



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

HOSTED TOURNAMENT COVERAGE

Available to Teams/Leagues and Associations that purchase their Accident/General Liability through the Amateur Sports Plan
Valid for effective dates from 3/01/2011 through 2/29/2012

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:** _____

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.** 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	
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 <input type="checkbox"/> \$1,000,000 CGL Limit \$25,000 Medical Payments \$200 minimum premium applies (A)	\$ 2.31 x _____ # Of non-rostered participants	= \$ _____ (B) Hosted Tournament Premium Due (\$200 minimum premium applies)
<input type="checkbox"/> Option 2 <input type="checkbox"/> \$2,000,000 CGL Limit \$100,000 Medical Payments \$225 minimum premium applies (A)	\$ 4.39 x _____ # Of non-rostered participants	= \$ _____ (B) Hosted Tournament Premium Due (\$225 minimum premium applies)
<input type="checkbox"/> Option 3 <input type="checkbox"/> \$2,000,000 CGL Limit \$250,000 Medical Payments \$250 minimum premium applies (A)	\$ 4.73 x _____ # Of non-rostered participants	= \$ _____ (B) Hosted Tournament Premium Due (\$250 minimum premium applies)

TOTAL PREMIUM SUMMARY –

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

Enter the minimum premium from the options above (Required)	=	\$	(A)
Enter the Premium Due for the option you have chosen	=	\$	(B)
Enter the Greater Amount of (A) or (B)	=	\$	(C)
TOTAL PREMIUM DUE	=	\$	(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):

REQUEST FOR CERTIFICATES OF INSURANCE

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.*** 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
 Other: _____

CG2011
 CG2026

Waiver of Subrogation
 Endorsement Required

This certificate is for our: 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
 Other: _____

CG2011
 CG2026

Waiver of Subrogation
 Endorsement Required

This certificate is for our: Hosted Tournament (Optional Coverage Purchased)

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

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.

SIGNATURE REQUIRED:

SIGNATURE

TITLE

PRINT NAME:

DATE

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

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**



Phone: (800) 622-7370 Fax: (803) 256-4017 Email: amateur@sadlersports.com

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.