

Two Ways To Apply For Coverage**1) For Fastest Service:**

- ➔ Apply for coverage online at www.sadlersports.com/amateur by clicking on the "Apply For Coverage Online" icon.
- ➔ You can pay online with your check in a totally secure environment and your proof of coverage documents will be issued in seconds.
- ➔ No more worrying about your application getting lost in the mail or your fax not being received.

2) For Regular Service:

- ➔ Complete this paper application. Coverage can be effective once your fully completed application is received at Sadler & Company by mail, overnight delivery, or fax.
- ➔ If you fax your application, be sure to follow the special instructions that are on the next page.
- ➔ You should receive your proof of coverage documents via Email, Fax or US Mail within 14 days.

NOTE: We will not be able to rush fax your proof of coverage documents. The only way to receive your proof of coverage documents immediately is to apply online under 1) above.

PROGRAM DESCRIPTION

This program has been designed for U.S.-based teams, leagues, clubs and associations conducting youth or adult amateur sports activities. Coverage provided includes important liability protection for the organization, including its employees and volunteers, for liability claims arising out of its operations. For eligible sports and age groups reported to Sadler & Co, covered operations consist of your scheduled, sanctioned, approved, organized and supervised practices, try-outs, clinics, games, playoffs and tournaments in which you participate. Coverage is also provided for your registrations, meetings, concession stand operations, parades in which you participate, picnics, award banquets and ceremonies and incidental fund-raising activities involving the sale of products, coupons, raffle tickets and services, such as: car washes, bake sales and coin drops, for those sports and age groups reported to us. Coverage is provided by a Carrier rated A+ (Superior) by A.M. Best Company.

NOTE TO ALL AGENTS & BROKERS – there are no commissions included in this program. Premiums are NET and may not be altered on the enrollment form. A fee may be separately charged, subject to state insurance regulations. (In addition, proof of coverage will be sent direct to the named insured and will not be sent to an agent.) If you wish to use our commissionable program please go to www.sadleragent.com

ELIGIBLE OPERATIONS

Organizations providing instruction, practice, and competition in the following sports and age groups are eligible for this program, with coverage to be provided based on Class A or Class B classifications.

- Note:**
1. **If your sport is not listed, contact Sadler & Co at 1-800-622-7370 for proper classification.**
 2. If you have Class A and Class B participants on the same team, you must use the Class A rate for all participants.
 3. Some sports listed under ELIGIBLE OPERATIONS do not show a rate on the rate chart; please call us for the rate.
(If you use our online application you will not have a problem as the rates are programmed there.)

CLASS A SPORTS:

Box Lacrosse	Hurling	Ice Hockey	Power Lifting (age 20 & over)	Water Hockey (age 20 & over)
Broomball	In-line Hockey		Ringette	Water Polo (age 20 & over)
Diving	In-line Skating (speed)		Roller Hockey (inline)	Weightlifting (age 20 & over)
Dodgeball	Lacrosse age 20 & over		Soccer (age 20 & over)	Wrestling (age 20 & over)

CLASS B SPORTS:

Archery	Cricket	Flag & Touch Football	Running (5k or 10k)	Track & Field (Excluding Javelin / Hammer)
Badminton	Croquet	Frisbee/Frisbee Golf	Scooter Hockey	Ultimate Frisbee
Baseball / T-Ball	Cross Country Ski	Golf	Soccer (age 19 & under)	Umpire/Referee Associations
Basketball	Curling	Handball (Team)	Softball	Volleyball
Baton Twirling	Dance	Kickball	Speed Skating	Water Hockey (age 19 & under)
Biathlon	Deck/Floor/Street Hockey	Lacrosse (age 19 & under)	Squash	
Billiards	Disabled Sports	Power Lifting (age 19 & under)	Stick Hockey	Water Polo (age 19 & under)
Bocce Ball	Drill Team	Racquetball	Swimming	
Body Building	(age 19 & under)	Roller Hockey (quad)	Tackle Football (age 19 & under)	Weightlifting (age 19 & under)
Bowling	Fencing	Roller Skating	Team Handball	
Cheerleading (age 19 & under)	Field Hockey	Rope Skipping	Tennis	Wrestling (age 19 & under)
	Figure Skating			

This brochure is for illustrative purposes only and is not a contract of insurance.

You must refer to the actual policy for complete information regarding coverage terms, conditions, and exclusions as they may change from one coverage term to the next. You may request a copy of the full policy by submitting a written request to Sadler & Company, Inc.

