

ASA JO INDIVIDUAL REGISTRATION PROGRAM  
BOLLINGER INSURANCE

**FREQUENTLY ASKED QUESTIONS**

**Q. What is Individual Insurance?**

**A.** As the National Governing Body for the sport of softball, ASA/USA Softball is committed to the goal of providing accident and liability insurance for participants in the Junior Olympic program. The best way this can be accomplished is to individually register each participant in the program, including players, managers, coaches, assistant coaches and scorekeepers. Many other Governing Bodies of youth sports programs individually register their participants, mainly for the insurance benefits individual registration provides. Therefore, to ensure that our youth players receive the insurance protection they need, ASA/USA Softball will be converting to individual registration for the Junior Olympic program. Individual Registration will also be available to adult teams and leagues in certain areas.

**Each Individual will receive the following Benefits:**

- INSURANCE**
- 5,000,000 Liability insurance, plus \$250,000 excess Accident Medical Insurance.
  - Coverage follows the individual throughout the calendar year for all ASA/USA Softball activities, even if you change to another ASA/USA Softball Team.
  - Coverage extends to the team as an insured entity if all team members register individually.
  - Coverage extends to the league as an insured entity, as well as to the league officers. If all league members register individually.
- OTHER BENEFITS**
- Membership in an Junior Olympic organization.
  - ASA/USA Softball Membership Card.
  - Copy of Balls and Strikes Magazine.
  - Each registered coach, manager, assistant coach, and scorekeeper receives a rulebook and scorebook.
  - Discounts on official licensed merchandise.

**Q. When is coverage effective?**

**A.** The master policy is effective January 1<sup>st</sup> to December 31<sup>st</sup> of each year. The registration and insurance are effective when your local ASA/USA Softball Commissioner receives the required information & payment. At that point insurance is effective back to January 1<sup>st</sup> and continues through December 31<sup>st</sup>. An important feature of individual registration is that as long as you renew your membership each year, the insurance plan will continue without gaps in coverage.

**Q. Do players need to register a second time if they change to another ASA/USA team?**

**A.** No, the individual registration will follow them for all ASA/USA Softball play throughout the year. One time registration covers them from the point the Commissioner receives the required information & payment through December 31<sup>st</sup> of the current year, regardless of how many ASA/USA Softball teams the player joins.

**Q. Does the insurance coverage follow a player who plays on another team or goes to play in a non-ASA sanctioned event?**

- A.**
1. Yes, the coverage follows the player who plays on a team that is registered with ASA/USA Softball for the current year.
  2. Yes, the coverage follows the player if she goes on her own to play on an ASA/USA Softball registered team in an ASA/USA Sanctioned Tournament.
  3. Yes, the coverage follows the players on an individually registered team if the team plays in a non-ASA sanctioned event.
  4. No, the coverage does not apply if the player plays on a team that is not registered with the ASA.
  5. No, the coverage does not apply if the player goes on her own to play in a non ASA sanctioned event.

**Q. Are players covered while participating in tryouts?**

**A.** Yes, players can be covered prior to actual registration and payment. Be sure to individually register any participant that is injured during tryouts and include a copy of the individual registration form with the claim form in this instance.

**Q. Why do players need insurance if they have coverage through their parents' health plan or other insurance?**

**A.** ASA/USA Softball has made a commitment to provide accident and liability insurance to all of its participants in the Junior Olympic (youth) program, as so many other youth sports organizations do. One reason for doing so is that the coaches or managers of the teams and leagues cannot know how in their organization has other insurance and who does not. And even if they could, the situation in each family could change during the year, making it impractical to track. Thus all players are protected by an Accident Medical policy. This policy is also designed to supplement any existing coverage the player may have. For example, this policy may pick up deductibles or supplement limitations of the primary coverage. If no other insurance exists, then this coverage becomes primary. There is also a \$5,000,000 liability policy to protect the players, coaches, team and league against lawsuits arising out of their softball activities.

**Q. What proof of ASA registration and insurance is provided?**

**A.** Each person receives from their Commissioner an ASA/USA Softball registration card. On the back of the card is information regarding the insurance coverage and the number to call in case of an accident claim.

