

## 2010 KVBSA INSURANCE ENROLLMENT FORM

Team or League Name: \_\_\_\_\_  
 (Leagues must submit names of all insured teams)  
 Mailing Address: \_\_\_\_\_  
 Number & Street: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Name of Contact: \_\_\_\_\_  
 Telephone No.: ( \_\_\_\_\_ )

I hereby certify that all information in this application is true and correct,  
 and that all team(s) insured are registered with the USSSA

Signature of Team/League Official: \_\_\_\_\_

**RATE CALCULATION**  
**CIRCLE SPORT: BASEBALL or SOFTBALL**

\_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_  
 (# of Teams)                      (Rate per Team)                      (Total Premium)

Complete this section if field owner requests additional insured status

Name of Field Owner : \_\_\_\_\_  
 Address : \_\_\_\_\_  
 City : \_\_\_\_\_  
 State, Zip : \_\_\_\_\_  
 Contact Person : \_\_\_\_\_  
 Telephone : \_\_\_\_\_ E.Mail: \_\_\_\_\_

**MAKE CHECKS PAYABLE AND MAIL TO:**  
**KVBSA**  
**P.O.BOX 1885      BRIGHTON, MI      48116**

<b>2010 Rates:</b>	<b>BASEBALL (\$250 Deductible)</b>	<b>SOFTBALL (\$250 Deductible)</b>
<b>U9, U10, U11, U12 =</b>	<b>TBD</b>	<b>U12 = TBD</b>
<b>U13, U14 =</b>	<b>TBD</b>	<b>U14 = TBD</b>
<b>U16, U18 =</b>	<b>TBD</b>	<b>U18 = TBD</b>