INELIGIBLE OPERATIONS

**The following sport operations and affiliates are not eligible for this program.
(Please note this is not a complete listing of ineligible operations).**

• BMX/stunt cycling	• Gymnastics, martial arts, cheer & dance studios**	• Rugby
• Boating activities/sports	• Inline extreme/stunt/aggressive/free-style skating	• Shooting Sports
• Boxing		• Skateboarding
• Cheerleading (age 20 & over)	• Intercollegiate and Interscholastic teams, leagues and associations	• Skiing (water or snow)
• Cycling		• Strength and conditioning
• Drill team (age 20 & over)	• Mixed martial arts	• Surfing
• Equestrian	• Open water activities/sports	• Tackle Football (age 20 & over)**

These are not eligible for this program. They may be eligible for other programs we offer, please contact us for additional information.

Sports groups that are affiliated with the following organizations are not eligible for this program.

American Amateur Baseball Congress	American Youth Football & Cheer	Babe Ruth / Cal Ripken Baseball
Babe Ruth Softball	Dixie Boys Baseball	Dixie Youth Baseball
Dizzy Dean Baseball	Dizzy Dean Softball	U. S. Youth Soccer Association

EXCLUSIONS - The following represent only some of the exclusions contained in this policy.

24-hour premises liability	Events involving gambling (ie: bingo, casino nights, poker, Texas hold'em tournaments)	Operation, ownership or management of any athletic facility or field, other than while being used for covered activities
Abuse, molestation, harassment or sexual conduct	Events where alcohol is furnished or served	
All operations listed as ineligible	Fireworks	Outside concessionaires and vendors in conjunction with your organization
Amusement devices (eg: rides, slides, inflatables, bungees, climbing walls, dunk tanks)	Fungi or bacteria	
Asbestos	Haunted attractions	Sport events/activities involving participants in sports other than those reported and for whom a premium has been paid
Babysitting/child care services	Lead	
Carnivals / Festivals	Non-rostered participants at tournaments hosted by the insured	
Concerts		Transportation of participants
Employment-related practices		

FREQUENTLY ASKED QUESTIONS

1. When should we make our coverage effective? The effective date is the date you need your insurance to start. For many, this is the first day that your organization has try outs or practices. If you are renewing coverage with us, use the expiration date of your existing coverage. Coverage will be in effect for one year.

2. Our organization has not had try outs and we are not sure how many participants we will have for each sport and age group, how should I report my number of participants? You need to report the maximum number of participants for each age group and sport according to your projected rosters. You may add additional participants at any time by using the Add/Delete form.

3. If we need to request another certificate of insurance for a field/gym that we are using, how do we do this?

You are now able to issue your own certificates of insurance using our online application system! After applying for coverage you are sent a verification of coverage email that includes a link titled "Self Issue COI." Anytime that you need a certificate of insurance you can click on the Self Issue COI link, enter the information for the certificate holder (the third party requesting the certificate) and you will then be able to print your document immediately. If you are not able to enter the certificate we will need a written request from you via email, fax or mail that includes the certificate holders information.

COVERAGES AND LIMITS - Coverage provided under this program includes:

Commercial General Liability – coverage which protects the insured against liability claims for bodily injury and property damage arising out of premises, operations, products and completed operations and personal and advertising injury.

Legal Liability to Participants – coverage which offers protection against bodily injury liability claims brought by persons participating in covered sports activities. Available for Class B sports only.

Professional Liability – provides protection against claims that arise out of the rendering, or failure to render: instruction, demonstration, direction and/or advice relating to the sports activity. Available for Class B sports only.

Medical Payments for Participants – coverage which pays the medical and dental expenses incurred by a participant when an accidental injury occurs while participating in your covered sports activities. The coverage is provided on an excess basis, responding after all other medical coverage available to the participant has been exhausted. If no other medical coverage exists, the coverage becomes primary. A \$100 deductible applies to each claim and the benefit period is two years from the date of the accident. Available for Class B sports only.

Hired Auto and Employers' Nonownership Liability (not provided while in Hawaii) – coverage which protects the insured against liability claims arising out of the maintenance or use of motor vehicles hired or borrowed by the insured on a short-term basis, as well as coverage for those autos your organization does not own, lease, hire, rent or borrow that are used in conjunction with your operations. Coverage does not extend to the transporting of participants or to those vehicles that are rented, hired or borrowed on a long-term basis.

