

GEORGE FLAGGS, JR.
MAYOR



WILLIS T. THOMPSON
ALDERMAN

MICHAEL A. MAYFIELD, SR.
ALDERMAN

City of Vicksburg

1401 WALNUT STREET • VICKSBURG, MS 39181 • (601) 636-3411

G.F. _____
M.M. _____
W.T. _____
APR 20 2017

Date: April 25, 2017

To: Board of Mayor and Aldermen

From: Joseph Graves / Director of Parks and Recreation

Re: Reimbursement of Monies to V.W.A.A. For Payment of U.S.S.S.A. Affiliation and Insurance

I am asking for approval for payment for the Vicksburg Warren Athletic Association for U.S.S.S.A. Affiliation fee's of **\$825.00** and League Insurance through Sadler and Company, Inc for **\$2,778.00** which covers all participants in this league. The check should be made out to the Vicksburg Warren Athletic Association, P.O. Box 821741, Vicksburg, Ms. 39182.

Yours in Sports,

A handwritten signature in cursive script, reading "Joseph Graves".

Joseph Graves
Director of Parks and Recreation

See Attachments:

Incorporated 1825

City Website: <http://www.vicksburg.org>

MidSouth Sports Productions Inc

P.O. Box 428
Southaven, MS 38671

Invoice

Date	Invoice #
3/28/2016	1590

Bill To
Vicksburg Baseball Association

Ship To

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
			3/28/2016			
Quantity	Item Code	Description			Price Each	Amount
34	USSSA Team Sanc...	2016 USSSA League Registration			25.00	850.00



VWAA Baseball <vwaabaseball@gmail.com>

Transaction Receipt from Sadler & Company Inc for 3141.14 (USD)

Auto-Receipt <noreply@mail.authorize.net>
Reply-To: Info Sadlersports <info@sadlersports.com>
To: Stephanie Gilliam <vwaabaseball@gmail.com>

Tue, Feb 23, 2016 at 9:53 AM

This confirms that you have successfully submitted payment information to Sadler Sports Insurance.

Order Information

Description: Payment for atl
Invoice Number: 156345
Customer ID: 156345

Billing Information

Stephanie Gilliam
P.O. Box 821741
Vicksburg, MS 39182
vwaabaseball@gmail.com

Shipping Information

Item	Name	Description	Qty	Taxable	Unit Price	Item Total
Item 1	Payment for atl		1	N	3141.14 (USD)	3141.14 (USD)

Total: 3141.14 (USD)

Payment Information

Date/Time: 23-Feb-2016 10:53:12 EST
Transaction ID: 8008213759
Payment Method: MasterCard xxxx0713
Transaction Type: Purchase
Auth Code: 094241

Merchant Contact Information

Sadler & Company Inc
Columbia, SC 29205
US
info@sadlersports.com

It has been our pleasure providing you this automated payment option serviced by Authorize.net. If you have any questions, please call Sadler Sports Insurance at 1-800-622-7370. Thank you for your payment.

Amateur Teams / Leagues Online Application Verification of Coverage

Application Receipt Date / Time: 02/23/2016 10:27:28 AM - entered by Customer

I. GENERAL INFORMATION

Application ID: 156345
 Application Status: Sold
 Named Insured: Vicksburg Warren Athletic Association
 Doing Business As:
 Type of Organization: league_club
 Form of Business: not-profit
 Contact's Name: Joshua R Fairley
 Primary Location Address: P.O. Box 821741
 Address 2:
 City: Vicksburg
 State: MS
 County:
 Postal / Zip Code: 39182
 Primary Phone: (601) 529-2391
 Secondary Phone: (601) 529-2391
 Fax:
 Email Address: vwaabaseball@gmail.com
 Website: http://sports.bluesombrero.com/vwaabaseball
 Alternate Contact Name: Stephanie Gilliam
 Alternate Phone: (601) 529-2391
 Alternate Email: steph.gilliam@yahoo.com
 How did you find out about Sadler & Company: Already doing business with Sadler
 Why Renew: email
 Do your Property Owners or Sponsors require a Certificate Of Insurance? No
 Are you seeking coverage for all participants within your organization? Yes
 Do any of your teams include both youth athletes (Class B sports) and adult athletes (Class A sports) participating together on the same team?
 No
 Online Agreement and Warranty Statement accepted? Yes
 Are you responsible for the ownership, operation or maintenance of a facility or field? No
 Are you a municipality or a park and recreation division? No
 Do you meet the requirements by not answering Yes to any of the following? Is there any form of player compensation or prize money awarded for participation?, Are you a school sanctioned sports team or league?,>Are you a Gymnastics, martial arts, cheer or dance studio?, Are any of your activities held on private residential property?, Does the named insured owns or operates any pools?, Is a member of any of the following: American Amateur Baseball Congress, American Youth Football, Babe Ruth/ Cal Ripken Baseball, Babe Ruth Softball, Dixie Boys Baseball, Dixie Softball, Dixie Youth Baseball, Pop Warner, US Youth Soccer Association, Soccer Association for Youth, USA (SAY Soccer), World Adult Kickball Association (WAKA.)? Yes
 If you suspect an athlete has a concussion, do you have a plan that includes:
 Immediately removing the athlete from play or practice Yes
 Keeping the athlete out of play or practice until they provide written Yes
 Does your operation involve tackle or contact flag football? No
 If yes, Do you maintain a system for your tackle/ contact flag football activities that includes communication (in written or electronic form) of education materials to participants, parents and coaches about the nature of risk of concussions, including but not limited to information such as: focusing on prevention and preparedness to keep athletes safe; understanding concussions and potential consequences of the injury; recognizing concussion symptoms and how to respond; and learning about steps for returning to play after a suspected concussion? Yes
 Note: The Center for Disease Control and Prevention offers free information, as well as a free online concussion training course on their website: www.cdc.gov/concussion/HeadsUp/youth.
 Notes:
 Organization Affiliation: Other

II. MEDICAL PAYMENTS TO PARTICIPANTS / GENERAL LIABILITY INSURANCE

Nationwide Mutual Insurance Company
 Policy Number 6BRPG57262
 Effective Date 10:32AM ET 02/23/2016
 Expiration Date 12:01AM ET 02/23/2017

COVERAGE EFFECTIVE DATE: Coverage begins the exact time and date that this electronic application and internet check is received at Sadler & Company or a future effective date if requested, whichever is later and continues for one full year from the effective date.

Limits	\$25,000 Medical Payments to Participants / \$1,000,000 General Liability
Medical Payments to Participants Deductible	\$100.00
Medical Payments to Participants Plan	Full Excess

NOTE:

- For Tackle and Contact football (age 19 & under), Cheerleading (age 19 & under), Lacrosse (age 19 & under), Soccer (age 19 & under) and Wrestling (age 19 & under), the Legal Liability to Participant will be limited to \$1,000,000 regardless of general liability occurrence limits purchased.

Sports / Participants

Sadler Sports: Amateur Teams / Leagues Insurance Plan

Sports	Age Groups	# of Participants	Totals
Baseball	12 & Under	365	\$2,230.15 (\$6.11 per participant)
Baseball	13-15	33	\$330.99 (\$10.03 per participant)
Totals			\$2,561.14 (\$2561.14 min. premium)

Limits	(minimum premium charges may apply)	Charges
	\$25,000 Medical Payments to Participants / \$1,000,000 General Liability	\$2,561.14
	24hr Premises Liability Coverage (Not Covered Unless Premium Accepted - Subject to Underwriting Approval)	\$0.00
\$1,000,000	Optional Coverage: Directors & Officers Liability	\$300.00
	State Surplus Lines Tax/ Surcharge	\$0.00
	Optional Coverage: Crime	\$200.00
	State Surplus Lines Tax/ Surcharge	\$0.00
\$0	Optional Coverage: Equipment	Not Covered
	State Surplus Lines Tax/ Surcharge	\$0.00
	Annual Risk Purchasing Group Membership Fee (required)	\$15.00

TOTAL CHARGES: \$3,141.14

III. 24HR PREMISES LIABILITY COVERAGE

Do you meet the requirements by not falling under any of the following? No

You are a school sanctioned sports team or league. | You are a gymnastics, martial arts, cheer or dance studio or gym. | You are a municipality or a park and recreation division. | Your organization has activities held on private residential property. | You own, operate or maintain a pool/ pool on the outdoor premises for which you are applying for this coverage.

Number of Fields: 0

Number of Acres for Athletic Fields: 0

Location of the fields

Primary Location Address:

Address 2:

City:

State:

Postal / Zip Code:

IV. CERTIFICATES OF INSURANCE

V. OPTIONAL COVERAGES

Optional Coverages are effective only upon final underwriting and acceptance by the carrier. If effective, all Optional Coverages expire one year after effective date.

Directors & Officers Liability (\$1,000,000 limit, \$1,000 deductible)

Policy Number:

Effective Date:

Carrier: Nationwide Mutual Insurance Company

Cyber Privacy & Client Identity Theft: Network Remediation - \$25,000 / loss or theft of client personal information - \$10,000 per person with \$100,000 aggregate

Annual Revenue: 0

Number of Employees: 0

Number of Volunteers: 9

Did your sports organization purchase a D & O Policy LAST YEAR from an insurance agency OTHER THAN Sadler & Company? No

Has there been any claim made, or is there any now pending, against any corporation or persons proposed for this insurance? No

details:

Has any claim that would fall within the scope of the proposed insurance been made against any person or entity proposed for this insurance (including without limitation any claim against such person or entity for any employment practice, as described in the proposed insurance, or any complaint against any such person or entity before the Equal Employment Opportunity Commission or any similar state or local authority), except as follows (include the loss payment and defense cost)? If so, give details: No

details:

Has any person or entity proposed for this insurance is cognizant of any fact, circumstance or situation (including without limitation any suspected or threatened claim against any such person or entity for any employment practice, as described in the proposed insurance, or any suspected or threatened complaint against any such person or entity before the Equal Employment Opportunity Commission or any similar state or local authority) which might afford grounds for any claim that would fall within the scope of the proposed insurance? If so, give details: No

details:

Premium Accepted: Pending Approval

Cyber Privacy & Client Identity Theft:

NSLPA Membership Fee:

Notes:

Crime Insurance (limit, \$500 deductible)

Sadler Sports: Amateur Teams / Leagues Insurance Plan

Policy Number:

Effective Date:

Carrier: Nationwide Mutual Insurance Company

In the past six (6) years, has the league discovered losses in dishonesty, burglary, robbery, disappearance, destruction or forgery? No details:

Premium Accepted: Pending Approval

Notes:

Equipment Coverage - NOT APPLIED FOR

Summary of Declined Optionals

VI. POLICY PERIOD CHANGES

Sadler & Company, Inc. * P.O. Box 5866 * Columbia, SC 29250-5866
Phone: 1-800-622-7370 * Fax: (803) 256-4017 * Email: amateur@sadlersports.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/ DD/ YYYY)
02/23/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER SADLER & COMPANY, INC. P.O. BOX 5866 COLUMBIA, SOUTH CAROLINA 29250-5866	CONTACT NAME: Sports Dept PHONE (A/ C, No. Ext): 800-622-7370 FAX (A/ C, No): 803-256-4017 E-MAIL ADDRESS: amaleur@sadlersports.com PRODUCER CUSTOMER ID#:
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INSURED Vicksburg Warren Athletic Association P.O. Box 821741 Vicksburg, MS 39182 Application ID: 156345 A Member of the Sports, Leisure & Entertainment RPG	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>NATIONWIDE MUTUAL INSURANCE COMPANY</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	NATIONWIDE MUTUAL INSURANCE COMPANY		INSURER B:			INSURER C:			INSURER D:		
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INSURER A:	NATIONWIDE MUTUAL INSURANCE COMPANY															
INSURER B:																
INSURER C:																
INSURER D:																

COVERAGES **CERTIFICATE NUMBER** **REVISION NUMBER**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSD LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/ DD/ YYYY)	POLICY EXP (MM/ DD/ YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			6BRPG57262	10:32AM ET 02/23/2016	12:01AM ET 02/23/2017	EACH OCCURRENCE
							\$1,000,000
							DAMAGE TO PREMISES RENTED TO YOU (Fire Legal Liability)
							\$300,000
							MEDICAL EXPENSES (other than participants)
							\$5,000
							PERSONAL & ADV INJURY
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS (not provided while in Hawaii) <input checked="" type="checkbox"/> NON- OWNED AUTOS (not provided while in Hawaii)			6BRPG57262	10:32AM ET 02/23/2016	12:01AM ET 02/23/2017	GENERAL AGGREGATE (other than Products- completed Operations)
							\$5,000,000
							PRODUCTS- COMPI/ OP AGG
							\$1,000,000
							LEGAL LIAB TO PARTICIPANTS
							\$1,000,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS- MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION			6BRPG57262	10:32AM ET 02/23/2016	12:01AM ET 02/23/2017	COMBINED SINGLE LIMIT (Ea Accident)
							\$1,000,000
							BODILY INJURY (Per person)
							BODILY INJURY (Per accident)
							PROPERTY DAMAGE (Per accident)
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED? <input type="checkbox"/> Y/ N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/ A			EACH OCCURRENCE
							AGGREGATE
A	MEDICAL PAYMENTS TO PARTICIPANTS			6BRPG57262	10:32AM ET 02/23/2016	12:01AM ET 02/23/2017	WC STATUTORY LIMITS
							<input type="checkbox"/> OTHER
							E.L. EACH ACCIDENT
							E.L. DISEASE - EA EMPLOYEE
							E.L. DISEASE - POLICY LIMIT
				6BRPG57262	10:32AM ET 02/23/2016	12:01AM ET 02/23/2017	EXCESS MEDICAL
							\$25,000
							AD&D
				6BRPG57262	10:32AM ET 02/23/2016	12:01AM ET 02/23/2017	NONE
							DEDUCTIBLE
				6BRPG57262	10:32AM ET 02/23/2016	12:01AM ET 02/23/2017	\$100

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)

RE: COVERED SPORTS Baseball 12 & Under, Baseball 13-15,

NOTE: The Participant Accident policy, if included above, is not a part of the ERS Risk Purchasing Group Association, Inc.

NOTE: For Tackle and Contact football (age 19 & under), Cheerleading (age 19 & under), Lacrosse (age 19 & under), Soccer (age 19 & under) and Wrestling (age 19 & under), the Legal Liability to Participant will be limited to \$1,000,000 regardless of general liability occurrence limits purchased.

CERTIFICATE HOLDER

CANCELLATION

EVIDENCE OF COVERAGE

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Coverage is only extended to U.S. events and activities

** NOTICE TO TEXAS INSURED: The insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas.

ACORD 25 (2014/01)

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