

# 2012 DIRECTORS & OFFICERS LIABILITY APPLICATION FOR NON-PROFIT SPORT ORGANIZATIONS

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.

### TWO OPTIONS: CHOOSE THE LIMIT OF COVERAGE YOU WISH TO PURCHASE:

<input type="checkbox"/>	\$1,000,000 Limit Per loss/Per policy year	\$1,000 Deductible Per Claim	\$300 premium (plus tax, see below)
<input type="checkbox"/>	\$2,000,000 Limit Per loss/Per policy year	\$1,000 Deductible Per Claim	\$450 premium (plus tax, see below)

Policy period: Effective only upon underwriting and acceptance by Philadelphia Insurance Companies  
Coverage expires 12:01 am on the 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 yes, 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 yes, 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 yes, give complete details on separate sheet of paper.

#### \$1,000,000 Limit: \*ADD THE APPROPRIATE

#### TAX/SURCHARGE FOR YOUR STATE AS SHOWN BELOW:

Florida – add 1.30% = (1.30% x \$300 = \$3.90 Total Due is \$303.90)  
 Kentucky add 15% = (15% x \$300.00 = \$45.00) Total Due is \$345.00  
 Louisiana – add 5% = (5% x \$300.00 = \$15.00) Total Due is \$315.00  
 New Jersey - add .9% = (.9% x \$300 = 2.70 Total Due: \$302.70)  
 West Virginia: add .55% = (.55% x \$300= \$1.65 Total Due \$301.65)

#### \$2,000,000 Limit: \*ADD THE APPROPRIATE

#### TAX/SURCHARGE FOR YOUR STATE AS SHOWN BELOW:

Florida – add 1.30% = (1.30% x \$450 = \$5.85 - Total Due \$455.85)  
 Kentucky add 15% = (15% x \$450.00 = \$67.50) Total Due is \$517.50  
 Louisiana – add 5% = (5% x \$450 = \$22.50) - Total Due \$472.50  
 New Jersey - add .9% = (.9% x \$450 = 4.05 - Total Due \$454.05)  
 West Virginia: add .55% = (.55% x \$450 = \$2.48 - Total Due \$452.48)

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 "EOP") 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

**SIGN and FAX OR MAIL THIS ENROLLMENT FORM WITH YOUR CHECK TO:**

SADLER & COMPANY, INC.

PO Box 5866

Columbia, SC 29250-5866

#### OVERNIGHT DELIVERY ADDRESS:

3014 DEVINE ST, 2<sup>nd</sup> Floor,

COLUMBIA, SC 29205

Phone: 803-254-6311 OR Toll-Free: 800-622-7370 / FAX (803) 256-4017

**SADLER**  
SPORTS & RECREATION INSURANCE

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# 2012 DIRECTORS & OFFICERS LIABILITY

## For Non-Profit Sports Organizations

### 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)

#### 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 OF COVERAGE OPTIONS:

**\$1,000,000 Limit Per Loss / per policy year**  
DEDUCTIBLE: \$1,000 per claim

**\$2,000,000 Limit Per loss / per policy year**  
DEDUCTIBLE: \$1,000 per claim

**PREMIUM / CHARGE PER Governing Board of Directors: \$300 for \$1,000,000 Limit and \$450 for \$2,000,000 Limit – 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)*

#### \$1,000,000 Limit: \*ADD THE APPROPRIATE

#### TAX/SURCHARGE FOR YOUR STATE AS SHOWN BELOW:

Florida – add 1.30% = (1.30% x \$300 = \$3.90 Total Due is \$303.90)  
Kentucky add 15% = (15% x \$300.00 = \$45.00) Total Due is \$345.00  
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#### \$2,000,000 Limit: \*ADD THE APPROPRIATE

#### TAX/SURCHARGE FOR YOUR STATE AS SHOWN BELOW:

Florida – add 1.30% = (1.30% x \$450 = \$5.85 - Total Due \$455.85)  
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New Jersey - add .9% = (.9% x \$450 = 4.05 - Total Due \$454.05)  
West Virginia: add .55% = (.55% x \$450 = \$2.48 - Total Due \$452.48)

**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.

*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 Toll-Free (800)-622-7370.*

**SADLER**  
SPORTS & RECREATION INSURANCE  
1-800-622-7370 – Fax (803) 256-4017  
P O Box 5866, Columbia, SC 29250

# 2012 CRIME INSURANCE APPLICATION FOR NON-PROFIT SPORTS ORGANIZATIONS

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 – Employee Theft; Forgery or Alteration; Inside premises-theft of Money & Securities; Inside Premises-Robbery /Safe Burglary; Other

\$500 Deductible Per Loss

Policy period: Effective only upon underwriting and acceptance by Philadelphia Insurance Companies  
Coverage expires 12:01am on the 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:*

*(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)*

STATE	\$25,000 per loss – Employee Theft
<i>Florida (1.30%)</i>	<i>add 1.30% = (1.30% x \$175.00 = \$2.28 Total Due is \$177.28)</i>
<i>Kentucky (15%)</i>	<i>add 15% = (15% x \$175.00 = \$26.25 Total Due is \$201.25)</i>
<i>Louisiana (5%)</i>	<i>add 5% = (5% x \$175.00 = \$8.75 Total Due is \$183.75)</i>
<i>New Jersey (.9%)</i>	<i>add .9% = (.9% x \$175 = \$1.58 Total Due is \$176.58)</i>
<i>West Virginia (.55%)</i>	<i>add .55% = (.55% x \$175 = \$0.96 Total Due is \$175.96)</i>