CLASS A SPORTS

(Professional Liability, Legal Liability to Participants and Medical Payments for Participants are EXCLUDED)

Commercial General Liability	Option 1	Option 2
Each Occurrence	\$ 1,000,000	\$ 2,000,000
General Aggregate (other than Products-completed Operations)	\$ 3,000,000	\$ 4,000,000
Products-completed Operations Aggregate	\$ 1,000,000	\$ 2,000,000
Personal and Advertising Injury	\$ 1,000,000	\$ 2,000,000
Damage to Premises Rented to You	\$ 300,000	\$ 300,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000
Hired Auto and Employers' Nonownership Liability (not provided while in Hawaii)	\$ 1,000,000	\$ 2,000,000
Rates (Per participant, all sports, all ages)	\$3.57	\$5.36
Minimum Premiums	\$300	\$400

CLASS B SPORTS

Commercial General Liability	Option 1	Option 2	Option 3
Each Occurrence	\$ 1,000,000	\$ 2,000,000	\$ 2,000,000
General Aggregate (other than Products-completed Operations)	\$ 3,000,000	\$ 4,000,000	\$ 4,000,000
Products-completed Operations Aggregate	\$ 1,000,000	\$ 2,000,000	\$ 2,000,000
Personal and Advertising Injury	\$ 1,000,000	\$ 2,000,000	\$ 2,000,000
Damage to Premises Rented to You	\$ 300,000	\$ 300,000	\$ 300,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000	\$ 5,000
Hired Auto and Employers' Nonownership Liability (not provided while in Hawaii)	\$ 1,000,000	\$ 2,000,000	\$ 2,000,000
Professional Liability	\$ 1,000,000	\$ 2,000,000	\$ 2,000,000
Legal Liability to Participants	\$ 1,000,000	\$ 2,000,000	\$ 2,000,000
Medical Payments for Participants (excess) - \$100 deductible	\$ 25,000	\$ 100,000	\$ 250,000
Minimum Premiums	\$300	\$400	\$400

Options	Option 1				Option 2				Option 3			
	12 & Under	13-15	16-19	20 & Over	12 & Under	13-15	16-19	20 & Over	12 & Under	13-15	16-19	20 & Over
Baseball, tball	\$ 6.11	\$10.03	\$15.87	\$28.81	\$ 8.59	\$13.87	\$18.45	\$36.98	\$ 9.26	\$15.65	\$21.09	\$43.34
Basketball, Deck/floor/field/street hockey, Racquetball, Roller Hockey (quad) Ultimate Frisbee	\$ 5.89	\$ 7.00	\$14.39	\$19.31	\$ 8.30	\$ 9.93	\$18.90	\$25.07	\$ 8.96	\$10.87	\$21.66	\$29.40
Baton twirling, Golf, Frisbee, Kickball, Tennis, Track & field, Swimming	\$ 5.62	\$ 5.62	\$ 5.62	\$ 5.62	\$ 7.94	\$ 7.94	\$ 7.94	\$ 7.94	\$ 8.91	\$ 8.91	\$ 8.91	\$ 8.91
Cheerleading, Drill team	\$ 6.26	\$ 7.54	\$16.12	N/A	\$ 8.77	\$10.66	\$21.07	N/A	\$ 9.53	\$11.75	\$24.27	N/A
Cricket, Curling, Squash	\$ 5.76	\$ 9.14	\$14.18	\$25.33	\$ 8.42	\$12.69	\$16.65	\$32.62	\$ 8.72	\$14.23	\$18.92	\$38.10
Flag & touch football, Team handball	\$ 5.28	\$ 6.45	\$ 8.33	\$ 9.00	\$ 7.54	\$ 9.23	\$11.35	\$12.21	\$ 8.04	\$10.04	\$12.61	\$13.56
Lacrosse, Water polo	\$ 7.17	\$ 8.20	\$ 9.86	Class A \$3.57	\$10.29	\$12.03	\$13.27	Class A \$5.36	\$10.87	\$12.76	\$14.89	Class A \$5.36
Soccer	\$ 7.74	\$ 8.94	\$10.87	Class A \$3.57	\$11.08	\$13.10	\$14.54	Class A \$5.36	\$11.75	\$13.95	\$16.42	Class A \$5.36
Softball	\$ 5.79	\$ 6.88	\$15.87	\$28.81	\$ 8.15	\$ 9.74	\$18.45	\$36.98	\$ 8.78	\$10.66	\$21.09	\$43.34
Tackle Football	\$17.91	\$35.04	\$48.28	N/A	\$23.30	\$46.76	\$61.97	N/A	\$26.97	\$55.08	\$73.34	N/A
Umpire & referee associations	\$ 8.45	\$ 8.45	\$ 8.45	\$ 8.45	\$11.31	\$11.31	\$11.31	\$11.31	\$12.80	\$12.80	\$12.80	\$12.80
Volleyball, Archery Teams	\$ 5.95	\$ 5.95	\$ 5.95	\$ 5.95	\$ 8.36	\$ 8.36	\$ 8.36	\$ 8.36	\$ 9.47	\$ 9.47	\$ 9.47	\$ 9.47
Wrestling, Weightlifting	\$16.23	\$16.23	\$16.23	Class A \$3.57	\$21.74	\$21.74	\$21.74	Class A \$5.36	\$25.05	\$25.05	\$25.05	Class A \$5.36

(The Umpires/Referees Associations classification is designed for small or local Umpires/referees Associations.)

