



**American Football Association, Inc.
Endorsed 2010 General Liability
Insurance Program**

Available: January 1, 2010 to January 1, 2011

Rate Reduction

This insurance program is available for Amateur Adult Tackle Football teams or leagues that play outdoor football. (*Professional Teams & Leagues and/or Arena or Indoor type football teams/leagues are not eligible to participate in this insurance program.*)

The team or league must be a member of American Football Association in order to be eligible for this program. Semi-Pro (adult amateur) football teams and leagues wishing to join the AFA National Association for the **2010** season may contact the AFA national office at **(877) 624-4485** or via email at amerfoot@aol.com or amerfoot@ureach.com. The annual membership fee for teams wanting to join the AFA is \$100 “per team”. A Membership Application is attached, or you can download one from AFA website at:

www.AmericanFootballAssn.com

Once Sadler & Company receives your completed Enrollment Form and check – your Proof of Coverage will be issued within 6 business days. *Your proof of coverage will be delivered to you via Email or Fax. (WE ARE SORRY, BUT THERE IS NO EXCEPTION TO THE 6 BUSINESS DAY PROCESSING TIME – SO PLEASE PLAN AHEAD.)*

Note to Insurance Agents/Brokers: There are no commissions included in this program. Premiums are NET and may not be altered on the enrollment form.

SADLER
SPORTS & RECREATION INSURANCE

P. O. Box 5866

Columbia, SC 29250-5866

Phone: 1-800-622-7370

Fax: (803) 256-4017

Email: afa@sadlersports.com

Website: www.sadlersportscom/afa

2010 GENERAL LIABILITY PLAN DESCRIPTION

Available 01-01-2010 to 01-01-2011

(Note: All coverage ends 01-01-2011 regardless of the effective date of coverage.)

Eligibility: This program is available for amateur adult tackle football teams or leagues that are members of The American Football Association, Inc. and play outdoor football.

PROFESSIONAL TEAMS/LEAGUES AND/OR ARENA OR INDOOR TYPE FOOTBALL TEAMS/LEAGUES ARE NOT ELIGIBLE TO PARTICIPATE IN THIS INSURANCE PROGRAM.

Who Is Covered: Amateur adult tackle football teams or leagues that have paid the appropriate premium and for whom a certificate of insurance is on file. *(If all teams in a league are covered under the name of the league through this program (under one application), protection is extended to the league and its directors, officers, and volunteers.)* Facility owners, field owners, sponsors, and co-promoters may be endorsed onto the policy per your request as additional insureds for no extra premium charge.

Please note that in order for the LEAGUE to be covered the application must be submitted in the name of the league, and must include 100% of the member teams on the application. A list of the member team names must also be included with the application.

If the application is submitted in the name of a SINGLE TEAM, the league cannot be named as an additional insured.

NOTE: ALL FUNDRAISERS MUST BE PRE-APPROVED BY THE UNDERWRITERS. PLEASE SUBMIT THE INFORMATION ABOUT ANY FUNDRAISERS AT LEAST TWO WEEKS PRIOR TO THE EVENT.

Limits: \$2,000,000	per "occurrence" Combined Single Limits Bodily Injury and Property Damage, including Products/Completed Operations, Personal and Advertising Injury, Contractual Liability, and Independent Contractors.
NONE	General Aggregate
\$2,000,000	Products/Completed Operations Aggregate
\$ 300,000	Fire Legal Liability
EXCLUDED	Medical Expense Payments (Any One Person)
EXCLUDED	Legal Liability to Participants

Carrier: National Casualty Company

Notable Exclusions:

Aircraft, Airport, Amusement Devices, Asbestos, Athletic Participants, Bungee Jumps, Climbing Walls, Concerts, Cross Liability Suits, Fireworks, Hot Air Balloons, Medical Payments To Participants, Medical Payments To Volunteer Workers, Motorized Vehicle/Motorcycle/Watercraft, Nuclear Energy, Pollution, Power Boat, Sexual Abuse & Molestation, Terrorism and War.

