

**THIS POLICY PROVIDES LIMITED ACCIDENT INSURANCE ONLY.** The policy does NOT provide basic hospital, basic medical or major medical insurance.

**IMPORTANT NOTICE**  
**THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS OR FOR LEGAL LIABILITY.**

**A.M. BEST'S RATING FOR NATIONWIDE LIFE IS A+ (SUPERIOR).** A.M. Best Co. has been a leading independent source of insurer financial ratings since 1899.

**NOTE TO AGENT:** Mail completed application and premium payment to:

Special Risks  
Nationwide Insurance  
P.O. Box 2399  
Columbus, OH 43216-2399

**CONTACT US:**

**Local:** 1-614-854-2196  
**Toll Free:** 1-800-525-8669 (option 5)  
**Fax:** 1-614-854-3753  
**E-Mail:** [specrsk@nationwide.com](mailto:specrsk@nationwide.com)  
**Website:** [www.grouprotector.com](http://www.grouprotector.com)

**UNDERWRITTEN BY:**

Nationwide Life Insurance Company  
P.O. Box 2399  
Columbus, OH 43216-2399

SPL-7041-1K

(001-003)

**NATIONWIDE LIFE INSURANCE COMPANY**  
Home Office: Columbus, Ohio



**Amateur Baseball, Softball & T-Ball**  
Sports Accident Insurance

This Brochure is ONLY valid in AR, FL, GA, LA, MS, NC, OK, TX and WV.

All cases are subject to the acceptance of the risk. Cases producing over \$15,000 of premium are also subject to our review of prior claims experience.

# Nationwide's Group Protector Sports Accident Insurance for Participants of Baseball, Softball and T-ball Teams & Leagues.

## WHAT IS IT?

Nationwide's Group Protector Sports Accident Insurance is a highly practical insurance plan that provides greater peace-of-mind to players and other individuals associated with amateur baseball, softball and T-ball teams and leagues. It gives all eligible persons the security they need and deserve.

Individual names are not required as **100% of all eligible players are insured**. Each player is protected — as well as the league and/or team itself — because all eligible persons are automatically covered.

*Voluntary enrollment plans are not available.*

## WHAT ARE THE COVERED ACTIVITIES?

- A scheduled, approved and supervised team or league activity. These include practice sessions or games of the sport involved, trips or tours, fund raising drives, parades, picnics, concession stand operation and care of the playing court or field
- A team or league sponsored and/or endorsed clinic or all-star practice session or game
- Direct travel to or from the meeting place to take part in any such practice session, game or clinic

## WHO IS COVERED?

Premium automatically includes coverage for the following:

- Players, managers, coaches, batpersons and officers
- Persons specifically designated by one of your officers to assist without pay in an assigned team or league volunteer duty to be conducted during a given period of time
- If all teams of a league are insured under the policy, the league umpires, referees, official scorers and timers, player agents and safety officers are also covered

## WHAT IS THE DIFFERENCE BETWEEN OUR PRIMARY MEDICAL AND EXCESS MEDICAL PLANS?

- **Our Primary Plan** – is usually “first in line” to pay a claim. It pays covered expenses **regardless** of most other plans.

Other plans, however, may reduce their payments based on what we pay.

- **Our Excess Plan** – is usually “last in line” to pay a claim. *It does **not** pay covered expenses to the extent they are collectible under most other plans.* Thus, we need to know what others pay before we will pay. If there is no coverage, we will pay the same as primary.

Here are the

## Accident Benefits

### DEATH AND SPECIFIC LOSS BENEFIT

If, as a result of injury, an insured dies or suffers a specific loss within one year from the date of the accident causing the injury, we will pay a benefit as specified below:

- The full face amount for loss of life
- 75% of the face amount for loss of an arm or leg
- 50% of the face amount for loss of a hand, foot, sight of an eye, or speech
- 25% of the face amount for loss of hearing of each ear or the thumb and index finger of the same hand

The total payment for all of the losses of an insured because of any one accident will not be more than the face amount shown in the application. The loss of the thumb and index finger of the same hand benefit will not be paid if the loss of the hand or arm benefit applies. The loss of the hand or foot benefit will not be paid if the loss of the arm or leg benefit applies.

