



Wilson Sports Insurance

**401 PITCHFORK TRAIL
SUITE 711
WILLOW PARK, TX 76087
Phone: (817) 441-6487
Email: john@wilsonsportsins.com**

NAME OF LEAGUE _____
EMAIL _____
PHONE# _____

2021 RANGER YOUTH BASEBALL QUOTE WORKSHEET

GENERAL LIABILITY COVERAGE :

Carrier– AEGIS INSURANCE COMPANY Rated A+ XIII (Superior) by AM Best
\$ 3,000,000 General Aggregate Limit
\$ 1,000,000 Products/Completed Operations Aggregate Limit (Any One Person or Organization)
\$ 1,000,000 Personal and Advertising Injury Limit
\$ 1,000,000 Each Occurrence Limit
\$ 300,000 Rented To You Limit
\$ 50,000/100,000 Abuse & Molestation Coverage

EXCESS ACCIDENT:

Carrier – AEGIS INSURANCE COMPANY Rated A+ XV (Superior) by AM Best
Limit: **\$100,000** Deductible: **\$250**

RATES – INCLUDE BOTH LIABILITY & ACCIDENT COVERAGE

SPORT	AGE	# OF TEAMS	X	RATE PER TEAM	=	TOTAL
BASEBALL	13-15		X	\$78.00	=	

TOTAL PREMIUM \$ _____

Any administration fees added have been added to the rates above.

The coverage for your teams insurance will NOT go into effect until Wilson Sports Insurance Service has received the worksheet and payment in full for the number of teams on your worksheet. The effective date for your teams' coverage will be the date Wilson Sports Insurance Services receives your worksheet and full payment for the number of teams on your worksheet. The Expiration Date for all Ranger Youth Baseball Teams is February 8, 2022. February 8, 2022 is the date coverage ends.

REMIT COMPLETED APPLICATION, WORKSHEET AND PAYMENT TO:

**WILSON SPORTS INSURANCE SERVICES, LLC
401 PITCHFORK TRAIL
SUITE 711
WILLOW PARK, TX 76087
Phone: (817) 441-6487
Fax: (817) 441-6483 Email: john@wilsonsportsins.com**

Insured signature _____ Date _____

RANGER YOUTH BASEBALL

LEAGUE NAME _____



Wilson Sports Insurance

CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT LIGIBLY, COMPLETE THIS AUTHORIZATION AND RETURN IT TO OUR OFFICE.

INSURED NAME: _____

Cardholder Name: _____

Address: _____

Phone # _____

Credit Card Type: _____ VISA _____ MASTERCARD _____ AMERICAN EXPRESS

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____ Billing Zip Code: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____



Amount Charged: \$ _____ (USD)

Signature: _____ Date: _____

Email address: _____

FAX or send the authorization to:

Wilson Sports Insurance Services, LLC
401 Pitchfork Trail, Suite 711
Willow Park, TX 76087
Phone (817) 441-6487 Cell (817) 528-0759 Fax (817) 441-6483
Email john@wilsonsportsins.com