THIS IS ONLY A VERY GENERAL REFERENCE TO WHAT COVERAGE(S) THE INSURANCE POLICY PROVIDES AND IS NOT INTENDED TO ATTEMPT TO DESCRIBE ALL OF THE VARIOUS DETAILS PERTAINING TO THE INSURANCE. ACTUAL COVERAGES ARE DETAILED IN THE INSURANCE POLICY AND ARE ALWAYS SUBJECT TO ALL TERMS, PROVISIONS, CONDITIONS, AND EXCLUSIONS.



American Football Association, Inc.



Endorsed 2010 General Liability Enrollment Form

PLEASE PRINT USING BLACK INK

POLICY #: KRO00000007937001

CLUB NUMBER:

Effective Date: (12:01am ET)

Expiration Date: 01-01-2011 (12:01am ET)

- 1) Limits: \$2,000,000 General Liability (Each Occurrence)
- 2) Insurance Carrier: National Casualty Company

3) Applicant Information:

Team or League Name :

(If a Team, please list the name of the league you play in:

Contact Name:

Mailing Address:

City:

State:

Zip:

Home Phone: ()

Daytime Phone: ()

Fax #: ()

Email:

Website:

Please note that in order for the LEAGUE to be covered the application must be submitted in the name of the league, and must include 100% of the member teams on the application. A list of the member team names must also be included with the application. *If the application is submitted in the name of a SINGLE TEAM, the league cannot be named as an additional insured.*

4) Premium Computation:

Please indicate the total number of players in the organization that you are insuring: _____

Sport/Age Group	# of Teams	Cost Per Team	Total Cost
Tackle Football – Ages 18 & over	X	\$350.00	= \$

❖ If applying under the name of your league, you must pay a premium on behalf of 100% of the member teams on this application, and attach a list of the team names.

5) COVERAGE PERIOD: Coverage starts the later of January 01, 2010, or the date that this enrollment form is received and approved, concurrent with the payment of the total amount due. All coverages expire on January 01, 2011 regardless of the effective date of coverage.

6) ADDITIONAL INSURED: List those entities that contractually require you to name them as Additional Insured on your league's General Liability policy. We will only honor such requests that are made by a field owner/lessor or a team or league sponsor. Please verify additional insured language as specified in the contract wording prior to submitting enrollment form for approval. Providing a copy of the insurance section of your contract will help us complete Certificates of Insurance quickly and accurately. Please note that certificates **will not** be sent directly to these entities – they will be sent to you for you to deliver. (If you do not provide the COMPLETE Mailing Address & Relationship of the Additional Insured we cannot issue the certificate of insurance.) If your property owner requires an actual "Additional Insured Endorsement" you will need to send us a copy of their written requirements or your contract with them.

Name:

Mailing Address:

City:

State:

Zip:

Relationship to you: Owner/Lessor of premises

Sponsor

Other (specify)

Name:

Mailing Address:

City:

State:

Zip:

Relationship to you: Owner/Lessor of premises

Sponsor

Other (specify)

Please attach a separate piece of paper if needed, to request more Additional Insured entities.



2010 AFA General Liability Enrollment Form – PAGE 2



Name of Team/League:

7) Only amateur adult tackle teams and leagues that are members of the American Football Association, Inc. and play outdoor football are eligible for this program. **PROFESSIONAL TEAMS/LEAGUES AND/OR ARENA OR INDOOR TYPE FOOTBALL TEAMS/LEAGUES ARE NOT ELIGIBLE TO PARTICIPATE IN THIS INSURANCE PROGRAM.**

8) **NOTE: ALL FUNDRAISERS MUST BE PRE-APPROVED BY THE UNDERWRITERS. PLEASE SUBMIT THE INFORMATION ABOUT ANY FUNDRAISERS AT LEAST TWO WEEKS PRIOR TO THE**

