

SADLER

SPORTS & RECREATION INSURANCE

P. O. Box 5866, Columbia, SC 29250-5866
 Phone: (800) 622-7370, Fax: (803) 256-4017
 Sadler Insurance Agency CA License #0B57651
daycamps@sadlersports.com

YOUTH DAY CAMPS (NON-SPORT)

Insurance Program and Enrollment Form

This brochure is valid for effective dates from
March 1, 2011 through February 29, 2012



PROGRAM DESCRIPTION

This program has been designed for U.S.-based youth day camp operations (those attended by campers age 19 or under) with programs dedicated to activities other than sports skill development. Coverage provided under this program includes important liability protection for the camp, including its employees and volunteers, for liability claims arising out of its operations. In addition, the program provides medical payments for participants coverage to the camp participants. Coverage is provided on an annual basis, but only applies to those camp sessions that are specifically reported.

ELIGIBLE OPERATIONS

Youth day camps offering programs in the following categories are eligible to submit an enrollment form for this insurance program. If you do not see your form of operation, please contact us for eligibility.

Academic Day Camps	Culinary Day Camps	Performing Arts Day Camps
Arts And Crafts Day Camps	Etiquette Day Camps	Photography /Film Making Day Camps
Computer Day Camps	Inventive Builder / Lego® Day Camps	Science Day Camps
Creative Writing Day Camps	Math Day Camps	Music Day Camps
		Vacation Bible Schools
Day camps/clinics for youth with an accompanied adult are eligible for this program (i.e.: parents & me camps). Ratios cannot be more than two adults per child.		

INELIGIBLE OPERATIONS

Youth day camps offering the following operations are not eligible for this insurance program. Please contact us for more information or to see if we have another program that will provide coverage for these types of operations.

After school/day care/latch key programs	Camps with activities away from the main location, unless reported & approved by company prior to taking place	
Camps involving animals other than service animals		
Camps providing overnight accommodations	Hunting and/or nature camps/programs	Sports Camps

EXCLUSIONS

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

Abuse, molestation, harassment, or sexual conduct	Boating activities	Open water activities
	Employment-related practices	Ownership, operation, maintenance or management of any facility other than while being used for covered activities
All operations listed as ineligible	Equestrian activities	
Amusement devices (e.g.: rides, slides, inflatables, bungees, climbing walls, dunk tanks)	Fireworks	Pollution
	Fungi or bacteria	
	Haunted attractions	
Asbestos	Lead	Separate ticketed events
ATV use	Nuclear energy	Transportation of participants

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

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 period to the next. You may request a copy of the full policy by submitting a written request to: Sadler & Company, Inc., PO Box 5866, Columbia SC 29250.

COVERAGES, LIMITS AND RATES

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 and professional liability coverage are also provided as part of this program. No deductible applies to liability claims.
- Hired Auto and Employers' Nonownership Liability – 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.
- 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 camp operations. 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.
- Medical expense reimbursement for participants – coverage which will pay expenses incurred for illness which a “participant” first experiences, or is exposed to, during a covered camp program. The illness must be reported within two years from the first experience or exposure, and payments are made regardless of fault.

“Participant” means any person engaged in the covered activities of your camp operations. Participant does not include any compensated member of your staff, including employees or independent contractors.

OPTIONS:	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 & Advertising Injury	\$ 1,000,000	\$ 2,000,000
Legal Liability to Participants	\$ 1,000,000	\$ 2,000,000
Professional Liability	\$ 1,000,000	\$ 2,000,000
Hired Auto and Employers' Nonownership Liability (not provided while in Hawaii)	\$ 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
Medical Payments for Participants (\$100 per claim deductible applies)	\$ 25,000	\$ 250,000
Medical Expense Reimbursement for Participants	\$ 1,000	\$ 1,000
RATES: (Use the actual number of participants per camp session to calculate premium)	OPTION 1	OPTION 2
Per participant / per daily session	\$1.33	\$1.82
Per participant / per weekly session*	\$4.00	\$5.54
*Use the weekly rate if a camp session is 3-7 consecutive days		
MINIMUM PREMIUMS:	\$240	\$360

- **All Florida applicants must add a 1.3% state mandated Hurricane Catastrophe Fund assessment fee to the total premium.**
- **Each Camp session must be specifically reported prior to occurring for coverage to apply, and may be subject to an audit.**

YOU MUST ENCLOSE A COPY OF YOUR CAMP BROCHURE AND/OR REGISTRATION FORM.

DATE ADDITIONS, CHANGES AND CANCELLATION INFORMATION

- ❖ **CAMP DATE ADDITIONS:** To provide coverage for a new camp not previously reported, you must inform Sadler & Company in writing of the new dates by completing a youth camp supplemental request form *prior to your start date along with any additional premium due.* Camps not reported to us prior to occurring will not be covered.
- ❖ **CAMP DATE CHANGES:** Changes must be made in writing, prior to the camp date or the first day of camp.
- ❖ **CAMP CANCELLATIONS:** Cancellations must be reported prior to the scheduled start date or the first day of the camp session, and confirmed in writing for a refund or credit to be considered. Refunds may be subject to a cancellation penalty.

These requests can be faxed to us at (803)-256-4017 or emailed to us at camps@sadlersports.com.

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.) Agents do not have authority to issue binders or a certificate of insurance on behalf of this program.

