



Insurance & Procedures

USADB works with the United States Specialty Sports Association (USSSA) to provide **low-cost** insurance to USADB teams for practices or any games, invitational, regional and national tournaments.

The coverage is **\$2,000,000** general liability per occurrence for either practice or sanction fee coverage.

Team practice

If a team desires insurance for team practices, it will be **\$178.00 for the 2011-2012 season**. You will receive 2 (two) papers – one for 2011 and one for 2012.

Sanction Fee

If a team or region desires to obtain a certificate of insurance to cover games, invitational and regional (gym and hotel) tournaments, it will be **\$150.00 per event**. It costs the same whether or not you have gym and hotel or just the gym alone.

Procedure for Certificate of Insurance:

1. If your team is interested in obtaining a certificate of insurance (COI), you must get prior approval from your region for any sanctioned games and/or tournaments.
2. After you get approval from your region, you may proceed to fill out the attached form with full name of chairperson and his/her home address, name and address of the gym, and hotel (if necessary).
3. Check is to be made payable to "**Refs on the Run**" in the amount of \$150.00, \$178.00 or \$328.00 total (depending on what you need). Mail the check and form to our insurance agent, Allen Mayes at:

Refs on the Run
132 Newbury Road
Howell, NJ 07731-2150

You will get the Certificate of Insurance (COI) within 14 days.

4. After the event, **you are required** to fill out the Results form (attached) and send to Chuck Wallace, USADB Tournament Director.

Any questions or additional information, contact Chuck Wallace, tourney@usadb.us



USADB/USSSA Insurance Request Form

Date: _____

Name & address of person responsible for the event:

Name: _____

Address: _____

City: _____

State, Zip: _____

VP: _____

Email/Pager: _____

Date of
Games/Tournament: _____

Name and Address of Gym:

Name: _____

Address: _____

City: _____

State, Zip: _____

Phone: _____

Name and Address of Hotel (if necessary):

Name: _____

Address: _____

City: _____

State, Zip: _____

Phone: _____



Games/Invitational/Tournament Results Form

Region: _____

Name of Tournament: _____

Date & Location of Tournament: _____

Name of contact person: _____

Email Address: _____ VP: _____

Men's Results:

Game 1: _____ vs _____ Score: _____

Game 2: _____ vs _____ Score: _____

Game 3: _____ vs _____ Score: _____

Game 4: _____ vs _____ Score: _____

Game 5: _____ vs _____ Score: _____

Game 6: _____ vs _____ Score: _____

Game 7: _____ vs _____ Score: _____

Game 8: _____ vs _____ Score: _____

Game 9: _____ vs _____ Score: _____

Game 10: _____ vs _____ Score: _____

Women's Results:

Game 1: _____ vs _____ Score: _____

Game 2: _____ vs _____ Score: _____

Game 3: _____ vs _____ Score: _____

Game 4: _____ vs _____ Score: _____

Game 5: _____ vs _____ Score: _____

Game 6: _____ vs _____ Score: _____

Game 7: _____ vs _____ Score: _____

Game 8: _____ vs _____ Score: _____

Game 9: _____ vs _____ Score: _____

Game 10: _____ vs _____ Score: _____