



**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 SPORTS - EQUIPMENT APPLICATION

Philadelphia Indemnity Insurance Co. / (Louisiana Only: Philadelphia Insurance Co.)

IMPORTANT: All questions MUST BE ANSWERED

FILL IN BOXES BELOW – Please Print or Type– Use Black Ink

Organization Name:		
Authorized Representative:		County:
Mailing Address:		
City:	State:	Zip:
Home Phone: ()	Daytime Phone: ()	Fax #: ()
Email:		Website:

SPORTS EQUIPMENT COVERAGE

NEW RENEWAL

\$1,000 Deductible Per Loss	Policy #: P ___ SADLR/10
Policy period: Effective only upon underwriting and acceptance by Philadelphia Insurance Co.	Effective Date:
Coverage expires 12:01 am on the Expiration Date	Expiration Date:

NOTE: There is no coverage for losses caused by wind and/or storm surge on property located in Florida, property that is two (2) miles from the Eastern Seaboard (in states where there are barrier islands the starting point is the coastline not the barrier island), and ten (10) miles from the Gulf Coast.

PART 1: EQUIPMENT VALUED LESS THAN \$1,000 PER ITEM:

Please check the type of unscheduled equipment with replacement cost values less than \$1,000 per item that you will be insuring:

- | | |
|---|---|
| <input type="checkbox"/> Sports Equipment | <input type="checkbox"/> Field / Facility Maintenance Equipment |
| <input type="checkbox"/> Concession Equipment | <input type="checkbox"/> Small Storage Sheds (valued less than \$1,000) |
| <input type="checkbox"/> Concession Stock | <input type="checkbox"/> Fences, Scoreboards, Lights |
| <input type="checkbox"/> Uniforms | <input type="checkbox"/> Dugouts, Benches, Bleachers |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

Part 1: Total of Unscheduled Equipment valued less than \$1,000 per item: \$

PART 2: EQUIPMENT VALUED \$1,000 OR MORE PER ITEM:

You must specifically schedule any equipment with a replacement cost value greater than \$1,000 (per item) below. (Attach separate sheet of paper if necessary)

Description	Replacement Cost Value
Example: John Deere Tractor	\$8,000.00

Part 2: Total of scheduled Equipment valued \$1,000 or more PER ITEM: \$

OFF-SEASON STORAGE LOCATION OF EQUIPMENT (GIVE STREET ADDRESS):

LIST ANY LOSSES/CLAIMS IN THE PAST 3 YEARS. PLEASE INCLUDE DATE & DESCRIPTION OF LOSS AND TOTAL AMOUNT OF LOSS. (Attach a Separate Sheet if Necessary) Note N/A if None

*PREMIUM / CHARGE COMPUTATION:

\$ _____ (Part 1 Total)	+ \$ _____ (Part 2 Total)	= \$ _____	100% Value of Equipment
100% Value of Equipment: \$ _____	divided by 100: _____	X \$2.75 = \$ _____	(premium)
TOTAL PREMIUM DUE (for Equipment Coverage): \$ _____		(Note: \$250 minimum premium applies)	

Add Tax/Surcharge for Your State (Tax/Surcharge is "in addition to" the minimum premium):

Florida: 5% / Kentucky (call us) / Louisiana 5% / New Jersey: 1.6% / West Virginia: .55%

\$ _____ Premium Due + \$ _____ *Tax/Surcharge (if any) = \$ _____ TOTAL AMOUNT DUE*

PLEASE NOTE: Premiums & Taxes are fully earned at inception, and there are no provisions for refunds.

If Purchaser's Coverage Is Non-Renewed, The Carrier Shall Endeavor, But Shall Not Be Required, To Provide Purchaser With Prior Notice Of Non-Renewal Equal To The Time Allotted By Purchaser's Domiciliary State. By Signing The Application, Purchaser Acknowledged: (1) That This Evidence Of Insurance (Hereinafter "EOI") Shall Be Non-Renewed Effective The Expiration Date; And, (2) That, Upon The Expiration Of Purchaser's EOI, The Carrier May Offer A Renewal, But Reserves The Rights, Because Of Aforesaid Non-Renewal, To Change The Terms & Conditions Of Coverage As Compared With The Expiring Coverage

FAX TO (803) 256-4017 OR MAIL THIS COMPLETED ENROLLMENT

FORM WITH YOUR CHECK TO:

SADLER & COMPANY, INC.
P O Box 5866, Columbia, SC 29250-5866
OVERNIGHT ADDRESS:
3014 Devine St., 2nd Floor, Columbia, SC 29205
803-254-6311 OR 1-800-622-7370

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2010 Sports - Equipment Plan Description

Philadelphia Indemnity Insurance Co. / (Louisiana Only: Philadelphia Insurance Co.)

