.60	97.45	21.30	X407	X907
	100	25,000	5.00	2.10	7.85	2.55	24.55	5.35	34.35	6.95	93.20	16.75	X409	X909
17,500	0	50,000	NA	3.25	NA	4.45	NA	11.55	NA	15.75	NA	40.75	NA	X951
	50	50,000	NA	2.85	NA	3.75	NA	9.05	NA	12.15	NA	30.70	NA	X957
	100	50,000	NA	2.60	NA	3.25	NA	7.15	NA	9.40	NA	23.10	NA	X959
20,000	0	100,000	NA	3.60	NA	4.90	NA	12.50	NA	16.95	NA	NA	NA	X969
	50	100,000	NA	3.40	NA	4.50	NA	11.15	NA	15.00	NA	NA	NA	X975
	100	100,000	NA	3.10	NA	4.00	NA	9.30	NA	12.40	NA	NA	NA	X977
25,000	0	250,000	NA	4.25	NA	5.65	NA	13.85	NA	18.65	NA	NA	NA	X985
	50	250,000	NA	4.00	NA	5.25	NA	12.40	NA	16.60	NA	NA	NA	X986
	100	250,000	NA	3.75	NA	4.75	NA	10.55	NA	13.95	NA	NA	NA	X987

Multiple Team Discounts***	4 thru 13 teams = 5% discount	14 thru 23 teams = 6% discount	24 thru 33 teams = 7% discount	34 thru 43 teams = 8% discount	44 thru 53 teams = 9% discount	54 or more teams = 10% discount
----------------------------	----------------------------------	-----------------------------------	-----------------------------------	-----------------------------------	-----------------------------------	------------------------------------

\* These rates are valid for cases effective on or after January 1, 2005.

\*\* These plans are not available to schools in AL and NY (Please contact us for NY) and the excess plan is not available in NJ (unless the plan sponsor is a school, board of education or a municipal tax supported entity) or on age class 19 and over in NY.

\*\*\* Multiple Team Discount – All teams must have the same policy term. Teams subsequently added to the policy will not increase the discount. However, teams subsequently deleted from the policy will decrease the discount.

The Minimum Premium is \$225 per policy for the primary plan and \$175 per policy for the excess plan.

Discounts available on request for policy terms of one (1) month or less.

Special rates of up to 80% higher apply to all public schools (Private and religious schools use the rates shown in this brochure). For public schools, please contact us.

Special rates available on request for policy terms exceeding the standard six months. Split season rates may be available on request.

There are no premium refunds after a one (1) month policy term.

# Nationwide's Season Premium Rates for AR, FL, GA, LA, MS, NC, OK, TX, and WV.

(For other states, please see page 5.)

Benefit Amounts		Gross Rate Per Player by Age Class**												
Death & Specific Loss (Face Amount)	Medical Expense	Ages 9 and Under 1		Ages 10-12 2		Ages 13-15 3		Ages 16-18 4		Ages 19 & Over 5		Office Use Only		
		Deductible	Plan Maximum	Primary Plan	Excess Plan	Primary Plan	Excess Plan	Primary Plan	Excess Plan	Primary Plan	Excess Plan	Primary Plan	Excess Plan	Primary BSC
<b>Baseball (001) (Six Months Standard Maximum Policy Term)*</b>														
\$10,000	\$ 0	\$ 5,000	\$ 6.50	\$ 3.00	\$ 10.80	\$ 4.55	\$ 25.35	\$ 9.75	\$ 32.40	\$ 12.25	\$ 88.70	\$ 32.45	X201	X701
	50	5,000	6.20	2.30	10.25	3.25	23.95	6.60	30.60	8.20	83.60	21.10	X207	X707
12,500	0	10,000	7.70	3.45	12.75	5.15	29.75	10.90	38.05	13.70	103.95	36.00	X301	X801
	50	10,000	7.35	2.60	12.15	3.65	28.35	7.15	36.20	8.85	98.85	22.45	X307	X807
15,000	0	25,000	9.05	3.90	14.95	5.75	34.90	12.05	44.55	15.15	121.75	39.55	X401	X901
	50	25,000	8.70	3.00	14.40	4.20	33.45	8.10	42.75	10.05	116.65	25.30	X407	X907
	100	25,000	8.45	2.65	13.80	3.55	32.05	6.60	40.90	8.05	111.50	19.80	X409	X909
17,500	0	50,000	NA	4.70	NA	7.00	NA	14.75	NA	18.50	NA	48.55	NA	X951
	50	50,000	NA	3.95	NA	5.65	NA	11.40	NA	14.20	NA	36.50	NA	X957
	100	50,000	NA	3.35	NA	4.65	NA	8.85	NA	10.95	NA	27.35	NA	X959
20,000	0	100,000	NA	5.15	NA	7.60	NA	15.90	NA	19.95	NA	NA	NA	X969
	50	100,000	NA	4.75	NA	6.90	NA	14.10	NA	17.60	NA	NA	NA	X975
	100	100,000	NA	4.20	NA	5.90	NA	11.65	NA	14.45	NA	NA	NA	X977
25,000	0	250,000	NA	5.90	NA	8.55	NA	17.55	NA	21.90	NA	NA	NA	X985
	50	250,000	NA	5.45	NA	7.80	NA	15.60	NA	19.40	NA	NA	NA	X986
	100	250,000	NA	4.90	NA	6.80	NA	13.15	NA	16.25	NA	NA	NA	X987

