



**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.

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.

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.)

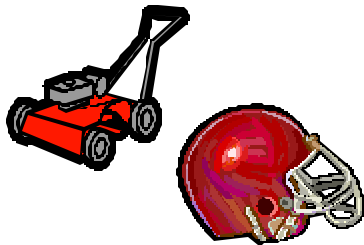
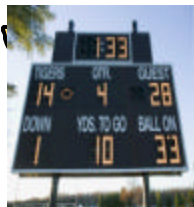
❖ You must cover the replacement cost value of 100% of all your equipment to comply with the policy's 100% coinsurance requirement. **You must specifically schedule any equipment with a replacement cost value greater than \$1,000 below.**

(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
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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.