(The Accident/General Liability Policy Must Be Purchased From Sadler & Company To Qualify For This Coverage)

EQUIPMENT

DESCRIPTION: Items that can be covered include sports equipment, field maintenance equipment, concession stand equipment, concession stock, or small storage sheds that you own or lease/rent. **This coverage is for loss or damage to your equipment due to fire, theft, vandalism, or other specified causes (subject to actual policy terms and conditions.)** Payment will be made on a Replacement Cost Basis.

PREMIUM / CHARGE: \$ 2.75 per \$100 of coverage (subject to a \$250 minimum premium)

Example: \$8,500 limit divided by 100 = 85 x \$ 2.75 = \$233.75 total / \$250 total payment due

Florida – 5% Louisiana – 5% New Jersey: - 1.6% West Virginia: - .55%

Kentucky: You MUST call or email our office to obtain the correct tax amount based on your county.

New Jersey Example: \$8,500 limit divided by 100 = 85 x \$ 2.75 = \$233.75 (\$250 total premium)

\$250 total premium x 1.6% NJ Tax = \$254.00 total payment due

PLEASE NOTE: Premiums & Taxes are fully earned at inception, and there are no provisions for refunds.

CONDITIONS:

❖ **Policy is subject to a minimum premium of \$250**

(Please note: In FL, KY, NJ and WV you must add a state surcharge to the premium. In LA you must add a surplus lines tax to the premium {Tax / Surcharge is "in addition to" the minimum premium}).

❖ \$1,000 Deductible (per claim)

❖ Coverage will be effective the date that we receive the properly completed enrollment form with the premium. . (NOTE: Certain weather conditions (ex: tropical storms and hurricanes) in your area may prevent us from binding coverage upon receipt of the application and premium payment. If this happens, we will make coverage effective as soon as the insurance company allows us to do so.)

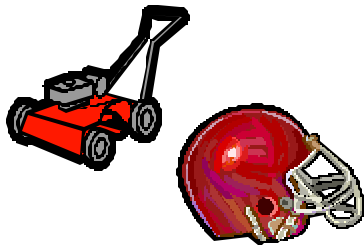
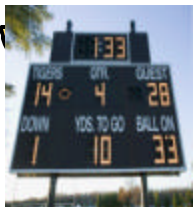
❖ You must cover the replacement cost value of 100% of all your equipment to comply with the policy's 100% coinsurance requirement. **You must specifically schedule any equipment with a replacement cost value greater than \$1,000 below.**

(Itemized Inventory will be required at time of loss.)

❖ You must provide the storage location of your equipment during the off-season.

❖ **EXCLUSION:** There is no coverage for losses caused by wind and/or storm surge on property located in Florida, property that is two (2) miles from the Eastern Seaboard (in states where there are barrier islands the starting point is the coastline not the barrier island), and ten (10) miles from the Gulf Coast.

Prior Notice Of Non-Renewal Equal To The Time Allotted By Purchaser's Domiciliary State. By Signing The Application, Purchaser Acknowledged: (1) That This Evidence Of Insurance (Hereinafter "EOI") Shall Be Non-Renewed Effective The Expiration Date; And, (2) That, Upon The Expiration Of Purchaser's EOI, The Carrier May Offer A Renewal, But Reserves The Rights, Because Of Aforesaid Non-Renewal, To Change The Terms & Conditions Of Coverage As Compared With The Expiring Coverage



This brochure is not a solicitation but only a description of this insurance program. The precise coverage afforded is subject to the terms, conditions and exclusions of the policy issued. Refer all questions to Sadler & Company, Inc. (803) 254-6311 or (800) 622-7370.

SADLER
SPORTS & RECREATION INSURANCE

1-800-622-7370 – Fax (803) 256-4017
P O Box 5866, Columbia, SC 29250

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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.