

SADLER

SPORTS & RECREATION INSURANCE

P. O. Box 5866, Columbia, SC 29250-5866
Phone: (800) 622-7370, Fax: (803) 256-4017

Dance Schools & Programs

Insurance Program Information and Enrollment Form
Rates shown are effective 01-01-2012 to 12-31-2012



PROGRAM DESCRIPTION

This program has been designed for U.S.-based dance schools and other organizations specializing in the instruction of performance and social dance. Coverage provided includes important liability protection for the school or organization, including its employees and volunteers, for liability claims arising out of its operations.

For eligible dance schools or programs, your covered operations consist of premises, operations and activities involving registered participants for those activity(s) – under your direct supervision or organized by you – which have been reported, paid for and approved by the company along with any ancillary event or activity held directly with the activity(s) at your location(s) or at approved off-site locations on your behalf.

In addition, coverage can also be considered for birthday/social party(s) supervised by you and related to the above described operations and activities.

For information regarding coverage for independent dance instructors, please contact our office at 1-800-622-7370.

ELIGIBLE OPERATIONS

Schools or organizations providing instruction in the following styles of dance are eligible for this program.

Note: If your style of dance is not listed, contact Sadler & Company at 1-800-622-7370 for proper classification.

Ballet	Contemporary	Folk Dancing	Jazz	Scottish	Tap
Ballroom	Country Western	Hawaiian	Latin	Square	ZUMBA®
Belly Dancing	Cultural/Ethnic	Hip Hop	Modern	Swing	
Clogging	Flamenco	Irish	Salsa	Tango	

INELIGIBLE OPERATIONS

Operations not eligible for this program include, but are not limited to, the following:

Acrobatic & Circus Training Skills	Cabarets	Nightclubs	Professional Dance Companies
Ballroom Rental Facilities	Dance Halls	Production Companies	Professional Touring Companies
Banquet & Reception Halls	Discotheques		

COVERAGES AND LIMITS

COVERAGE	OPTION 1	OPTION 2
Each Occurrence	\$1,000,000	\$2,000,000
General Aggregate (Other than Products-Completed Operations)	\$3,000,000 per owned location	\$4,000,000 per owned location
Products-Completed Operations Aggregate	\$1,000,000	\$2,000,000
Personal & Advertising Injury	\$1,000,000	\$2,000,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000
Damage to Premises Rented to You (Fire Legal Liability)	\$ 300,000	\$ 300,000
Professional Liability	\$1,000,000	\$2,000,000
Legal Liability to Participants	\$1,000,000	\$2,000,000
Hired Auto and Employers' Nonownership Liability (not provided while in HI)	\$1,000,000	\$2,000,000
Medical Payments for Participants (Excess) - \$250 per claim deductible applies	\$25,000	\$25,000

For Higher Limits please call Sadler & Company Inc., at 1-800-622-7370

RATES AND MINIMUM PREMIUMS

Rates (per student/member)	\$ 10.50	\$ 13.00
Minimum Premium	\$870.00	\$1,079.00

Costs are 20% fully earned and not refundable once coverage begins.

Premium is determined by applying the rate to the greatest number of students/registered members that your program could have annually. If the total program premium is less than the minimum premium, the total premium due is the minimum premium.

Note: All Florida applicants must add a 1.3% state mandated Hurricane Catastrophe Fund assessment fee to the total premium.

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 activities of your dance school operations.

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 dance activity.

Medical Payments for Participants – coverage which pays for medical and dental expenses incurred by a “participant” when an accidental injury occurs while participating in your covered dance school operations. “Participant” means any person practicing, instructing or participating in any physical exercises or games, sports or athletic contests. Participant does not include any compensated member of your staff, including employees or independent contractors. 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 \$250 deductible applies to each claim and the benefit period is two years from the date of the accident.

Hired Auto and Employers Nonownership Liability (not provided while in HI) – 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.

EXCLUSIONS

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

Abuse, Molestation, Harassment or Sexual Conduct	Employment-related Practices	Nuclear Energy Liability
All operations listed as ineligible	Fireworks	Pollution
Asbestos	Fungi or Bacteria	Sale or distribution of herbal, medicinal and/or nutritional products
Babysitting and/or Child Care Services	Lead	Transportation of participants
Amusement devices (eg: rides, slides, inflatables, bungees, climbing walls or devices, dunk tanks)		

CARRIER - Coverage is provided by a carrier rated A+ (Superior) by A.M. Best Company.