**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 and FAX OR MAIL THIS ENROLLMENT FORM WITH YOUR CHECK TO:***

**MAILING ADDRESS:**

**SADLER & COMPANY, INC.**

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Columbia, SC 29250-5866

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# 2012 CRIME INSURANCE PLAN DESCRIPTION FOR NON-PROFIT SPORTS ORGANIZATIONS

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 forgery or theft of money, securities, or other property (equipment, machinery, concession supplies) by dishonest employees, volunteers, directors or officers. 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 Employee Theft

Maximum of \$25,000 for Forgery or Alteration; Inside Premises – theft of Money & Securities, Inside Premises, Robbery/Safe Burglary; and Other

**DEDUCTIBLE:** \$500 for each loss

**PREMIUM / CHARGE:** \$175 per governing Board of Directors

*(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)*

STATE	OPTION #1: \$25,000 per loss – Employee Theft
Florida (1.30%)	add 1.30% = (1.30% x \$175.00 = \$2.28 Total Due is \$177.28)
Kentucky (15%)	add 15% = (15% x \$175.00 = \$26.25 Total Due is \$201.25)
Louisiana (5%)	add 5% = (5% x \$175.00 = \$8.75 Total Due is \$183.75)
New Jersey (.9%)	add .9% = (.9% x \$175 = \$1.58 Total Due is \$176.58)
West Virginia (.55%)	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.

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**Beware of Crime policies that may only cover employees plus a schedule of five specific named officers. This is dangerous because many within an organization can get their hands on the checkbook, credit cards, or cash. Also, officers tend to change frequently which requires constant updating of the schedule. You won't have this problem if you choose the plan that we offer.**

# 2012 EQUIPMENT INSURANCE APPLICATION FOR NON-PROFIT SPORT ORGANIZATIONS

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**

<b>Organization Name:</b>		
<b>Authorized Representative:</b>		<b>County:</b>
<b>Mailing Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Home Phone: ( )</b>	<b>Daytime Phone: ( )</b>	<b>Fax #: ( )</b>
<b>Email:</b>		<b>Website:</b>

**SPORTS EQUIPMENT COVERAGE**       **NEW**       **RENEWAL**

**Policy period: Effective only upon underwriting and acceptance by Philadelphia Insurance Co.**

**Coverage expires 12:01 am on the Expiration Date**      **\$1,000 Deductible Per Loss**

**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"/> Uniforms	<input type="checkbox"/> Field / Facility Maintenance Equipment
<input type="checkbox"/> Concession Equipment	<input type="checkbox"/> Dugouts, Benches, Bleachers	<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"/> Other:

**Part 1: Total of Unscheduled Equipment valued less than \$1,000 per item: \$**

**PART 2: EQUIPMENT VALUED \$1,000 OR MORE PER ITEM MUST BE INDIVIDUALLY LISTED:**

. WHEN ITEMIZING EQUIPMENT BE SPECIFIC ON DESCRIPTION OF ITEMS AND VALUE FOR EACH ITEM:  
(Attach separate sheet of paper if necessary)

Description	Replacement Cost Value
<i>Example: 1990 John Deere Tractor Serial # A439v903</i>	\$8,000.00
	\$
	\$
	\$
	\$

**Part 2: Total of scheduled Equipment valued \$1,000 or more PER ITEM: \$**

**OFF-SEASON STORAGE LOCATION OF EQUIPMENT (GIVE COMPLETE 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 \$2.00 = \$ _____ (premium)
<b>TOTAL PREMIUM DUE (for Equipment Coverage): \$ _____</b>		<b>(Note: \$250 minimum premium applies)</b>

**Add Tax/Surcharge for Your State (Tax/Surcharge is "in addition to" the minimum premium):**  
**Florida: 1.30% / Kentucky 15% / Louisiana 5% / New Jersey: .9% / 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 "EOP") 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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**3014 DEVINE ST, 2<sup>nd</sup> Floor, COLUMBIA, SC 29205**  
**Phone: 803-254-6311 OR Toll-Free: 800-622-7370 / FAX (803) 256-4017**



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# 2012 Sports - Equipment Plan Description For Non-Profit Sport Organizations

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)

**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:** \$ 2.00 per \$100 of coverage (subject to a \$250 minimum premium)

*Example: \$8,500 limit divided by 100 = 85 x \$ 2.00 = \$170.00 total / \$250 total payment due*

★ 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}

Florida – 1.30%      Kentucky – 15%      Louisiana – 5%      New Jersey: – .9%      West Virginia: – .55%

*Florida Example: \$8,500 limit divided by 100 = 85 x \$ 2.00 = \$170.00 (\$250 total premium)*

*\$250 total premium + 1.30% FL Tax = \$253.25 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
- ❖ \$1,000 Deductible (per claim)
- ❖ 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.
- ❖ 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.)
- ❖ **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.
- ❖ 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



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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 your proof of coverage documents.  
Please allow 6 business days for processing and issuing of coverage.**