How To Apply For Coverage

1. **Complete this paper application.** Coverage can be effective the date after the completed application and check for the correct premium are received & approved by Sadler & Company. [Make check payable to: Sadler & Company, Inc.](#)
2. Remit the completed and signed enrollment form, a copy of your camp brochure and/or registration form, and corresponding premium payment to **Sadler & Company, Inc.**
3. Sadler & Company will notify you if, for any reason, your submission to this insurance program is declined or determined to be ineligible for coverage and your premium payment will be returned or refunded.
4. An incomplete enrollment form will be declined and returned.
5. If your enrollment form is accepted, coverage documents will be issued by Sadler & Company, Inc.
6. Coverage will become effective the date after your completed enrollment form and premium payment are received and approved by Sadler & Company, Inc, or on a later date that you may specify.
7. Coverage is provided on an annual basis for ongoing camp business operations, but only to camp sessions that are specifically reported.
8. Please allow 10 business days for processing

(1) 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

(2) 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
(803) 254-6311

(3) If you would like to fax your application & check, be sure to follow these special instructions:

How To Fax A Check

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

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YOUTH DAY CAMPS (NON-SPORT) INSURANCE ENROLLMENT FORM

Rates shown are available
3-1-2011 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 through this program. Sadler & Company reserves the right to decline any request for coverage.
Please Type Or Print In Black Ink

I am renewing my coverage with Sadler & Company, Inc. I am a new customer of Sadler & Company, Inc.

Named Insured (as it should appear on the coverage document):

(the legal name of the organization or business)
(typically the name that would appear on any contracts/agreements)

Doing Business As (DBA):

(additional name(s) under which the named insured operates)

Mailing Address:

City: _____ State: _____ Zip: _____

Contact Name:

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

Email: _____ Website: _____

Effective Date: Coverage will begin the day after the completed enrollment form and premium are received and approved by us, or on a later date you specify below. (If renewing coverage, please provide the expiration date of your current policy.)

Start my coverage on this date: ____/____/____

HOW DID YOU HEAR ABOUT SADLER & COMPANY?:

- Referral from Parks & Recreation Department Already buy from Sadler Referral by Friend
 Link from another website: _____ Recommendation from another team/league/camp
 Google Search Engine Yahoo Search Engine Other: _____
 Other Search Engine: _____

TYPE OF DAY CAMP (check those that apply):

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Academic | <input type="checkbox"/> Culinary | <input type="checkbox"/> Math | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Etiquette | <input type="checkbox"/> Music | <input type="checkbox"/> Science |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Film Making | <input type="checkbox"/> Performing Arts | <input type="checkbox"/> Vacation Bible School |
| <input type="checkbox"/> Creative writing | <input type="checkbox"/> Inventive builder/Lego® | | |

Other (please describe): _____

Are any of your camps held at a private residence? Yes No

Are any of your camp/clinic attendees age 20 or over? Yes No

If yes, do you allow more than two parents or adults to accompany youth participants in camp activities? Yes No

If you allow parent or adult participation, do you offer any "adult-only" instruction or competitions? Yes No

Does any of your camp operations include any of the following? Yes No

After school, day care or latch key programs Yes No

Overnight accommodations Yes No

Sports skills development classes / clinics Yes No

Trips away from the main location Yes No

If yes, please submit additional details. Trips made away from main location must be reported prior to occurring and approved by us.



Name of Camp/DBA:

CAMP INFORMATION

1. Please list all camp sessions individually below. Coverage only applies to those camp sessions specifically reported and each session must be individually listed.
2. Please make a copy of this form if additional lines are needed to report your camp sessions.

CAMP #1 – Name of Camp: _____

Type of Camp – list type(s) of activity(s): _____

Camp Location (street, city, state, zip): _____

Dates of Camp: ____/____/____ to ____/____/____ Hours of operation: ____ A.M./P.M. to ____ A.M./P.M.

of Youth Campers/Participants (below age 19): _____ # of Adult Campers/Participants: _____

Check all that apply: Day Camp/Clinic Week Camp/Clinic

CAMP #2 – Name of Camp: _____

Type of Camp – list type(s) of activity(s): _____

Camp Location (street, city, state, zip): _____

Dates of Camp: ____/____/____ to ____/____/____ Hours of operation: ____ A.M./P.M. to ____ A.M./P.M.

of Youth Campers/Participants (below age 19): _____ # of Adult Campers/Participants: _____

Check all that apply: Day Camp/Clinic Week Camp/Clinic

CAMP #3 – Name of Camp: _____

Type of Camp – list type(s) of activity(s): _____

Camp Location (street, city, state, zip): _____

Dates of Camp: ____/____/____ to ____/____/____ Hours of operation: ____ A.M./P.M. to ____ A.M./P.M.

of Youth Campers/Participants (below age 19): _____ # of Adult Campers/Participants: _____

Check all that apply: Day Camp/Clinic Week Camp/Clinic

CAMP #4 – Name of Camp: _____

Type of Camp – list type(s) of activity(s): _____

Camp Location (street, city, state, zip): _____

Dates of Camp: ____/____/____ to ____/____/____ Hours of operation: ____ A.M./P.M. to ____ A.M./P.M.

of Youth Campers/Participants (below age 19): _____ # of Adult Campers/Participants: _____

Check all that apply: Day Camp/Clinic Week Camp/Clinic

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ENCLOSE A COPY OF YOUR CAMP BROCHURE AND/OR REGISTRATION FORM.

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.

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); Asbestos; ATV Use, Boating Activities; Commercial general liability standard exclusions (CG0001 12/04 edition); Employment-related practices; Equestrian activities; Fireworks, Fungi or bacteria; Haunted attractions; Lead; Nuclear energy liability; Open water activities; Operation, maintenance or management of any athletic facility or field, other than while being used for covered activities; Performers; Rodeos; Saddle animals; Separate ticketed events; Snowmobile; Transportation of participants; Those operations listed as ineligible: After school, day care and latch key programs; Camps involving animals other than service animals; Camps with activities away from the main location, unless reported and approved by company prior to taking place; Camps providing overnight accommodations; Hunting and/or nature camps/programs; Sports camps/clinics.

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