<b>Softball &amp; T-ball (002) (Six Months Standard Maximum Policy Term)*</b>														
\$10,000	\$ 0	\$ 5,000	\$4.35	\$2.20	\$7.05	\$3.20	\$23.05	\$8.90	\$32.40	\$ 12.25	\$88.70	\$32.45	X201	X701
	50	5,000	4.15	1.80	6.70	2.40	21.75	6.05	30.60	8.20	83.60	21.10	X207	X707
12,500	0	10,000	5.15	2.60	8.35	3.65	27.05	10.00	38.05	13.70	103.95	36.00	X301	X801
	50	10,000	4.95	2.10	8.00	2.75	25.80	6.60	36.20	8.85	98.85	22.45	X307	X807
15,000	0	25,000	6.05	2.95	9.80	4.15	31.75	11.05	44.55	15.15	121.75	39.55	X401	X901
	50	25,000	5.85	2.40	9.45	3.15	30.45	7.50	42.75	10.05	116.65	25.30	X407	X907
	100	25,000	5.70	2.20	9.10	2.80	29.15	6.10	40.90	8.05	111.50	19.80	X409	X909
17,500	0	50,000	NA	3.55	NA	5.00	NA	13.55	NA	18.50	NA	48.55	NA	X951
	50	50,000	NA	3.10	NA	4.15	NA	10.50	NA	14.20	NA	36.50	NA	X957
	100	50,000	NA	2.75	NA	3.55	NA	8.20	NA	10.95	NA	27.35	NA	X959
20,000	0	100,000	NA	3.90	NA	5.50	NA	14.60	NA	19.95	NA	NA	NA	X969
	50	100,000	NA	3.65	NA	5.00	NA	12.95	NA	17.60	NA	NA	NA	X975
	100	100,000	NA	3.35	NA	4.40	NA	10.75	NA	14.45	NA	NA	NA	X977
25,000	0	250,000	NA	4.55	NA	6.25	NA	16.10	NA	21.90	NA	NA	NA	X985
	50	250,000	NA	4.30	NA	5.80	NA	14.35	NA	19.40	NA	NA	NA	X986
	100	250,000	NA	3.95	NA	5.15	NA	12.15	NA	16.25	NA	NA	NA	X987

Multiple Team Discounts***	4 thru 13 teams = 5% discount	14 thru 23 teams = 6% discount	24 thru 33 teams = 7% discount	34 thru 43 teams = 8% discount	44 thru 53 teams = 9% discount	54 or more teams = 10% discount
----------------------------	----------------------------------	-----------------------------------	-----------------------------------	-----------------------------------	-----------------------------------	------------------------------------

\* These rates are valid for cases effective on or after January 1, 2004  
 \*\* These plans are not available to public and non-religious private schools. Special products may be available on request.  
 \*\*\* Multiple Team Discounts – All teams must have the same policy term. Teams subsequently added to the policy will not increase the discount. However, teams subsequently deleted from the policy will decrease the discount.  
 Special rates of up to 80% higher apply to all public schools. Private and religious schools use the rates shown above. The minimum premium is \$225 per policy for the primary plan and \$175 per policy for the excess plan. Discounts available on request for policy terms of one (1) month or less. Special rates available for policy terms exceeding the maximum months shown. Split season rates may be available on request. There are no premium refunds after a one (1) month policy term.

## Comparison Chart

	Nationwide®	Other Insurer
Death or Specific Loss must occur within	1 Year <sup>1</sup>	_____
Percentage for Entire Loss of:		
Each Arm or Leg	75% <sup>2</sup>	_____ %
Speech, Each Eye, Hand or Foot	50% <sup>2</sup>	_____ %
Hearing of Each Ear	25% <sup>2&amp;3</sup>	_____ %
Thumb and Index Finger of Same Hand	25% <sup>2</sup>	_____ %
Medical Expenses must be incurred within:		
First Treatment	90 days	_____
Later Treatments	3 Years	_____
Internal Dental Dollar Limits:		
Per Tooth Restriction	None <sup>4</sup>	\$ _____
Overall Dental Restriction	None <sup>4</sup>	\$ _____
Limit on number of diathermy/light/shortwave/other heat/ physiotherapy if hospital confined or under home health agency care	None <sup>4</sup>	_____
If neither so confined nor under home health care	First 5 <sup>4</sup>	_____
Roster Requirements:		
Team Names and Ages	Yes	_____
Individual Names and Ages	No	_____
Covered Travel:		
Plan Sponsor's Group Travel	Yes	_____
Individual Direct Travel to/from Clinics, Games, and Practice Sessions	Yes	_____
Does coverage apply to most extra activities?	Yes	_____
Are coaches, managers, officers, etc. covered at no extra charge?	Yes	_____
Special Short-Term Rates – % of Season Rate for a Policy of:		
One Day	20% <sup>5</sup>	_____ %
2 thru 15 Days	33 <sup>1</sup> / <sub>3</sub> % <sup>5</sup>	_____ %
16 Days thru 1 Month	50% <sup>5</sup>	_____ %
Extended coverage available for terms longer than the Standard Season	Yes	_____
Minimum Policy Premium:		
Primary Medical Policy	\$225	\$ _____
Excess Medical Policy	\$175	\$ _____

<sup>1</sup> No time restriction in PA or WV for death.

<sup>2</sup> Separate losses accumulate to 100% (e.g., one hand and thumb and index of another = 75%, not just the greater (50%) of the two).

<sup>3</sup> Many insurers pay 50% for loss of hearing in both ears, but nothing for loss in one ear.

<sup>4</sup> Reasonable and Customary expenses up to Medical Maximum.

<sup>5</sup> Special Short-Term policies cannot be added together (e.g., 5 week term at 33 1/3% + 50% = 83 1/3%) to avoid a standard season rate.