FREQUENTLY ASKED QUESTIONS

- 1. How soon does coverage start? When will we receive proof of coverage?** Coverage can be bound the day after we receive a completed enrollment form & the appropriate premium. Please allow adequate time for us to process your enrollment form & issue certificates.
- 2. We are a newly formed school and we are not sure how many students we will have, how should I report my student count?** You need to report the number of students you project to have within an annual term. You may add additional students at any time by using the dance supplemental form.
- 3. Is coverage under this policy extended to independent contractors (non-employees) working on behalf of the school?** Independent contractors (non-employees) are not covered under this program. Contact Sadler & Company at 1-800-622-7370 for coverage options that are available.
- 4. Is my school covered for a recital or performance that we are hosting that involves non-registered students/members?** Coverage is included for recitals and performances you host that only include students/members of your school. To obtain coverage for an event that includes non-registered students/members, please contact Sadler & Company at 1-800-622-7370 for coverage options that are available.
- 5. I periodically open my facility for an event such as a parent’s night out activity. Do I have coverage for this?** You must report all events and activities that are held at your facility and under your direct supervision. Coverage will not extend to non-registered members in any activity unless you have reported those participants, paid the appropriate premium, and the activity has been approved by us.
- 6. Am I allowed to transport students to activities such as classes, recitals, or performances?** This insurance program does not provide coverage for the transportation of students. Should the transportation of students be necessary for your operation, we suggest that you consult a licensed insurance agent in your area to provide you with commercial automobile coverage for this type of exposure.
- 7. I have been asked by my landlord or sponsor to add them as an “additional insured” to my policy. What does this mean?** An additional insured is an entity, which has an insurable interest for claims arising out of your negligence as the named insured. By providing an entity additional insured status, they are now entitled to defense and indemnity (if policy limits have not been exhausted) under your policy with no responsibility for premium payments.
- 8. Will we receive a policy after submitting the enrollment form?** A copy of the RPG master policy can be requested in writing to: Sadler & Company Inc, PO Box 5866, Columbia SC 29250.

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 insurance will be sent directly to the named insured and will not be sent to an agent or broker.

This brochure is for illustrative purposes only, and is not a contract of insurance. You must refer to the actual coverage document 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.

OPTIONAL COVERAGES AVAILABLE:

NON-REGISTERED MEMBER ACTIVITY COVERAGE:

RATE PER PARTICIPANT: Opt 1: \$13.50 / Opt 2: \$18.15

This coverage is available for events and/or activities you conduct at your facility that involve non-registered members of your dance school and are incidental to your dance operations.

When reported and paid for, coverage is extended to provide liability and excess medical coverage for non-registered members while participating in an event/activity you are hosting and supervising. Examples of such events and activities are: camps and clinics; recitals; arts, crafts and/or music programs or classes; exercise and/or yoga classes; gymnastics/cheer programs or classes; theater arts and/or drama programs or classes.

Unless this option is purchased, coverage is excluded for non-registered members who participate in any activities referenced above.

Coverage conditions:

- Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your dance school or organization with Sadler & Company's Dance Schools & Programs RPG Insurance Program.
- The same coverages and limits would apply to this optional coverage as purchased for your school or organization.
- A Birthday/Social Party is not considered to be a subsidiary activity and a separate premium charge will apply.
- Non-registered members are only to be counted once in your premium calculation, regardless of the number of times that they may participate in those activities. Also include members of your school if they are charged a separate registration fee to participate in any activity.

BIRTHDAY OR SOCIAL PARTY COVERAGE:

RATE PER PARTY: Opt 1: \$16.75 / Opt 2: \$22.50

Coverage can be extended to cover birthday or social parties held at your dance school or organization.

Coverage conditions:

- Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your dance school or organization with Sadler & Company's Dance Schools & Programs RPG Insurance Program.
- The same coverages and limits would apply to this optional coverage as purchased for your school or organization.