**Q. What Accident deductible choices are available?**

**A.** You can choose among different deductible amounts. \$250, \$100 or \$0 deductible for Junior Olympic Softball activities. The Commissioner or League Official will select the appropriate deductible amount for your organization.

**Q. Why is individual registration better than team insurance?**

- A.**
1. It's less expensive.
  2. There is only one age group.
  3. Registration fee is included.
  4. Coverage follows the player when she plays on another ASA registered team or in an ASA sanctioned tournament whereas with team coverage, players must play on a team that has ASA insurance in order to be covered.

**Q. What do we do if a player quits the league after we have submitted the information and payment to ASA/USA Softball?**

**A.** Once submitted, the registration and insurance continue for the remainder of the year and may not be canceled. That person would be covered for any ASA/USA Softball activities during the year.

**Q. How do I obtain Certificates of Insurance so my team can use softball facilities?**

**A.** Request for Certificates of insurance naming field owners as additional insured should be requested from your Commissioner. In most instances Commissioners have the authority to issue certificates from Bollinger's website.

**Q. A registered youth coach also plays on an ASA/USA Softball slow pitch adult team. Is the coach covered when playing?**

**A.** No, The coverage is only in effect for his/her coaching activities with the youth team.

**Q. Whom do I call for more information?**

**A.** The first place to go with questions on individual registration is to contact your local ASA/USA Commissioner. He or She can answer questions about the cost to register, how to get started in your area with individual registration and update you on the status of your registration.

For other questions about the insurance plan or claims, please contact Bollinger's ASA Department at 1-800-526-1379 Fax 1-973-921-2876 Web [www.BollingerASA.com](http://www.BollingerASA.com)

### What is INDIVIDUAL REGISTRATION?

As the National Governing Body for the sport of softball, ASA/USA Softball is committed to the goal of providing accident and liability insurance for all participants in the Junior Olympic (youth) program. The only way this can be accomplished is to individually register each participant in the program, including players, managers, coaches, assistant coaches and scorekeepers. Most other National Governing Bodies of youth sport programs individually register their participants, mainly for the insurance benefits individual registration provides. Therefore, to ensure that our youth players receive the insurance protection they need, ASA/USA Softball will be converting to individual registration (as opposed to team registration) for the Junior Olympic Program. Individual Registration will also be available to Adult teams and leagues in certain areas.

Each individual registrant will receive the following benefits:

#### Insurance :

- \$5,000,000 per occurrence limit of Liability Insurance, plus \$250,000 Excess Accident Medical Insurance.
- Coverage follows the individual throughout the calendar year for all ASA/USA Softball activities, even if you change to another ASA/USA Softball team.
- Coverage extends to the team as an insured entity if all team members register individually.
- Coverage extends to the leagues as an insured entity, as well as to league officers, if all league members register individually.

#### Other Benefits

- Membership in an Olympic organization
- Copy of *Balls and Strikes Magazine*
- ASA/USA Softball Membership Card
- Each registered coach, manager, assistant coach and scorekeeper receives a rulebook and a scorebook



**ASA Insurance Department**  
**PO Box 390, 101 JFK Parkway**  
**Short Hills, NJ 07078-0390**

**Contact Bollinger at:**

**Ph 1-800-526-1379**

**Fax 1-973-921-2876 Web**  
**[www.BollingerASA.com](http://www.BollingerASA.com)**

## **Frequently Asked Questions on the**

## **ASA JO Individual Registration Program**



**Program Administrator:**

**Bollinger**  
Insurance Solutions

Plan is underwritten by Markel Insurance Company, Rated A by A.M. Best.

## Important Note for 2009: In order to participate in ASA Junior Olympic/Youth Championship Play, all teams must be Individually Registered or purchase the Team Insurance Package Plan.

### 1. If we elect to convert to individual registrations, how do we begin?

The manager of your team or league should contact your local ASA/USA Softball Commissioner or Junior Olympic Commissioner for instructions on how to individually register. If you do not know who your ASA/USA Softball Commissioner is, contact ASA/USA Softball for information or visit their web site at [www.ASASoftball.com](http://www.ASASoftball.com).

### 2. I have a large league with many players. What is the easiest way to get the ASA/USA Softball Commissioner the required information?

There are four ways for you to supply the information:  
Your local ASA/USA Softball Commissioner can supply you with a desktop software product at no charge.  
Ask your ASA/USA Softball Commissioner to grant you access to the ASA's On-Line Registration System (also free of charge).  
If you already have the information computerized, your ASA/USA Softball Commissioner can work with you to upload the data.  
Make a photocopy of your league sign-up form, and send it to your ASA/USA Softball Commissioner.

### 3. How will you know how many teams we have?

Under the Individual Registration program, every ten individual participants are counted as one team.

### 4. When do I start sending in the information and payment?

As players, coaches, managers and scorekeepers sign-up with your league/teams, you will send in their information and payment to your Commissioner. This will be an ongoing process throughout the year as you add players and/or coaching staff.

### 5. When is coverage effective?

The master policy is effective January 1<sup>st</sup> to December 31<sup>st</sup> of each year. The registration and insurance are effective when your local ASA/USA Softball Commissioner receives the required information & payment. At that point, the insurance is effective back to January 1<sup>st</sup> and continues through December 31<sup>st</sup>. An important feature of individual registration is that as long as you renew your membership each year, the insurance plan will be continuous, with no gaps in coverage.

### 6. Do players need to register a second time if they change to another ASA/USA Softball team?

No, the individual registration will follow them for all ASA/USA Softball play throughout the year. One time registration covers them from the point the Commissioner receives the required information & payment through December 31<sup>st</sup> of the current year, regardless of how many ASA/USA Softball teams the player joins.

### 7. Does the insurance coverage follow a player who plays on another team or goes to play in a non-ASA sanctioned event?

Yes, the coverage follows the player who plays on a team that is **registered with ASA/USA Softball** for the current year.

Yes, the coverage follows the player if she/he goes on her/his own to play on an ASA/USA Softball registered team in an ASA/USA Sanctioned Tournament.

Yes, the coverage follows the players on an individually registered team if the team plays in a non-ASA sanctioned event.

No, the coverage does not apply if the player plays on a team that is not registered with the ASA.

No, the coverage does not apply if the player goes on her/his own to play in a non-ASA sanctioned event.

### 8. Are players covered while participating in tryouts?

Yes, players are covered prior to actual registration and payment. Be sure to individually register any participant that is injured during tryouts and include a copy of the individual registration form with the claim form in this instance.

### 9. Why do players need insurance if they have coverage through their parents' health plan or other insurance?

ASA/USA Softball has made a commitment to provide accident and liability insurance to all of its participants in the Junior Olympic (youth) program, as so many other youth sports organizations do. One reason for doing so is that the coaches or managers of the teams and leagues cannot know who in their organization has other insurance and who does not. And even if they could, the situations in each family could change during the year, making it impractical to track.

Thus, all players are protected by an Accident Medical policy. This coverage is also designed to supplement any existing coverage the player may have. For example, this policy may pick up deductibles or supplement limitations of the primary coverage. If no other insurance exists, then this coverage would become primary.

There is also a \$5,000,000 per occurrence limit of liability insurance coverage to protect the players, coaches, team and league against lawsuits arising out of their softball activities.

### 10. What proof of ASA registration and insurance is provided?

Each person receives from their Commissioner an ASA/USA Softball registration card with their name, date of birth and insurance deductible printed on it. On the back of the card is information regarding the insurance coverage and the number to call in case of an accident claim.

### 11. What Accident deductible choices are available?

We currently offer two deductibles: \$250 or \$0 deductible. The Commissioner or League Official will determine the deductible option(s) that is available for your association or league.

### 12. Why is Individual Registration better than Team insurance?

It's less expensive.  
There is only one age group.  
Registration fee is included.

Coverage follows the player when he/she plays on another ASA registered team or in an ASA sanctioned tournament  
Whereas with team coverage, players must play on a team that has ASA insurance in order to be covered.

### 13. What do we do if a player quits the league after we have submitted the information and payment to ASA/USA Softball?

Once submitted, the registration and insurance continue for the remainder of the year and may not be canceled. That person would be covered for any ASA/USA Softball activities during the year.

### 14. How do I obtain Certificates of Insurance so my team/league can use softball facilities?

Requests for Certificates of Insurance naming field owners as Additional Insureds should be requested from your Commissioner. In most instances, Commissioners have the authority to issue certificates from Bollinger's web site.