OPTIONAL COVERAGE - Premises Liability for Sports Fields – Coverage Description

If you are a not-for-profit organization and you own, operate or are responsible for a sports field(s) on a 24 hour basis and do not rent, donate or lease the field(s) out to other organizations, this coverage provides you with premises liability for the field(s). The use of the field(s) can only be for those sports and age groups that you have purchased commercial general liability coverage for under the Amateur Sports RPG Insurance Program. Please contact us for additional information on this available optional coverage.

Coverage conditions:

1. You must be a not-for-profit organization.
2. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your team, league, or association with Sadler’s Amateur Sports RPG Insurance Program and coverage must follow the same coverage option purchased for your team, league or association.
3. Coverage is only available to those named insureds that do not rent, donate or lease their field(s) to other organizations.
4. Coverage will be effective the day and time we receive the proper completed enrollment form with premium and will expire on the expiration date of your Amateur Sports RPG Insurance Program.
5. Note: The “# of Fields” refers to the number of PLAYING FIELDS. For example, a baseball field with three diamonds will equal 3 fields.

Coverages and Limits			
Commercial General Liability	Option 1	Option 2	Option 3
Each Occurrence	\$1,000,000	\$2,000,000	\$2,000,000
General Aggregate (other than Products-completed Operations)	\$3,000,000	\$4,000,000	\$4,000,000
Products-completed Operations Aggregate	\$1,000,000	\$2,000,000	\$2,000,000
Personal and Advertising Injury	\$1,000,000	\$2,000,000	\$2,000,000
Damage to Premises Rented to You	\$ 300,000	\$ 300,000	\$ 300,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000	\$ 5,000
Rates	\$12.71	\$19.06	\$19.06
Outdoor athletic field with or without buildings and structures	(per acre)	(per acre)	(per acre)
Minimum Premiums (per field)	\$ 50	\$ 75	\$ 75

OPTIONAL COVERAGE - Hosted Tournament Coverage – Coverage Description

Hosted tournaments are those you organize and operate that include participants who are not members of your club or team. Coverage excludes non-rostered participants that participate in tournaments you host unless this optional coverage is purchased. The named insured and their rostered members are automatically covered for participation in tournaments conducted by others without purchasing this additional coverage.

Coverage conditions:

1. Coverage is available for **Class B sports only**.
2. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your team, league, or association with Sadler’s Amateur Sports RPG Insurance Program and coverage must follow the same coverage option, sport and age group purchased for your team, league or association.
3. Your hosted tournament must be 7 days or less.
4. **A copy of your schedule of events, participation registration form and event brochure flyer must be submitted with the enrollment form.**

Coverages and Limits - (Premiums are 100% fully earned and non-refundable once the tournament begins.)			
Commercial General Liability	Option 1	Option 2	Option 3
Each Occurrence	\$1,000,000	\$2,000,000	\$2,000,000
General Aggregate (other than Products-completed Operations)	\$ 3,000,000	\$4,000,000	\$4,000,000
Products-completed Operations Aggregate	\$1,000,000	\$2,000,000	\$2,000,000
Personal and Advertising Injury	\$1,000,000	\$2,000,000	\$2,000,000
Damage to Premises Rented to You	\$ 300,000	\$ 300,000	\$ 300,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000	\$ 5,000
Hired Auto and Employers’ Nonownership Liability (not provided while in Hawaii)	\$1,000,000	\$2,000,000	\$2,000,000
Professional Liability	\$1,000,000	\$2,000,000	\$2,000,000
Legal Liability to Participants	\$1,000,000	\$2,000,000	\$2,000,000
Medical Payments for Participants (excess) - \$100 deductible	\$ 25,000	\$ 100,000	\$ 250,000
Rates (per non-rostered participant)	\$2.31	\$ 4.39	\$ 4.73
Minimum Premiums (per event)	\$200	\$225	\$250

OPTIONAL COVERAGE - Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement Coverage

Your organization **may** be eligible for this coverage that reimburses you for up to \$100,000 for defense costs resulting from claims arising out of abuse or molestation. The minimum charge for this coverage is \$500. Please contact us for additional information or an application for this available optional coverage. Coverage is subject to underwriting approval.



P O Box 5866, Columbia, SC 29250-5866
 Phone: (800) 622-7370, Fax: (803) 256-4017
 DBA/AKA Sadler Insurance Agency in CA
 License #OB57651
 Email: amateur@sadlersports.com

2011-2012 Enrollment Form

Amateur Sports Teams, Leagues & Associations

Valid for effective dates from 3/01/2011 through 2/29/2012

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. The submission of this enrollment form and/or acceptance of payment does not guarantee coverage. Certain operations are not eligible for coverage by this program. Sadler & Company reserves the right to decline any request for coverage.

I am a new account I am renewing my coverage

Named insured (as it should appear on the policy):
 (the legal name of the organization; typically the name that would appear on any contracts or agreements)

Doing business as (DBA): (additional names(s) under which the named insured operates)

Contact Name:

Mailing Address:

City: _____ **State:** _____ **Zip:** _____

Phone: () _____ **Cell:** () _____ **Fax #:** () _____

Email: _____ **Website:** _____

Desired Effective Date (Check One):
 Start my Coverage the day my enrollment form and payment are received.
 Start my coverage upon my expiration date of: ____/____/_____
 Start my coverage on this date: ____/____/_____

NOTE: Coverage will not be made effective until the date and time the completed enrollment form and payment are received by Sadler & Company, or on a later date that you may specify.

Form of Business: (Choose One) Not-for-profit Organization For-profit Organization

Type of Organization: (Choose One)
 Individual Team
 League or club (an entity organized to provide regulated competition for multiple teams participating in a specific sport.)
 Association (an entity, usually not-for-profit, that exists to further a particular sport, to protect the public interest and the interests of the participants of that sport. A fee is typically charged to become a member and formal rules/regulations are usually required and enforced.)

Are you seeking coverage for all participants within your organization? Yes No

Do any of your teams include both youth athletes (Class B sports) and adult athletes (Class A sports) participating together on the same team? *If yes, you must use the Class A rates for all participants when rating your premium. Class A coverage will apply. Yes No

Are you a member of any of the following organizations? (check all those that apply)

No, we are not a member of any of the following organizations.

<input type="checkbox"/> American Amateur Baseball Congress	<input type="checkbox"/> American Youth Football & Cheer	<input type="checkbox"/> Babe Ruth/Cal Ripken Baseball or Softball
<input type="checkbox"/> Dixie Boys Baseball	<input type="checkbox"/> Dixie Softball	<input type="checkbox"/> Dixie Youth Baseball
<input type="checkbox"/> Dizzy Dean Baseball	<input type="checkbox"/> Dizzy Dean Softball	<input type="checkbox"/> U. S. Youth Soccer Association

* Is there any form of player compensation or prize money awarded for participation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
* Are you a school sanctioned sports team or league?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
* Are you a gymnastics, martial arts, cheer or dance studio?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
* Are you a municipality or a park and recreation division?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
* Are any of your activities held on private residential property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
* Does the named insured own, operate or maintain any pools?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
* Does the named insured own or have 24 hour responsibility of a facility or field?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

* This program does not cover the exposures/activities listed above and any resulting claims will be denied. If you wish to cover any of these activities, please contact Sadler & Co to determine if other coverage options are available.

(A): TEAM, LEAGUE or ASSOCIATION PROGRAM PREMIUM CALCULATION

Premium is determined by applying the appropriate rate for the coverage option selected to each individual participant in each sport and age group, and is subject to the minimum premium. Please select only one limit option to apply for all sports and age groups. All of your participants are required to be reported in the premium calculation, and a roster may be requested as verification.

CLASS A SPORTS Rates (per participant, all sports, all ages)	Option 1 \$1,000,000 Limit	Option 2 \$2,000,000 Limit
	\$ 3.57	\$ 5.36

CLASS B SPORTS – Rates (per participant, per sport)

