

AMERICAN FOOTBALL ASSOCIATION

Add Property-Field Owners / Property-Field Lessors / Sponsors

PLEASE PRINT OR TYPE - USE BLACK INK

Note: All Property-Field Owners / Property-Field Lessors / Sponsors are included as Additional Insured under the policy. However, if you have one that contractually requires you to name them as an Additional Insured under the General Liability policy and requires a Certificate of Insurance – then please provide their name and complete mailing address.

*Your teams are covered wherever they are playing scheduled games or practices
– so it is not necessary to list every field or location*

All certificate requests must be submitted in writing.

Your Certificate of Insurance will be returned to you via Email, Fax or U.S. Mail within 6 business days.

Organization Name:		
Contact Person:		
Mailing Address:		
City:	State:	Zip:
Home Phone: ()	Daytime Phone: ()	Fax #: ()
Email:		
Certificate Requests: You will receive a certificate of insurance showing evidence that coverage has been bound. Use this section to request any additional certificate needed for another entity. List the name and mailing address of any entity requiring a Certificate of Insurance and indicate their relationship to you. 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 of the Certificate Holder or Additional Insured we cannot issue the certificate of insurance.)		
If your property owner requires an “Additional Insured Endorsement” you must specifically request this and send a copy of their requirement/instructions so that we can make sure we issue what they require.		
CHECK THE TYPE OF CERTIFICATE THAT YOU ARE REQUESTING:		
<input type="checkbox"/> Additional Insured <input type="checkbox"/> Certificate Holder / Evidence of Coverage only		
Name of Certificate Holder:		
Contact Name:		
Complete Mailing Address:		
City:	State:	Zip:
Relationship to you: <input type="checkbox"/> Owner/Lessor of premises	<input type="checkbox"/> Sponsor	Other (specify) <input type="checkbox"/> Endorsement Required
CHECK THE TYPE OF CERTIFICATE THAT YOU ARE REQUESTING:		
<input type="checkbox"/> Additional Insured <input type="checkbox"/> Certificate Holder / Evidence of Coverage only		
Name of Certificate Holder:		
Contact Name:		
Complete Mailing Address:		
City:	State:	Zip:
Relationship to you: <input type="checkbox"/> Owner/Lessor of premises	<input type="checkbox"/> Sponsor	Other (specify) <input type="checkbox"/> Endorsement Required



Email, Fax or Mail your request to:
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