9) HOW DID YOU HEAR ABOUT SADLER & COMPANY:?
 Already buy from Sadler Referral From A Friend AFA Headquarters K&K Insurance
 Referral from Parks & Recreation Dept Recommendation from another team/league
 Link from another website Other _____
 Google Search Engine Yahoo Search Engine Other Search Engine: _____

10) **RISK PURCHASING GROUP:** The completion of this enrollment form confirms our desire to obtain insurance through the ERS Risk Purchasing Group Association, Inc., domiciled in IL.
11) All premiums are fully earned at inception and not refundable. Except for non-payment of premium, policies are not cancellable.
12). Enclosed is my check made payable to Sadler & Company for enrollment in the American Football Association, Inc. endorsed Insurance Plan. I/We understand that the coverage begins as stated in section 5 above.

Date: _____ **Authorized Representative Signature:** _____

Note to Insurance Agents/Brokers: There are no commissions included in this program. Premiums are NET and may not be altered on the enrollment form.

MAKE CHECK PAYABLE TO: SADLER & COMPANY, INC.		
IF FAXING SEND TO: Sadler & Company, Inc. Attn: Sports Department FAX #: 803-256-4017	FOR U.S. MAIL - SEND TO: Sadler & Company, Inc. P.O. Box 5866 Columbia, SC 29250-5866	 SADLER SPORTS & RECREATION INSURANCE Phone: 1-800-622-7370 (803) 254-6311 Email: afa@sadlersports.com © 2000-2010 Sadler & Company, Inc. All Rights Reserved
IF SENDING BY OVERNIGHT DELIVERY – SEND TO: Sadler & Company, Inc. 3014 Devine St., 2nd Floor Columbia, SC 29205 Phone: (803) 254-6311		

Page 2 of 2 – You must return both pages with your payment.

Adult Waiver/Release
AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY
READ BEFORE SIGNING

In consideration of being allowed to participate in any way in _____
(Name of Organization)

athletic sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 2) I KNOWINGLY AND **FREELY** ASSUME ALL SUCH RISKS, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** or others, and assume full responsibility for my participation; and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS** _____ (Name of Organization) their directors, officers, officials, agents, volunteers and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (“RELEASEES”), **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(Participant’s Signature) DATE SIGNED: _____

FOR PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child’s involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THEIR NEGLIGENCE**, to the fullest extent permitted by law.

(Parent/Guardian Signature) DATE SIGNED: _____
Emergency Phone Number:_(_____)_____

This is a **SAMPLE WAIVER FORM** only. Final wording should be directed by the insured’s counsel, but must observe the principles represented within the above. This form provided courtesy of K&K Insurance Group.

This signed waiver/release should be kept on file by the sports organization for at least 7 years or possibly longer if the player has been involved in a serious injury.

How To Fax A Check

In Order To Send A Check By Fax, Please Follow These Simple Steps:

- 1) Complete the Enrollment Form/Application for insurance coverage.
- 2) Make check payable to: Sadler & Company, Inc. Fill check out for the correct amount and make sure that it is dated and signed. Do not “void” the check & please keep the original in case we need to have you forward it to us at a later date. *(This check may be processed as an EFT / ACH {electronic funds transfer} which may cause your check to clear immediately.)*
- 3) Photocopy your check so that the page can be faxed.
- 4) **Sometimes, we can't read all of the numbers and words on the faxed check because they are too small or the fax is not clear. As a result, you are required to hand write the following on the photocopied page of the check:**



A) Transit Number – (The Transit Number(s) are the small #'s with the “-“ and/or “/” in it. The Transit Number is found somewhere near the check number and date). The transit number **IS NOT** the number(s) at the bottom of the check.



B) Name and address of your bank exactly like it appears on your check do not look up the address in the phone book – we must duplicate your check exactly as it is printed.