### 15. A registered youth coach also plays on an ASA/USA Softball slow pitch adult team. Is the coach covered when playing?

No, the coverage is only in effect for his/her coaching activities with the youth team.

### 16. Whom do I call for more information?

The first place to go with questions on individual registration is to contact your local ASA Commissioner. He or she can answer questions about the cost to register, how to get started in your area with individual registration and update you on the status of your registrations.

For other questions about the insurance plan or claims, please contact Bollinger's ASA Department at 1-800-526-1379.



**SECTION IV****STATEMENT OF OTHER INSURANCE****(required)**

<b>Father/Claimant</b> _____	<b>Mother/Claimant</b> _____
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY: _____	CITY: _____
STATE: _____ ZIP: _____	STATE: _____ ZIP: _____
PHONE: _____	PHONE: _____
EMPLOYER: _____	EMPLOYER: _____
PHONE: _____	PHONE: _____
SELF EMPLOYED <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/>	SELF EMPLOYED <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/>

**If you are employed but have no insurance, please include a statement of verification from your employer on their letterhead.**

**IS CLAIMANT COVERED UNDER ANY OTHER MEDICAL AND OR DENTAL INSURANCE POLICY?  YES  NO**  
**IS CLAIMANT COVERED UNDER A GOVERNMENT SPONSORED INSURANCE SUCH AS MEDICARE/MEDICAID?  YES  NO**

INSURED NAME: \_\_\_\_\_ ID#: \_\_\_\_\_ INSURED GRP#/NAME: \_\_\_\_\_  
 COMPANY NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_

**\*Please include copy of insurance card (both sides)**

**Note: IF YOUR SON OR DAUGHTER HAS MEDICAL INSURANCE COVERAGE AS AN ELIGIBLE DEPENDENT FROM A PREVIOUS MARRIAGE AS MANDATED IN A DIVORCE DECREE, PLEASE GIVE NAME, ADDRESS AND PHONE NUMBER OF RESPONSIBLE PARTY:**

<b>Section V</b>	<b>ASSIGNMENT OF BENEFITS</b>
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**ALL CLAIMS BENEFITS WILL BE PAID DIRECTLY TO DOCTORS AND HOSPITALS INVOLVED, UNLESS YOU PROVIDE PAID RECEIPTS FOR SERVICES RENDERED.**

<b>Section VI</b>	<b>STATEMENT OF CERTIFICATION and AUTHORIZATION TO RELEASE INFORMATION (required)</b>
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- 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 who makes a claim to receive benefits from this policy under false pretense; 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 substantial civil penalty to the extent allowed by state law.

I have read this statement and agree that the information provided for this claim is true and correct.

**SIGNATURE OF PARENT/CLAIMANT (required):** \_\_\_\_\_ **DATE:** \_\_\_\_\_

- I hereby authorize any physician, hospital or other medically related facility, insurance company, or other organization, institution or person that has any records or knowledge of me, and/or the above named claimant, to disclose, whenever requested to do so by Bollinger Insurance or its representatives, any and all such information. A photocopy of this authorization shall be considered as effective and valid as the original.

**SIGNATURE OF PARENT/CLAIMANT (required):** \_\_\_\_\_ **DATE:** \_\_\_\_\_

# Incident Report

## ASA Insurance Program

It is important to have written incident reports on file regarding ASA injuries, property damage or other incidents that may result in a claim against your team or league. Many such claims allege negligence, and written reports prepared immediately after an incident occurs are invaluable in defending these types of claims. In the event of a serious injury, it is important to ask for written statements from witnesses and individuals actually involved in the incident. One copy of the report should be sent to Bollinger Insurance, one copy to your State or Metro ASA Commissioner, and you should keep a copy of the report for your own records since many lawsuits are filed long after the injury occurs.

Attach any additional information that might be helpful in defense of a future claim, such as: police report, doctor's statement, pre-game field inspection report, routine facility maintenance report, photos taken at the time of the incident and written statements of witnesses.

