

2010 NON-PROFIT SPORTS ORGANIZATION DIRECTORS & OFFICERS LIABILITY APPLICATION

Philadelphia Indemnity Insurance Co. / (Louisiana Only: Philadelphia Insurance Co.)
IMPORTANT: All questions MUST BE ANSWERED and the questionnaire SIGNED BY AUTHORIZED REPRESENTATIVE
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:	

LEAGUE DIRECTORS & OFFICERS LIABILITY NEW RENEWAL

IMPORTANT NOTE: THE POLICY FOR WHICH APPLICATION IS MADE, IF ISSUED, WILL BE ON A CLAIMS MADE BASIS. THIS POLICY IS SUBJECT TO THE DECLARATIONS, INSURING AGREEMENTS, TERMS, CONDITIONS, LIMITATIONS AND AMENDMENTS. APPLIES ONLY TO CLAIMS THAT ARE FIRST MADE DURING THE POLICY PERIOD OR THE DISCOVERY PERIOD IF EXERCISED.

<ul style="list-style-type: none"> \$1,000,000 Limit per loss/per policy year \$1,000 Deductible Per Claim 	Policy #: P ____ SADLR/10
<ul style="list-style-type: none"> Policy period: Effective only upon underwriting and acceptance by Philadelphia Insurance Companies 	Effective Date:
<ul style="list-style-type: none"> Coverage expires 12:01 am on the Expiration Date 	Expiration Date:

Did your League purchase a D&O Policy LAST YEAR from an insurance agency OTHER THAN Sadler & Company?
YES _____ NO _____ (If YES, enclose a copy of the policy with this application.)

WITHIN THE SCOPE OF THIS PROPOSED INSURANCE:

- a) There has not been any claim made, or is there any now pending, against any corporation or persons proposed for this insurance, except as follows:
Check here if none(_____) If so, give complete details on separate sheet of paper.
- b) No corporation, director, officer or any other person proposed for this insurance has any knowledge or information of any breach of duty, error, misstatement, misleading misstatement or omission, which could rise to a claim against them, except as follows:
Check here if none(_____) If so, give complete details on separate sheet of paper.
- c) Has any corporation, director, officer or any persons proposed for this insurance been the subject of any suit, inquiry, complaint or Notice of Hearing, including, but not limited to, suits, inquiries, complaints or Notice of Hearing based upon or arising from charges of discrimination, sexual harassment or wrongful termination?
Check here if none(_____) If so, give complete details on separate sheet of paper.

***PREMIUM / CHARGE COMPUTATION:**

\$350.00 Premium + \$ _____ *Tax/Surcharge (if any) = \$ _____ **TOTAL AMOUNT DUE***
**PLEASE ADD THE APPROPRIATE TAX/SURCHARGE FOR YOUR STATE AS SHOWN BELOW:*
Florida – add 5% = (1% x \$350.00 = \$17.50 Total Due is \$367.50)
Kentucky (You must call or email us – charge varies by county)
Louisiana – add 5% = (5% x \$350.00 = \$17.50 Total Due is \$367.50)

I agree to enclose a \$5.00 annual membership fee (in addition to above insurance premiums) to join the National Sports Lawsuit Protection Association (NSLPA). I understand THAT THIS FEE MUST BE PAID BEFORE COVERAGE CAN BE EFFECTIVE.

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.

Date :		Signature:		Authorized Representative
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**SIGN & FAX (803) 256-4017 OR MAIL THIS ENROLLMENT FORM
WITH YOUR CHECK TO:
SADLER & COMPANY, INC.
PO Box 5866, Columbia, SC 29250-5866
OVERNIGHT ADDRESS:
3014 DEVINE ST, 2nd Floor, COLUMBIA, SC 29205
803-254-6311 OR 800-622-7370**

DIX-DIZ10

2010 Non-Profit Sports Organization

DIRECTORS & OFFICERS LIABILITY 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 These Coverages)

DIRECTORS & OFFICERS LIABILITY

This plan is available only for Non-Profit Organizations that are members of Dixie Youth Baseball, Dixie Boys Baseball, Dixie Softball, and Dizzy Dean Baseball/Softball

NEEDED PROTECTION:

Leagues should consider a D&O POLICY IN ADDITION TO THE GENERAL LIABILITY policy because many types of lawsuits are not covered by the General Liability policy. The General Liability policy only covers lawsuits that arise out of "bodily injury" or "property damage" whereas a D&O Policy covers certain lawsuits that arise out of actual or alleged wrongful acts in the running of a league.