EQUIPMENT AND CONTENTS COVERAGE (INLAND MARINE)

This provides coverage for direct loss or damage to your supplies and equipment, furnishings, improvements and betterments, signs and non-structural glass due to fire, theft, vandalism or other covered causes (subject to actual policy terms and conditions). You must insure the full replacement cost of all of your equipment and contents to avoid a co-insurance penalty at the time of loss. Should you add additional equipment or contents to your inventory, please contact Sadler & Company to have your insured value amended to avoid a co-insurance penalty.

NEW – Additional coverages automatically included in the coverage form are:

- Business Income with Extra Expense – Actual Loss Sustained (up to \$50,000)
- Money and Securities Coverage - \$5,000 any one occurrence
- Valuable Papers and Records Coverage - \$10,000 at premises/\$2,500 away from premises
- Account Receivable Coverage - \$10,000 at premises/\$2,500 away from premises

Coverage conditions:

- This coverage is not available in New Jersey.
- Coverage is not available on a stand-alone basis. You must have commercial general liability coverage with Sadler & Company's Dance Schools & Programs RPG Insurance Program.
- Coverage will be effective the day after we receive the proper completed enrollment form with premium and will expire on the expiration date of your Dance Schools & Programs RPG Insurance Program.
- Receipt of purchase is required at the time of loss to show verification of purchase for any improvements or betterments.

Rates			
Total Value Per Location	Rate	Deductible	Minimum Premium
\$ 1 - \$ 10,000	\$.03	\$ 250	\$100.00
\$ 10,001 - \$100,000	\$.026	\$1,000	\$100.00
\$100,001 +	\$.026	\$2,500	\$100.00

DIRECTORS' & OFFICERS' LIABILITY Including Employment Practices Liability for Not-for-Profit Organizations

This coverage provides important protection for not-for-profit dance schools and organizations for claims arising out of allegations of errors, omissions, or wrongful acts committed by its directors, officers, employees or volunteers. This coverage will respond to allegations of discrimination, wrongful dismissal, acts beyond granted authority, failure to deliver services and wrongful employment practices. Please contact Sadler & Company at 1-800-622-7370 for additional information on this available optional coverage.

ABUSE, MOLESTATION, HARASSMENT OR SEXUAL CONDUCT DEFENSE COST REIMBURSEMENT COVERAGE

RATE: \$500 PER OPERATING LOCATION

This coverage reimburses you for up to \$100,000 for defense costs resulting from claims arising out of abuse or molestation.

Coverage conditions:

- Coverage is contingent upon review and approval from Sadler & Company.
- Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your dance school or organization with Sadler & Company's Dance Schools & Programs RPG Insurance Program.



Dance Schools & Programs

Insurance Program Enrollment Form

Rates shown are available from 01-01-12 through 12-31-2012

P. O. Box 5866, Columbia, SC 29250-5866

Phone: (800) 622-7370, Fax: (803) 256-4017

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. An RPG provides group purchasing power for similar risks resulting in potential advantageous coverage terms, competitive rates, risk management bulletins, and rewards for favorable group loss experience. An RPG membership fee may be charged. 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.

<input type="checkbox"/> I AM A NEW ACCOUNT		<input type="checkbox"/> I AM RENEWING MY COVERAGE	
NAMED INSURED: (as it should appear on the policy) (the legal name of the business or organization; typically the name that would appear on any contracts or agreements)			
DOING BUSINESS AS (DBA): (additional name(s) under which the named insured operates)			
MAILING ADDRESS:			
CITY:		STATE:	ZIP:
CONTACT NAME:		PHONE:	
EMAIL ADDRESS:		CELL PHONE:	
WEBSITE:		FAX:	

List Operating Location(s) If Different From Mailing Address:				
	STREET ADDRESS	CITY	STATE	ZIP
LOCATION 1				
LOCATION 2				

DESIRED EFFECTIVE DATE:	
Coverage will begin the day after the completed enrollment form and premium are received and approved by Sadler & Company, or on a later date you specify below. (If renewing coverage, please provide expiration date of your current policy.)	
<input type="checkbox"/> Start my coverage on this date: _____ / _____ / _____	

