

2018
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.