

**2017**  
**SOFTBALL PLAYERS ASSOCIATION**  
**TEAM INSURANCE ENROLLMENT FORM**  
**1-800-447-6797**

TEAM OR LEAGUE NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_ TITLE \_\_\_\_\_  
PHONE (\_\_\_\_\_) \_\_\_\_\_  
EMAIL \_\_\_\_\_

**RATE PER TEAM**  
**ADULT SOFTBALL - \$360**  
**\$2,000,000 GENERAL LIABILITY LIMIT**  
**\$10,000 SECONDARY ACCIDENT MEDICAL - \$500 DEDUCTIBLE**  
(Optional \$1000 Deductible available at reduced \$301 rate)  
(6 or more team group discounts also available)

**COMPLETE ONLY IF FIELD OWNER REQUESTS ADDITIONAL INSURED STATUS**

NAME OF FIELD OWNER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**MAKE CHECK PAYABLE TO: CHAPPELL INSURANCE AGENCY**  
**&**  
**MAIL TO: 25807-A COX ROAD, PETERSBURG, VA 23803**  
**OR CALL 1-800-447-6797 TO PURCHASE WITH CREDIT CARD**

**Certificates will be emailed. If email not available then faxed**

EMAIL: \_\_\_\_\_

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

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