### MEDICAL EXPENSE BENEFIT

If, as a result of injury, an insured incurs covered expenses starting within 90 days from the date of the accident causing the injury, we will pay, less the deductible (if any) shown in the application and not to exceed the overall maximum benefit amount, all covered expenses incurred within 3 years from such date.

**Covered expenses** mean the reasonable and customary charges for local professional ambulance service to or from a hospital and/or surgical center as well as the following reasonable and customary charges for treatment, services and supplies provided or prescribed by a doctor: (1) hospital or surgical center care; (2) medical treatment; (3) nursing care provided by a licensed nurse; (4) X-rays and lab exams; (5) prescription drugs and therapeutic services and supplies; (6) dental treatment as a result of injury to sound, natural teeth; and (7) the following licensed home health care agency services and supplies provided instead of an otherwise required hospital or skilled nursing home confinement: (a) physical, occupational, respiratory and speech therapy; (b) the services of a home health aide; and (c) medical supplies.

**Coverage is provided under policy form No. GR-9041 et al.**

Certain provisions of the policy are summarized in this folder. All benefits are subject to the policy, which alone constitutes the agreement under which payments are made.

Excess essentially “fills in” other plans’ deductibles and coinsurance as well as pays remaining covered expenses after others have exhausted their benefits. If our excess plan has a deductible, it is “out-of-pocket” and cannot be satisfied by other plans.

**Availability of Primary and Excess plans varies.**

**Please refer to the rate sheet and the NOTE at the bottom of the application.**

### WHAT ARE THE POLICY EXCLUSIONS AND LIMITATIONS?

We will **not** pay benefits for expenses incurred for: (1) the examination, prescription, purchase or fitting of eyeglasses, contact lenses or hearing aids; or (2) treatment by a person employed or retained by the plan sponsor or its subsidiaries or affiliates and for which no charge is normally made; or (3) care or treatment by a person who ordinarily lives in the insured’s home or is a parent, grandparent, spouse, brother, sister or child of either the insured or the insured’s spouse; or (4) diathermy, light, shortwave and other heat or physiotherapy treatments in excess of the first five of all such treatments while the insured is neither hospital confined nor under the care of a home health care agency. Nor will we pay benefits for loss or expenses resulting from: (5) intentional self-destruction or an attempt at it, or intentional self-inflicted injury; (6) war or an act of war, declared or undeclared; or (7) air travel unless the insured is a passenger on a regularly scheduled flight of a properly licensed commercial airline.

### HOW DO YOU APPLY FOR COVERAGE?

1. Complete items 1 through 5 on the attached application (including TEAM names and player ages). Date and sign where indicated.
2. Send the completed application and your check made payable to Nationwide Insurance, to your Nationwide agent **before the desired effective date**.

When we receive your completed application and premium payment, we will send your policy, certificates (if required in your state), claim forms and instructions.

**POLICY APPLICATION** (please print or type)

which, upon acceptance and approval by **NATIONWIDE LIFE INSURANCE COMPANY—Columbus, Ohio 43216**, will become a part of **SPORTS ACCIDENT INSURANCE POLICY NUMBER 402-94**\_\_\_\_\_

Office Use Only  
**Sport:**  Baseball (001)  
 Softball/T-Ball (002)  
 Combination (003)

1. **Name of Plan Sponsor** \_\_\_\_\_  
 Group's Name  
**Permanent Mailing Address** \_\_\_\_\_  
 Number Street City State Zip County

2. **Policy Term:** The policy term (for the standard season premium rates shown in the brochure, do not exceed 6 straight months) starts at **12:01 A.M.** on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ which is the effective date and ends at **12:01 A.M.** on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ which is the termination date.

3. **Team Name(s) and Age Class(es)** (for example, ages 9 & under, 10-12, 13-15, 16-18, or 19 & over)

Team Name	Age Class	Team Name	Age Class
1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____

Note: If additional space is required, use a separate sheet.

4. **Maximum Benefit Amounts**

<b>Benefit Provisions</b> (Check Medical Expense Plan Desired)	<b>Maximum Benefit Amounts</b>
A. DEATH AND SPECIFIC LOSS (Face Amount) -----	\$ _____
B. MEDICAL EXPENSE <input type="checkbox"/> Primary Plan or <input type="checkbox"/> Excess Plan	
Deductible -----	\$ _____
Maximum Amount -----	\$ _____

5. **Premium Rates**

Sport	Age Class	Gross Rate per Player	Discount of ____% for Insuring ____ Team	Net Rate per Player	Number of Players	Premium Due
Baseball	9 & Under	\$ -	\$ =	\$ x	=	\$
Baseball	10-12	\$ -	\$ =	\$ x	=	\$
Baseball	13-15	\$ -	\$ =	\$ x	=	\$
Softball/T-Ball	9 & Under	\$ -	\$ =	\$ x	=	\$
Softball/T-Ball	10-12	\$ -	\$ =	\$ x	=	\$
Softball/T-Ball	13-15	\$ -	\$ =	\$ x	=	\$
Baseball/Softball	16-18	\$ -	\$ =	\$ x	=	\$
Baseball/Softball	19 & Over	\$ -	\$ =	\$ x	=	\$

Total premium due subject to a minimum of \$225 if the medical expense **primary** plan has been elected and \$175 if the medical expense **excess** plan has been elected ----- \$ \_\_\_\_\_  
 For authorized checking account withdrawal (also called Automated Clearing House or "ACH") call 1-800-525-8669, option 5.

6. **It is understood and agreed that:** (a) premium will be paid for all team players (participants); (b) all eligible persons will be insured; and (c) **the premium will be paid entirely by the plan sponsor with no contribution made by the eligible persons toward the cost of the insurance.**

**By signing below, you agree that you have read all of the Fraud Warnings contained within this document.**

Previous Policy Number _____	Signature of Applicant _____
Date _____	Printed Name and Title of Applicant _____
Agent's Signature and Number _____	Address of Applicant _____
Agent's Phone Number _____	Applicant's E-mail Address _____
Agent's E-mail Address _____	Applicant's Phone Number _____

**NOTE:** These plans are available only in AR, FL, GA, LA, MS, NC, OK, TX, and WV. For other states, visit [www.grouprotector.com](http://www.grouprotector.com) or call 1-800-525-8669 (option 5). Special rates of up to 80% higher apply to all public schools (private and religious schools use the rates shown in this brochure). For public schools, please contact us.

### FRAUD WARNINGS

- (LA) Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- (All Other States) Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and/or civil penalties.

Comparison Chart	Nationwide	Other Insurer
Death or Specific Loss must occur within	1 Year <sup>1</sup>	_____
Percentage for Entire Loss of:		
Each Arm or Leg	75% <sup>2</sup>	_____ %
Speech, Each Eye, Hand or Foot	50% <sup>2</sup>	_____ %
Hearing of Each Ear	25% <sup>2, 3</sup>	_____ %
Thumb and Index Finger of Same Hand	25% <sup>2</sup>	_____ %
Medical Expenses must be incurred within:		
First Treatment	90 Days	_____
Later Treatments	3 Years	_____
Internal Dental Dollar Limits:		
Per Tooth Restriction	None <sup>4</sup>	\$ _____
Overall Dental Restriction	None <sup>4</sup>	\$ _____
Limit on number of diathermy/light/shortwave/other heat/physiotherapy if hospital confined or under home health agency care	None <sup>4</sup>	_____
If neither so confined nor under home health care	First 5 <sup>4</sup>	_____
Roster Requirements:		
Team Names and Ages	Yes	_____
Individual Names and Ages	No	_____
Covered Travel:		
Plan Sponsor's Group Travel	Yes	_____
Individual Direct Travel to/from Clinics, Games and Practice Sessions	Yes	_____
Does coverage apply to most extra activities?	Yes	_____
Are coaches, managers, officers, etc. covered at no extra charge?	Yes	_____
Special Short-Term Rates – % of Season Rate for a Policy of:		
One Day	20% <sup>5</sup>	_____ %
2 thru 15 Days	33 1/3% <sup>5</sup>	_____ %
16 Days thru 1 Month	50% <sup>5</sup>	_____ %
Extended coverage available for terms longer than the Standard Season	Yes	_____
Minimum Policy Premium:		
Primary Medical Policy	\$225	\$ _____
Excess Medical Policy	\$175	\$ _____

<sup>1</sup> No time restriction in WV for death.

<sup>2</sup> Separate losses accumulate to 100% (e.g., one hand and thumb and index of another = 75%, not just the greater (50%) of the two).

<sup>3</sup> Many insurers pay 50% for loss of hearing in both ears, but nothing for loss in one ear.

<sup>4</sup> Reasonable and Customary expenses up to Medical Maximum.

<sup>5</sup> Special Short-Term policies cannot be added together (e.g., 5 week term at 33 1/3% + 50% = 83 1/3%) to avoid a standard season rate.

**NATIONWIDE'S SEASON PREMIUM RATES FOR AR, FL, GA, LA, MS, NC, OK, TX, AND WV  
FOR OTHER STATES, VISIT WWW.GROUPROTECTOR.COM OR CALL 1-800-525-8669, (OPTION 5)**

Season, Sport and Standard Maximum Policy Term	Benefit Amounts			Gross Rate Per Player by Age Class**										Office Use Only	
	Death & Specific Loss (Face Amount)	Medical Expense		1 Ages 9 and Under excluding Public Schools		2 Ages 10-12 excluding Public Schools		3 Ages 13-15 excluding Public Schools		4 Ages 16-18 excluding Public Schools		5 Ages 19 & Over excluding Colleges, Universities, Professionals and Semi-Pros			
		Deductible	Maximum Amount	Primary Plan	Excess Plan	Primary Plan	Excess Plan	Primary Plan	Excess Plan	Primary Plan	Excess Plan	Primary Plan	Excess Plan		
				Primary Plan	Excess Plan	Primary Plan	Excess Plan	Primary Plan	Excess Plan	Primary Plan	Excess Plan	Primary BSC	Excess BSC		
<b>BASEBALL* (001)</b> (SIX MONTHS STANDARD MAXIMUM POLICY TERM)	\$10,000	\$ 0	\$ 5,000	\$6.50	\$3.00	\$ 10.80	\$4.55	\$25.35	\$ 9.75	\$32.40	\$12.25	\$ 88.70	\$32.45	X201	X701
		50	5,000	6.20	2.30	10.25	3.25	23.95	6.60	30.60	8.20	83.60	21.10	X207	X707
	12,500	0	10,000	7.70	3.45	12.75	5.15	29.75	10.90	38.05	13.70	103.95	36.00	X301	X801
		50	10,000	7.35	2.60	12.15	3.65	28.35	7.15	36.20	8.85	98.85	22.45	X307	X807
	15,000	0	25,000	9.05	3.90	14.95	5.75	34.90	12.05	44.55	15.15	121.75	39.55	X401	X901
		50	25,000	8.70	3.00	14.40	4.20	33.45	8.10	42.75	10.05	116.65	25.30	X407	X907
		100	25,000	8.45	2.65	13.80	3.55	32.05	6.60	40.90	8.05	111.50	19.80	X409	X909
	17,500	0	50,000	NA	4.70	NA	7.00	NA	14.75	NA	18.50	NA	48.55	NA	X951
		50	50,000	NA	3.95	NA	5.65	NA	11.40	NA	14.20	NA	36.50	NA	X957
		100	50,000	NA	3.35	NA	4.65	NA	8.85	NA	10.95	NA	27.35	NA	X959
	20,000	0	100,000	NA	5.15	NA	7.60	NA	15.90	NA	19.95	NA	NA	NA	X969
		50	100,000	NA	4.75	NA	6.90	NA	14.10	NA	17.60	NA	NA	NA	X975
		100	100,000	NA	4.20	NA	5.90	NA	11.65	NA	14.45	NA	NA	NA	X977
	25,000	0	250,000	NA	5.90	NA	8.55	NA	17.55	NA	21.90	NA	NA	NA	X985
		50	250,000	NA	5.45	NA	7.80	NA	15.60	NA	19.40	NA	NA	NA	X986
		100	250,000	NA	4.90	NA	6.80	NA	13.15	NA	16.25	NA	NA	NA	X987

<b>SOFTBALL &amp; T-BALL* (002)</b> (SIX MONTHS STANDARD MAXIMUM POLICY TERM)	\$10,000	\$ 0	\$ 5,000	\$4.35	\$2.20	\$7.05	\$3.20	\$23.05	\$8.90	\$32.40	\$ 12.25	\$88.70	\$32.45	X201	X701
		50	5,000	4.15	1.80	6.70	2.40	21.75	6.05	30.60	8.20	83.60	21.10	X207	X707
	12,500	0	10,000	5.15	2.60	8.35	3.65	27.05	10.00	38.05	13.70	103.95	36.00	X301	X801
		50	10,000	4.95	2.10	8.00	2.75	25.80	6.60	36.20	8.85	98.85	22.45	X307	X807
	15,000	0	25,000	6.05	2.95	9.80	4.15	31.75	11.05	44.55	15.15	121.75	39.55	X401	X901
		50	25,000	5.85	2.40	9.45	3.15	30.45	7.50	42.75	10.05	116.65	25.30	X407	X907
		100	25,000	5.70	2.20	9.10	2.80	29.15	6.10	40.90	8.05	111.50	19.80	X409	X909
	17,500	0	50,000	NA	3.55	NA	5.00	NA	13.55	NA	18.50	NA	48.55	NA	X951
		50	50,000	NA	3.10	NA	4.15	NA	10.50	NA	14.20	NA	36.50	NA	X957
		100	50,000	NA	2.75	NA	3.55	NA	8.20	NA	10.95	NA	27.35	NA	X959
	20,000	0	100,000	NA	3.90	NA	5.50	NA	14.60	NA	19.95	NA	NA	NA	X969
		50	100,000	NA	3.65	NA	5.00	NA	12.95	NA	17.60	NA	NA	NA	X975
		100	100,000	NA	3.35	NA	4.40	NA	10.75	NA	14.45	NA	NA	NA	X977
	25,000	0	250,000	NA	4.55	NA	6.25	NA	16.10	NA	21.90	NA	NA	NA	X985
		50	250,000	NA	4.30	NA	5.80	NA	14.35	NA	19.40	NA	NA	NA	X986
		100	250,000	NA	3.95	NA	5.15	NA	12.15	NA	16.25	NA	NA	NA	X987

<b>MULTIPLE TEAM DISCOUNTS***</b>	4 thru 13 teams = 5% discount	14 thru 23 teams = 6% discount	24 thru 33 teams = 7% discount	34 thru 43 teams = 8% discount	44 thru 53 teams = 9% discount	54 or more teams = 10% discount
-----------------------------------	-------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------	---------------------------------

\* THESE RATES ARE VALID FOR CASES EFFECTIVE ON OR AFTER JANUARY 1, 2005.

\*\* MULTIPLE TEAM DISCOUNTS – All teams must have the same policy term. Teams subsequently added to the policy will not increase the discount. However, teams subsequently deleted from the policy will decrease the discount.

THE MINIMUM PREMIUM is \$225 per policy for the primary plan and \$175 per policy for the excess plan.

DISCOUNTS AVAILABLE on request for policy terms of one (1) month or less.

SPECIAL RATES AVAILABLE on request for policy terms exceeding the standard six (6) months shown.

SPLIT SEASON RATES MAY BE AVAILABLE on request. THERE ARE NO PREMIUM REFUNDS AFTER A ONE (1) MONTH POLICY TERM.