



2009 Dizzy Dean Insurance

PART 1:	Accident	\$ 50,000
PART 2:	General Liability	\$2,000,000
PART 3:	D&O Liability	\$1,000,000
PART 4:	Crime	\$ 25,000
PART 5:	Equipment	Your Choice

Two Ways To Apply For Coverage

1) For Fastest Service:

- ