

Francis L. Dean & Associates, Inc.
c/o MSBL/MABL National
One Huntington Quadrangle, Suite 3N07
Melville, NY 11747
Phone: 631-753-6725 ; Fax: 631-753-4031

MSBL/MABL 2013 LIABILITY/MEDICAL INSURANCE APPLICATION

League Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax/Email: _____

Field Information
(Please type or print)

Legal Owner
(Cert. Holder) _____

Legal Owner
(Cert. Holder) _____

Owner Address _____

Owner Address _____

City, State, Zip _____

City, State, Zip _____

Field Name _____

Field Name _____

Legal Owner
(Cert. Holder) _____

Legal Owner
(Cert. Holder) _____

Owner Address _____

Owner Address _____

City, State, Zip _____

City, State, Zip _____

Field Name _____

Field Name _____

Legal Owner
(Cert. Holder) _____

Legal Owner
(Cert. Holder) _____

Owner Address _____

Owner Address _____

City, State, Zip _____

City, State, Zip _____

Field Name _____

Field Name _____

Liability Premium: Number of Teams: _____ X \$105.00 = \$ _____

Liability/Medical Premium: Number of Teams: _____ X \$200.00 = \$ _____

Total Amount Enclosed \$ _____ (send check payable to MSBL)

PLEASE MAKE BLANK COPIES OF THIS FORM

FILL IN INFORMATION, KEEP A COPY FOR YOUR RECORDS, AND RETURN ORIGINAL TO NATIONAL OFFICE