STYLES OF DANCE OFFERED (CHECK ALL THAT APPLY):					HOW DID YOU HEAR ABOUT SADLER & COMPANY?	
<input type="checkbox"/> Ballet	<input type="checkbox"/> Country Western	<input type="checkbox"/> Hip Hop	<input type="checkbox"/> Salsa	<input type="checkbox"/> Tap		
<input type="checkbox"/> Ballroom	<input type="checkbox"/> Cultural/Ethnic	<input type="checkbox"/> Irish	<input type="checkbox"/> Scottish	<input type="checkbox"/> ZUMBA®	<input type="checkbox"/> Facebook	<input type="checkbox"/> Google
<input type="checkbox"/> Belly Dancing	<input type="checkbox"/> Flamenco	<input type="checkbox"/> Jazz	<input type="checkbox"/> Square	<input type="checkbox"/> Other (subject to approval): Please describe.	<input type="checkbox"/> Current Customer	
<input type="checkbox"/> Clogging	<input type="checkbox"/> Folk Dancing	<input type="checkbox"/> Latin	<input type="checkbox"/> Swing		<input type="checkbox"/> Friend	<input type="checkbox"/> Yahoo
<input type="checkbox"/> Contemporary	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Modern	<input type="checkbox"/> Tango			

PLEASE ANSWER THE QUESTIONS BELOW	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any activities that occur away from the facility/premises other than recitals, competitions, demonstrations, exhibitions, parades or fundraising activities? <ul style="list-style-type: none"> • If yes, please describe: _____ • Activities held off-site must be reported prior to occurring and approved by Sadler & Company except for recitals, competitions, demonstrations, parades and fundraising activities.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have camps/clinics? <ul style="list-style-type: none"> • If yes, describe the type of camps/clinics you have along with the events/activities taking place at the camps/clinics: _____ • Non-registered members of your school are excluded from coverage, unless you purchased the non-registered member activity coverage.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you employ independent contractor instructors? This program provides coverage for instructors and personnel who are employees of the named insured and does not extend to independent dance instructors. Coverage for independent dance instructors can be purchased by contacting us at 1-800-622-7370.

FOR NEW ACCOUNTS ONLY: (If not a new account, please skip these three questions and proceed to next section)

1. What is the name of your current insurance carrier(s) and the expiration date(s) of coverage?

Name: _____ Expiration Date(s): _____

2. Is your current carrier non-renewing your coverage? Yes No

3. Please list and describe any liability or medical claims that have been paid under your insurance coverage for the past three (3) years, including the amount paid. (If you have loss information, please provide a copy.) _____

DANCE SCHOOL PROGRAM PREMIUM COMPUTATION

Premium is determined by applying the rate to the greatest number of students/registered members that your program could have annually. If the total program premium is less than the minimum premium, the total premium due is the minimum premium.

Enter the total number of students and/or registered members that your program could have annually.	Option 1: \$1,000,000	_____	X	\$10.50	=	\$ _____ (A) (\$870.00 minimum premium applies)
	Option 2: \$2,000,000	_____	X	\$13.00	=	\$ _____ (A) (\$1,079.00 minimum premium applies)

For Higher Limits please contact Sadler & Company Inc at 1-800-622-7370

OPTIONAL NON-REGISTERED MEMBER ACTIVITY COVERAGE AND/OR BIRTHDAY/SOCIAL PARTY COVERAGE PREMIUM COMPUTATION:

Please select all of the activities and/or birthday/social parties you have at your school or organization and report the total number of non-registered or separately enrolled participants in each of the activities listed below along with the number of birthday/social parties. These activities must be incidental to your dance operations.

Use the same option as you selected in the dance school program premium.

TYPE OF ACTIVITY	NUMBER OF PARTICIPANTS	X	OPT. 1 RATE	OPT. 2 RATE	=	PREMIUM
<input type="checkbox"/> Arts, Crafts and/or Music Programs or Classes		X	\$13.50	\$18.15	=	
<input type="checkbox"/> Camps/Clinics		X	\$13.50	\$18.15	=	
<input type="checkbox"/> Exercise and/or Yoga Classes		X	\$13.50	\$18.15	=	
<input type="checkbox"/> Gymnastics/Cheer Programs or Classes List the styles of programs/classes offered along with age groups: (these are subject to approval)		X	\$13.50	\$18.15	=	
<input type="checkbox"/> Theater Arts and/or Drama Programs or Classes		X	\$13.50	\$18.15	=	
<input type="checkbox"/> Other (please describe): _____ (This is subject to approval)		X	\$13.50	\$18.15	=	
<input type="checkbox"/> Birthday/Social Parties	# of Parties Held Annually	X	\$16.75	\$22.50	=	
NON-REGISTERED MEMBER ACTIVITY AND/OR BIRTHDAY/SOCIAL PARTIES PREMIUM (add all lines above)						(B)

OPTIONAL ABUSE, MOLESTATION, HARASSMENT OR SEXUAL CONDUCT DEFENSE COST REIMBURSEMENT COVERAGE PREMIUM COMPUTATION:

Coverage is contingent upon underwriting approval and review of the following questionnaire.

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Are all prospective employees/volunteers required to complete a written application?
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Does your employment/volunteer application ask the applicant if they have ever been convicted of a crime?
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Are references obtained and checked prior to hiring a staff member?
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Do you have frequent discussions with your staff on the importance of providing a safe environment for the children in your care?
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Do you have written procedures for responding to a reported abuse incident?
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Is a copy of the written procedure provided to each member of your staff?
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Is mandatory notification to local law enforcement included in your written procedures?
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Is suspension of the accused employee/volunteer part of your written procedure?
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Has any member of your organization ever been involved in an incident which resulted in an allegation of abuse or molestation?

RATE	X	NUMBER OF LOCATIONS	=	PREMIUM
\$500.00	X		=	(C)

**OPTIONAL EQUIPMENT & CONTENTS (INLAND MARINE)
COVERAGE PREMIUM COMPUTATION:**

(Not Available in New Jersey)

TO AVOID A CO-INSURANCE PENALTY, YOU MUST INSURE 100% OF THE REPLACEMENT COST OF YOUR EQUIPMENT AND CONTENTS FOR ALL OF YOUR LOCATIONS

Step 1:	Fill in the values to determine your total replacement cost amount for ALL locations
	Individually list any items with values over \$5,000 VALUE

Provide values for categories below (DO NOT include those values already shown above)

<u>Supplies & Inventory</u> (office supplies, items held for sale)	
<u>Equipment & Contents</u> (athletic equipment, electronics, furniture, phone/fax system, office contents, etc)	
<u>Improvements & Betterments</u> (items you have installed or altered at your expense, such as flooring, mirrors, ceiling tile, window treatments, lighting, shelving, etc.) Receipt of purchase is required at the time of loss to show verification of purchase	
<u>Signs</u> (indoor or outdoor)	
<u>Misc. Equipment</u> – Please describe: _____	

TOTAL REPLACEMENT VALUE FOR ALL LOCATION(S) (Add all lines above)

Step 2:	List physical addresses where equipment and contents are stored (PO Boxes cannot be accepted)			
	STREET ADDRESS	CITY	STATE	ZIP
Location 1				
Location 2				

Step 3:	Calculate Premium (If total calculated premium is less than the minimum premium, the total premium due is the minimum premium)
----------------	--

My total replacement value is between \$1 - \$10,000 (\$250 deductible will apply)

\$.03	X	\$ _____	=	\$ _____	\$ _____ (D)
		Total Replacement Value			Equipment & Contents Premium (\$100.00 minimum premium applies)

My total replacement value is over \$10,000 (\$1,000 deductible will apply)
(\$2,500 deductible if value over \$100,000)

\$.026	X	\$ _____	=	\$ _____	\$ _____ (D)
		Total Replacement Value			Equipment & Contents Premium (\$100.00 minimum premium applies)

TOTAL COST SUMMARY:

Program Premium	(A)
Non-Registered Member Activities and/or Birthday or Social Party Premium	(B)
Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement Premium (\$500 per location)	(C)
Equipment and Contents Premium	(D)
Premium Due - Subtotal (add lines A-D above)	(E)
Florida Applicants Only Florida applicants need to add a 1.3% state mandated Hurricane Catastrophic Fund assessment fee to the premium due FL Premium Due = Subtotal Line E x 1.013	(F)
Annual Risk Purchasing Group Membership Fee (REQUIRED)	10.00 (G)
TOTAL COST DUE: Lines (E) or (F) + (G)	

COSTS ARE 20% FULLY EARNED AND NON-REFUNDABLE ONCE COVERAGE BEGINS

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 to the named insured and will not be sent to the agent or broker.

