

**2010**  
**SOFTBALL PLAYERS ASSOCIATION**  
**TEAM INSURANCE ENROLLMENT FORM**  
**1-800-447-6797**

TEAM OR LEAGUE NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ TITLE \_\_\_\_\_

PHONE ( \_\_\_\_\_ ) \_\_\_\_\_

EMAIL \_\_\_\_\_

<b>RATE PER TEAM</b> <b>ADULT SOFTBALL - \$250</b> <b>\$2,000,000 GENERAL LIABILITY LIMIT</b> <b>\$10,000 SECONDARY ACCIDENT MEDICAL - \$500 DEDUCTIBLE</b>
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**COMPLETE ONLY IF FIELD OWNER REQUESTS ADDITIONAL INSURED STATUS**

NAME OF FIELD OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

<b>MAKE CHECK PAYABLE TO: CHAPPELL INSURANCE AGENCY</b> <b>&amp;</b> <b>MAIL TO: 25807-A COX ROAD, PETERSBURG, VA 23803</b> <b>OR CALL 1-800-447-6797 TO PURCHASE WITH CREDIT CARD</b>
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<b>Certificates will be emailed. If email not available then faxed</b>
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EMAIL ADDRESS: \_\_\_\_\_

FAX #: \_\_\_\_\_

**ALL RATES INCLUDE AN ADMINISTRATION AND MEMBERSHIP FEE.**  
**\$5.00 ADDITIONAL PROCESSING FEE FOR CREDIT CARD PURCHASES.**