This report is to be completed by:

Coach, Official or Umpire For incidents occurring during regular, pre-season or post-season team activities  
Director or Sponsor For incidents occurring during tournaments or special events  
Director or Coach For incidents occurring during camps or clinics

### 1. General Information

DATE AND TIME OF REPORT: \_\_\_\_\_

REPORTER'S NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PHONE (H): \_\_\_\_\_ PHONE (W): \_\_\_\_\_

PHONE (CELL): \_\_\_\_\_ EMAIL: \_\_\_\_\_

EVENT/ACTIVITY: \_\_\_\_\_

DATE AND TIME OF INCIDENT: \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_

### 2. Provide full description of all events leading up to and including the incident

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### 3. Witnesses

Full Name	Address	Statement Attached (Y/N)
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4. Who responded to the incident (include all parties - Coaches, Athletic Trainers, Security, Paramedics, Police, etc.):

\_\_\_\_\_  
\_\_\_\_\_

5. If an Injury is involved, please provide the following: Injured Person's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Position: \_\_\_\_\_ Player \_\_\_\_\_ Coach \_\_\_\_\_ Official \_\_\_\_\_ Spectator \_\_\_\_\_ Other: \_\_\_\_\_

6. Describe injury (specify where on body, right or left side): \_\_\_\_\_  
\_\_\_\_\_

7. Was First Aid treatment required? \_\_\_\_\_

8. If yes, who provided First Aid treatment? \_\_\_\_\_

9. Please provide detailed description of surroundings, facility condition, weather condition, etc:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Other Comments:

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Verification Statement: By signing this document, I verify that this report is true and correct to the best of my knowledge.

Reporter's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Provide one copy to your league office or program administrator, one copy to your State or Metro  
ASA Commissioner and send one copy to:  
Bollinger Insurance, ASA Insurance Plans, PO Box 390, Short Hills, NJ 07078  
Phone: 800-350-8005 Fax: 973-921-2876 Web: [www.BollingerASA.com](http://www.BollingerASA.com)**

**IMPORTANT: ALL INFORMATION MUST BE PROVIDED IN ORDER FOR CLAIM TO BE PROCESSED**

Accident medical expense coverage under this policy is provided on an **Excess Basis** and benefits will only be paid under this plan after your own personal or group insurance (including Health Maintenance Organizations) has paid out its benefits. Please note that you must follow your primary insurance carrier's eligibility criteria (i.e., to be treated in-network, if required by HMO, etc) in order for this policy to consider your expenses for payment.

**Claim Guidelines:** You have **90** days from date of injury to submit claim form.

For claims to be eligible for coverage you must seek medical attention within **60 days** from date of injury.

**Benefit Period:** This policy is subject to a **52 week** benefit period from date of injury. Medical or dental expenses that are incurred **within 52 weeks** of the date of injury are eligible for coverage under this policy. Any expenses or treatments that are rendered after the **52 week** benefit period will not be covered by this policy.

**Please remember:**

Advise your Providers/Hospitals of this insurance so they can file claims directly to Bollinger  
Attach all Explanation of Benefits (EOB) forms that you have received from your Primary insurance carrier or other healthcare plan.

**Itemized bills are required:** You must submit itemized bills; balance due bills will not be processed. See below for forms needed.

HCFA-1500- standard form used by Providers

UB-04 or UB-92-standard form used by Hospitals

Payment of bills will follow the **usual and customary guidelines**. This means that the basis for payment of specific medical or dental claims is based on the average cost of that service by region. This policy does not automatically pay for services in full; it pays based on the "usual and customary" fee for that service in your area.

**Dental bills:** All dental bills must be submitted through your primary insurance's **medical and dental plans** first before submitting the bills to Bollinger.

**Flex Spending, Health Reimbursement or Health Spending Accounts (HRA, HSA):** Please read below and follow the steps appropriately to submit information.

Employer contribution to flex account-Primary insurance first, then flex account, then Bollinger

Employee contribution to flex account-Primary insurance first, then Bollinger, then flex account. If monies have been paid out of your flex account before Bollinger then those monies will need to be reimbursed to your flex account by your Providers. In order for claims to be processed by Bollinger, proof of reimbursement to your flex account is needed.

**For further Claims information contact:**

Bollinger, Sports Claims  
Department P.O. Box 390  
Short Hills, NJ 07078-0390  
Phone: 1-866-267-0093  
Fax: 973-921-2876

[www.BollingerASA.com](http://www.BollingerASA.com)

**Bollinger**  
Insurance Solutions