Options	Option 1 – \$1,000,000 CGL Limit \$25,000 Medical Payments				Option 2 -- \$2,000,000 CGL Limit \$100,000 Medical Payments				Option 3 -- \$2,000,000 CGL Limit \$250,000 Medical Payments			
	12 & Under	13-15	16-19	20 & Over	12 & Under	13-15	16-19	20 & Over	12 & Under	13-15	16-19	20 & Over
Baseball, tball	\$ 6.11	\$10.03	\$15.87	\$28.81	\$ 8.59	\$13.87	\$18.45	\$36.98	\$ 9.26	\$15.65	\$21.09	\$43.34
Basketball, Deck/floor/field/ street hockey, Racquetball, Roller Hockey (quad), Ultimate Frisbee	\$ 5.89	\$ 7.00	\$14.39	\$19.31	\$ 8.30	\$ 9.93	\$18.90	\$25.07	\$ 8.96	\$10.87	\$21.66	\$29.40
Baton twirling, Frisbee, Golf, Kickball, Tennis, Track & field, Swimming	\$ 5.62	\$ 5.62	\$ 5.62	\$ 5.62	\$ 7.94	\$ 7.94	\$ 7.94	\$ 7.94	\$ 8.91	\$ 8.91	\$ 8.91	\$ 8.91
Cheerleading, Drill team	\$ 6.26	\$ 7.54	\$16.12	N/A	\$ 8.77	\$10.66	\$21.07	N/A	\$ 9.53	\$11.75	\$24.27	N/A
Cricket, Curling, Squash	\$ 5.76	\$ 9.14	\$14.18	\$25.33	\$ 8.42	\$12.69	\$16.65	\$32.62	\$ 8.72	\$14.23	\$18.92	\$38.10
Flag & touch football, Team handball	\$ 5.28	\$ 6.45	\$ 8.33	\$ 9.00	\$ 7.54	\$ 9.23	\$11.35	\$12.21	\$ 8.04	\$10.04	\$12.61	\$13.56
Lacrosse, Water polo	\$ 7.17	\$ 8.20	\$ 9.86	Class A \$3.57	\$10.29	\$12.03	\$13.27	Class A \$5.36	\$10.87	\$12.76	\$14.89	Class A \$5.36
Soccer	\$ 7.74	\$ 8.94	\$10.87	Class A \$3.57	\$11.08	\$13.10	\$14.54	Class A \$5.36	\$11.75	\$13.95	\$16.42	Class A \$5.36
Softball	\$ 5.79	\$ 6.88	\$15.87	\$28.81	\$ 8.15	\$ 9.74	\$18.45	\$36.98	\$ 8.78	\$10.66	\$21.09	\$43.34
Tackle football	\$17.91	\$35.04	\$48.28	N/A	\$23.30	\$46.76	\$61.97	N/A	\$26.97	\$55.08	\$73.34	N/A
Umpire & referee associations	\$ 8.45	\$ 8.45	\$ 8.45	\$ 8.45	\$11.31	\$11.31	\$11.31	\$11.31	\$12.80	\$12.80	\$12.80	\$12.80
Volleyball, Archery Teams	\$ 5.95	\$ 5.95	\$ 5.95	\$ 5.95	\$ 8.36	\$ 8.36	\$ 8.36	\$ 8.36	\$ 9.47	\$ 9.47	\$ 9.47	\$ 9.47
Wrestling, Weightlifting	\$16.23	\$16.23	\$16.23	Class A \$3.57	\$21.74	\$21.74	\$21.74	Class A \$5.36	\$25.05	\$25.05	\$25.05	Class A \$5.36

(The Umpires/Referees Associations classification is designed for small or local Umpires/referees Associations.)

Sport	Class A or B	Coverage Option	Age Group	# of Participants	X	Rate	=	Premium
					X	\$	=	\$
					X	\$	=	\$
					X	\$	=	\$

Team, League or Association Total Premium (add all lines above) = \$

Team, League or Association Minimum Premium: Option 1 = \$300 Option 2 = \$400 Option 3 = \$400 Please enter your minimum premium \$

Team, League or Association Total Premium Due: If the total calculated premium is less than the minimum premium, the total premium due is the minimum premium \$ (A)

Attach separate page if necessary to add more sports

(B): OPTIONAL COVERAGE - Premises Liability for Sports Fields

THIS COVERAGE IS NOT AVAILABLE IF YOUR ORGANIZATION RENTS, DONATES OR LEASES PREMISES TO ANY OTHER ENTITIES. Premium is determined by applying the appropriate rate for the coverage option selected to your total acreage and field count. Choose the same limit option selected for your team, league or association on previous page. (Note: The "# of Fields" refers to the number of PLAYING FIELDS. For example, a baseball field with three diamonds will equal 3 fields.)

Options	Rates / Premium Calculation		
Choose Only One Option	<input type="checkbox"/> I Do Not Wish To Apply For Coverage at this time.		
<input type="checkbox"/> Option 1 \$1,000,000 Limit	\$ 12.71 x _____ = \$ _____	# of acres	\$ _____ (B)
	\$ 50.00 x _____ = \$ _____		
<input type="checkbox"/> Option 2 \$2,000,000 Limit	\$ 19.06 x _____ = \$ _____	# of acres	\$ _____ (B)
	\$ 75.00 x _____ = \$ _____		
Address of Premises: (Required)			
City:		State:	Zip:

(C): OPTIONAL COVERAGE – Hosted Tournament Coverage

THIS COVERAGE IS ONLY AVAILABLE FOR CLASS B SPORTS AND HOSTED TOURNAMENTS LASTING SEVEN DAYS OR LESS IN DURATION. **A copy of your schedule of events, participation registration form and event brochure flyer must be submitted with the enrollment form.**

Premium is determined by applying the appropriate rate for the coverage option selected to your non-rostered participant count. Choose the same limit option selected for your team, league or association on page 2. If the total calculated premium is less than the minimum premium, the total premium due is the minimum premium. For multiple hosted tournaments, complete a separate request with the information provided below for each tournament.