WHO IS COVERED:

The local sports organization itself, Directors, Officers, and other volunteers including Coaches, Managers, Umpires/Referees, Scorekeepers, and Committee Personnel while operating on behalf of the covered organization.

COVERAGE:

Coverage is provided for "Wrongful Acts" or "Errors and Omissions" that result in legal liability lawsuits including the cost of defense and settlement.

Examples of potentially covered lawsuits include:

- * Discrimination (age, race, sex, handicap)
- * Failure to enforce rules or bylaws
- * Failure to deliver services
- * Violation of State and Federal Laws (Anti Trust, IRS, EEOC)
- * Suppression of First Amendment Rights (speech, expression, etc.)
- * Failure to properly manage league financial affairs

LIMIT: \$1,000,000

DEDUCTIBLE: \$1,000 per claim

PREMIUM / CHARGE \$350 per Board of Directors – Only one charge is required when a single league entity operating under the same articles/bylaws, oversees multiple organizations.

(Please note: In the state of Louisiana, you must add a surplus lines tax to the premium. In all other states listed below, you must add a state surcharge to the premium)

Florida – add 5% = (1% x \$350.00 = \$17.50 Total Due is \$367.50)

Kentucky (You must call or email us – charge varies by county)

Louisiana – add 5% = (5% x \$350.00 = \$17.50 Total Due is \$367.50)

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

You must enclose a \$5.00 annual membership fee (in addition to above insurance premiums) to join the National Sports Lawsuit Protection Association (NSLPA). THIS FEE MUST BE PAID BEFORE COVERAGE CAN BE EFFECTIVE.

NOTE: THIS PROTECTION IS IN ADDITION TO AND DOES NOT REPLACE THE BODILY INJURY OR PROPERTY DAMAGE LIABILITY COVERAGE THAT IS AVAILABLE IN A GENERAL LIABILITY POLICY.

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.

SADLER
SPORTS & RECREATION INSURANCE

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

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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 policies as issued. Refer all questions to Sadler & Company, Inc. (803)-254-6311 OR (800)-622-7370.

2010 SPORTS ORGANIZATION CRIME APPLICATION

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

IMPORTANT: All questions MUST BE ANSWERED and the questionnaire SIGNED BY AUTHORIZED REPRESENTATIVE

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:	

CRIME INSURANCE

NEW RENEWAL

- \$25,000 Limit of Liability

Policy #: P ____ SADLR/10

- \$500 Deductible Per Loss

- Policy period: Effective only upon underwriting and acceptance by Philadelphia Insurance Companies

Effective Date:

- Coverage expires 12:01am on the Expiration Date

Expiration Date:

NOTE: This policy does not cover theft or vandalism of property by outsiders.

List all dishonesty, burglary, robbery, disappearance, destruction and forgery losses discovered by the league in the past six (6) years, itemizing each loss separately on a separate sheet.

Check here if none: _____

***PREMIUM / CHARGE COMPUTATION:**

\$175.00 Premium + \$ _____ *Tax/Surcharge (if any) = \$ _____ TOTAL AMOUNT DUE*

**PLEASE ADD THE APPROPRIATE TAX/SURCHARGE FOR YOUR STATE AS SHOWN BELOW:*

Florida – add 5% = (5% x \$175.00 = \$8.75 Total Due is \$183.75)

Kentucky (call us – charge varies by county)

Louisiana – add 5% = (5% x \$175.00 = \$8.75 Total Due is \$183.75)

New Jersey - add 1.6% = (1.6% x \$175 = \$2.80 Total Due is \$177.80)

West Virginia: add .55% = (.55% x \$175 = \$0.96 Total Due is \$175.96)

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.