ADDITIONAL CERTIFICATES:

Complete this section to request additional certificates.

Additional Insured Evidence of Coverage Loss Payee

ENTITY NAME :		
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
<input type="checkbox"/> Owner/Lessor of Premises	<input type="checkbox"/> Sponsor	<input type="checkbox"/> Co Promoter
		<input type="checkbox"/> Mortgagee
		<input type="checkbox"/> Lessor of Equipment/Contents

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.



Sadler & Company of SC, Inc. in Arkansas (Lic# 254179)

D/B/A Sadler Insurance Agency in CA Lic. # 0B57651

John Sadler Insurance Services in MA

Sadler Agency - New York (PC-532473 and LA-532473)

Sadler Insurance Agency in OK

Sadler and Company - Vermont (License #577)

PAYMENT INFORMATION

COSTS ARE 20% FULLY EARNED & NON-REFUNDABLE ONCE COVERAGE BEGINS. COVERAGE IS CONTINGENT UPON RECEIPT OF PREMIUM PAYMENT. NO COVERAGE WILL BE DEEMED IN EFFECT UNTIL PREMIUM IS RECEIVED BY SADLER & COMPANY.

100% PLAN (100% of premium paid with application)

_____ I authorize K&K to charge my credit card below for the total amount due of \$ _____

_____ Enclosed is my check payable to Sadler & Company. Check # _____ for \$ _____

30% / 70% PLAN (30% of premium as down payment & remaining balance due within 30 days of effective date)

The \$10 Annual Risk Purchasing Group Membership Fee must be included in the down payment

Florida applicants must also include the entire 1.3% state mandated Hurricane Catastrophe Fund assessment fee to bind coverage

_____ I authorize K&K to charge my credit card below for \$ _____ (30% of premium)

_____ Enclosed is my check payable to K&K Insurance Group. Check # _____ for \$ _____.

25% + 3 PLAN (25% down payment, 25% due 2nd month, 25% due 3rd month, 25% due 4th month)

The \$10 Annual Risk Purchasing Group Membership Fee must be included in the down payment

Florida applicants must also include the entire 1.3% state mandated Hurricane Catastrophe Fund assessment fee to bind coverage

_____ I authorize K&K to charge my credit card below for \$ _____ (25% of premium)

_____ Enclosed is my check payable to K&K Insurance Group. Check # _____ for \$ _____.

Check here if you prefer to be mailed an invoice for any future balances/installments. (If paying by credit card, any outstanding balances or installments will be charged to the same card number provided below, unless you have checked the box)

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Card Number: _____

Reference Number (last 3 digits on back of card): _____ Expiration Date: _____

Print Name (as on card): _____ Cardholder Signature: _____

COVERAGE EXCLUSIONS

The following exclusions are contained in the commercial general liability coverage provided by this program. Abuse, molestation, harassment or sexual conduct; 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); Any adult-themed parties/meetings/trips, including, but not limited to parties/meetings, trips during which demonstration of products and/or services used in the adult entertainment industry takes place; Asbestos; Commercial general liability standard exclusions (CG0001 12/04 edition); Employment-related practices; Fireworks; Operations related, in whole or in part, to performance as an exotic dancer or any similar occupation in the adult entertainment industry; Fungi or bacteria; Haunted attractions; Lead; Nuclear energy liability; Performers (injury or death to any performer or entertainer during any activity, event or exhibition including but not limited to any stunt, concert, show or theatrical event. This exclusion does not apply to participants in any activity, event or exhibition that are part of the designated operations for which you are enrolled); Rodeos; Saddle animals; Snowmobile; Transportation of athletes/participants; The sale or distribution of herbal, medicinal and/or nutritional products; Those operations listed as ineligible: Acrobatic and circus skills training, Ballroom rental facilities, Banquet and reception halls, Cabarets, Dance halls, Discotheques, Nightclubs, Production companies, Professional dance companies, Professional touring companies.

READ AND 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 correct.

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 which apply, as well as the activities and operations for which coverage is not provided.

Applicant Signature : _____ **Date:** _____

Printed Name : _____ **Title:** _____

Named Insured (from pg 1): _____