Options	Rates / Premium Calculation per Tournament		
<input type="checkbox"/> I Do Not Wish To Apply For Coverage at this time. (I understand that I can apply for this at a later date.)			
Event Name:			
Dates of Event/Tournament:		Event Hours: _____ am/pm to _____ am/pm	
Sport Type for Event:		Age Group for Event:	
Event Location/Address:			
Total # of Spectators for Event: _____		Do you need a certificate for a property owner? If so, see page 6	
<input type="checkbox"/> Option 1 \$1,000,000 CGL Limit \$25,000 Medical Payments	\$ 2.31 x _____ = \$ _____ (C)	# of non-rostered participants	Hosted Tournament Premium (\$200 minimum premium applies)
<input type="checkbox"/> Option 2 \$2,000,000 CGL Limit \$100,000 Medical Payments	\$ 4.39 x _____ = \$ _____ (C)	# of non-rostered participants	Hosted Tournament Premium (\$225 minimum premium applies)
<input type="checkbox"/> Option 3 \$2,000,000 CGL Limit \$250,000 Medical Payments	\$ 4.73 x _____ = \$ _____ (C)	# of non-rostered participants	Hosted Tournament Premium (\$250 minimum premium applies)

TOTAL PREMIUM SUMMARY –

PREMIUMS ARE 100% FULLY EARNED AND NON-REFUNDABLE ONCE COVERAGE BEGINS

Team, League or Association Total Program Premium (Required)	=	\$	(A)
Total Premises Liability for Sports Fields Premium (Optional Coverage)	=	\$	(B)
Total Hosted Tournament Premium (Optional Coverage)	=	\$	(C)
TOTAL PREMIUM DUE (A) + (B) + (C) = (D)	=	\$	(D)
Florida Applicants -- need to add a 1.3% state mandated Hurricane Catastrophe Fund assessment fee to the total premium due.			
Florida Applicants Total Premium Due [total premium due (D) x 1.013 = (E)]		\$ _____	(E)



Insured Organization Name:
(Be Specific):

We will no longer be able to rush your proof of coverage documents. The only way to receive your proof of coverage documents immediately is to apply online at www.sadlersports.com/amateur. Please allow 6 business days from the time we receive your completed application and payment to process and issue your coverage.

GENERAL FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied.)

APPLICABLE IN COLORADO – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA – WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA – Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII – For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS – Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for the personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT – Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA – Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO – Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA – WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN WASHINGTON – It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.



Insured Organization Name:
(Be Specific):

COVERAGE EXCLUSIONS

The following exclusions are contained in the commercial general liability coverage provided by this program. 24-hour premises liability (unless optional coverage is purchased); Abuse, molestation, harassment or sexual conduct (unless optional coverage is purchased); Aircraft/hot air balloon; Airport; Amusement devices (The ownership, operation, maintenance or use of: any mechanical or non-mechanical ride, slide, or water slide, any inflatable recreational device, any bungee operation or equipment, any vertical device or equipment used for climbing-either permanently affixed or temporarily erected, or dunk tank. Amusement devices do not include any video or computer games or any device that is specifically designed for the training or instruction of the activity for which you are enrolled.); Animals (injury or death to, or injury, death or property damage caused by any animal owned, rented or hired by you); Asbestos; Athletic or sports participants in: Box lacrosse, Broomball, Diving, Dodgeball, Gymnastics, Hurling, Ice hockey, Inline hockey, Inline skating (speed), Judo, Lacrosse (age 20 & over), Martial arts, Powerlifting (age 20 & over), Ringette, Roller hockey, Soccer (age 20 & over), Taekwondo, Takraw, Water hockey (age 20 & over), Water polo (age 20 & over), Weightlifting (age 20 & over), Wrestling (age 20 & over); Babysitting/child care services; Carnivals/festivals; Cheer and dance studios; Commercial general liability standard exclusions (CG0001 12/04 edition); Concerts; Employment-related practices; Events involving gambling (eg: bingo, casino nights, poker, Texas hold'em tournaments); Events where alcohol is served; Fireworks; Fungi or bacteria; Gymnastics studios; Haunted attractions; Intercollegiate & Interscholastic teams, leagues and associations; Lead; Martial arts studios; Non-rostered participants at tournaments hosted by the enrolled member (unless optional coverage is purchased); Nuclear energy liability; Operation, ownership or management of any athletic facility or field, other than while being used for covered activities; Operations of independent concessionaires/vendors in conjunction with your organization; Performers; Rodeos; Saddle animals; Snowmobile; Sports events/activities involving participants in sports other than those reported and for whom premium has been paid; Transportation of athletes/participants; Those operations listed as ineligible: Adventure races, Bandy, BMX/stunt cycling, Boating activities/sports, Bobsled, Body boarding, Boxing, Canoe, Cheerleading (age 20 & over), Climbing, Cycling, Drill team (age 20 & over), Equestrian, Fitness – aerobics and exercise, Hammer throw, Hang gliding, Hostelling, Inline extreme/stunt/aggressive/free-style skating, Jai alai, Javelin, Kayaking, Kite surfing, Luge (street), Marathon, Mixed martial arts; Modern pentathlon, Mountain biking, Mountain boarding, Open water fishing, Open water activities/sports, Outrigging, Parachute, Parasailing, Polo (horse), Rafting, Rodeo, Roller derby, Rowing, Rugby, Sailing, Scuba diving, Shooting sports, Skateboarding, Skiing (snow or water), Sky diving, Sky surfing, Sled dog racing, Snorkeling, Snow boarding, Snow surfing, Strength and conditioning, Streetball, Surfing, Tackle football (age 20 & over), Trampoline, Trapeze, Triathlon, Unicycling, Wake boarding, Wind surfing, Yachting

READ & SIGN – WARRANTY STATEMENT

I understand that the insurance company, in determining whether to provide insurance coverage, will rely on the information contained in this form and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and accurate.

I am aware that the insurance company expects accurate reporting for my premium calculation. I understand that my books and records may be examined or audited by the insurance company at any time during the coverage period and up to three years thereafter. Intentional misrepresentation or misreporting may jeopardize coverage.

I further acknowledge that I have reviewed all information provided with this enrollment form and understand the exclusions that apply, as well as the activities and operations for which coverage is not provided.

Applicant Signature Required		
	SIGNATURE	TITLE

PRINT NAME:	DATE
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FOR FASTEST SERVICE – USE OUR ONLINE APPLICATION AT: www.sadlersports.com/amateur

If you would like to send your application & check via U S Mail, please send to:
 Sadler & Company, Inc.
 P. O. Box 5866
 Columbia, SC 29250-5866

If you would like to send your application & check via overnight delivery, please send to:
 Sadler & Company, Inc.
 3014 Devine Street, 2nd Floor
 Columbia, SC 29205

SADLER
SPORTS & RECREATION INSURANCE
 P. O. Box 5866, Columbia, SC 29250-5866
Phone: (800) 622-7370 Fax: (803) 256-4017
 Email: amateur@sadlersports.com

If you would like to send your application & check via FAX, please follow the instructions included with this application titled:
[HOW TO FAX A CHECK](#)

REQUEST FOR CERTIFICATES OF INSURANCE

RETURN THIS PAGE ONLY IF YOU NEED TO PROVIDE PROOF OF COVERAGE TO A PROPERTY OWNER OR SPONSOR. THIS APPLIES TO YOUR TEAM/LEAGUE COVERAGE, 24-HOUR PREMISE LIABILITY AND/OR HOSTED TOURNAMENTS.



Insured Organization Name:
(Be Specific):

Please indicate the entities that require a COI and complete the requested information. *If you do not provide the complete mailing address and indicate the relationship we cannot issue the COI. Property Owners/Lessors and Sponsors are automatically included as Additional Insureds on the General Liability policy and will be shown as such on the COI. Please note that COI's will not be sent directly to these entities – they will be sent to you to deliver.*

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:

- Additional Insured
 Certificate Holder / Evidence of Coverage only

Name of Certificate Holder:

Contact Name:

Complete Mailing Address:

City:

State:

Zip:

Relationship to you:
 Property Owner/Lessor
 Sponsor
 CG2011
 Waiver of Subrogation
 Other: _____
 CG2026
 Endorsement Required

This certificate is for our:
 Program coverage (General Liability coverage for our Team/League)
 Premises liability for sports field (Optional Coverage Purchased)
 Hosted Tournament (Optional Coverage Purchased)

CHECK THE TYPE OF CERTIFICATE THAT YOU ARE REQUESTING:

- Additional Insured
 Certificate Holder / Evidence of Coverage only

Name of Certificate Holder:

Contact Name:

Complete Mailing Address:

City:

State:

Zip:

Relationship to you:
 Property Owner/Lessor
 Sponsor
 CG2011
 Waiver of Subrogation
 Other: _____
 CG2026
 Endorsement Required

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 Certificate Holder / Evidence of Coverage only

Name of Certificate Holder:

Contact Name:

Complete Mailing Address:

City:

State:

Zip:

Relationship to you:
 Property Owner/Lessor
 Sponsor
 CG2011
 Waiver of Subrogation
 Other: _____
 CG2026
 Endorsement Required

This certificate is for our:
 Program coverage (General Liability coverage for our Team/League)
 Premises liability for sports field (Optional Coverage Purchased)
 Hosted Tournament (Optional Coverage Purchased)

If additional certificates are needed, please attach a separate piece of paper with all of the information indicated above.

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.

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.