Date:		Signature:		Authorized Representative
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**SIGN & FAX (803) 256-4017 OR MAIL THIS ENROLLMENT FORM
WITH YOUR CHECK TO:**

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PO Box 5866, Columbia, SC 29250-5866

OVERNIGHT ADDRESS:

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803-254-6311 OR 800-622-7370

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CRIME INSURANCE 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 These Coverages)

PROTECT YOUR ASSETS:

This policy protects the local sports organization against a monetary loss caused by theft of money, securities, or other property (equipment, machinery, concession supplies) by dishonest volunteers. This includes forgery by an identifiable officer or volunteer. Coverage is also provided for theft of money or securities by outsiders.

This policy does not cover vandalism or theft of property by outsiders. See the optional Equipment Coverage section if such protection is desired.

LIMIT: Maximum of \$25,000 per loss

DEDUCTIBLE: \$500 for each loss

PREMIUM / CHARGE: \$175 per Board of Directors - Only one charge is required when a single league entity operating under the same articles/bylaws, oversees multiple organizations.

(Please note: In the state of Louisiana, you must add a surplus lines tax to the premium. In all other states listed below, you must add a state surcharge to the premium)

Florida – add 5% = (5% x \$175.00 = \$8.75 Total Due is \$183.75)

Kentucky (call us – charge varies by county)

Louisiana – add 5% = (5% x \$175.00 = \$8.75 Total Due is \$183.75)

New Jersey - add 1.6% = (1.6% x \$175 = \$2.80 Total Due is \$177.80)

West Virginia: add .55% = (.55% x \$175 = \$0.96 Total Due is \$175.96)

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

NOTE: There is no coverage for fund solicitors while soliciting charitable contributions. However, fund solicitors will be covered while conducting other activities such as collecting registration fees and running concession stands.

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.

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 policies as issued. Refer all questions to Sadler & Company, Inc. (803) 254-6311 OR (800) 622-7370.

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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:

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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)

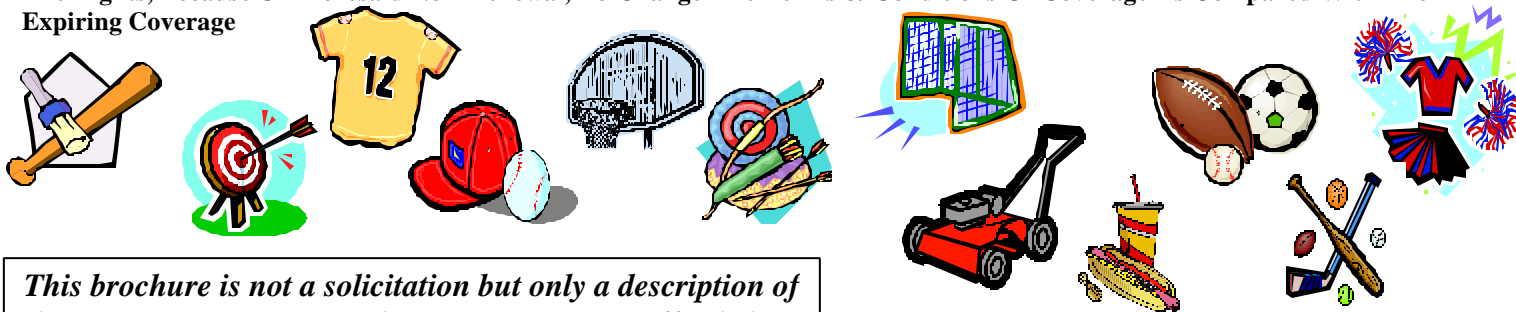
❖ Coverage will be effective the date that we receive the properly completed enrollment form with the premium. . (NOTE: Certain weather conditions (ex: tropical storms and hurricanes) in your area may prevent us from binding coverage upon receipt of the application and premium payment. If this happens,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



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