NOTE: DO NOT FAX CASH, MONEY ORDERS, STARTER CHECKS, CASHIER CHECKS, COUNTER CHECKS, PURCHASE ORDERS, WARRANTS OR CHECKS THAT REQUIRE 2 SIGNATURES!!

- 5) Fax your Enrollment/Application and your check to us at: 1-803-256-4017.
- 6) Keep your original check for your records. **Do NOT mail it to Sadler & Company** as this could cause us to double issue your coverage and **DOUBLE DEPOSIT YOUR CHECK**. *(If there is a problem with processing your check, we will let you know and will then let you know what we need to do to process your application.)*



WE WILL EMAIL OR CALL YOU IF THERE IS A PROBLEM WITH YOUR CHECK OR APPLICATION.

DUE TO THE VOLUME OF APPLICATIONS THAT WE RECEIVE ON A DAILY BASIS, YOU WILL NOT RECEIVE CONFIRMATION BACK BY TELEPHONE, EMAIL OR FAX.

NOTE: We will not be able to rush fax your proof of coverage documents. Please allow 6 business days for processing and issuing of coverage.

**Help Support the American Football Association's
"SEMI-PRO and PROUD" . . . Awareness Movement!**



**2010 TEAM MEMBERSHIPS NOW
BEING OFFERED**

**AFA SEMI-PRO ALUMNI CLUB
OVER 100 YEARS OF FOOTBALL TRADITION**



***In Our 30th Year of Operation as Your
Semi-Pro Football National Association***

MEMBER TEAMS RECEIVE:

- Opportunity to participate in the AFA's 2 Million Dollar General Liability Insurance Program; leagues receive additional insurance for league administrators with 100% team membership
- Access to discount pricing on official Wilson NFL 'blem' Footballs
- Team listing on AFA's website membership directory
- Access to AFA sponsors, sponsorship programs and fund raising opportunities (e.g. *Enjoy the City, Gas Coupons*)
- Leagues with 100% team membership receive vacation raffle fund raising package
- Membership Certificates and Cards
- National and targeted press releases via the AFA's Press Release Engine® Access To Your Own Stats Portal via Webgamestats
- Quarterly Newsletter promoting AFA newsmakers
- Product sampling opportunities from sponsors
- Access to AFA membership logo products and the opportunity to sell your own products
- Leagues with 100% membership receive AFA banners with team names and AFA logo
- Opportunity to take advantage of legal service, lease loan reimbursement programs, medical and auto insurance plans
- Team Funding Grant Opportunities

ONLY \$100 (per team)

2010 AFA TEAM – MEMBERSHIP APPLICATION

ENCLOSED PLEASE FIND MY PAYMENT FOR MY TEAM'S 2009 AFA TEAM MEMBERSHIP FEE (\$100 per team)*.

- PLEASE SEND ME INFORMATION ON HOW I CAN ORDER AN AFA "SEMI-PRO and PROUD" COMMEMORATIVE ALUMNI RING**

Contact Name:

Address:

Apt.:

City:

State:

Zip:

Team:

League:

Email Address (please print clearly):

AMERICAN FOOTBALL ASSOCIATION, INC.

MAIL TO: AFA • P.O. BOX 2041 • BINGHAMTON, NY 13902 • Phone: 877-624-4485

Fax: 801-838-0175 . . . OR E-MAIL INFO TO: Amerfoot@aol.com

(PLEASE ALLOW 14 DAYS FOR PROCESSING IF PAYING BY CHECK)

BACK ISSUES OF THE AFA's "SEMI-PRO and PROUD" ELECTRONIC NEWSLETTERS ARE SENT TO THOSE TEAMS WHO JOIN AFTER THE FIRST OF EACH YEAR

TEAM MEMBERSHIP - (OFFICE USE ONLY)

Check #

Received:

NOTES:

SADLER CALLED:

Date:

Rep.:

APPROVED: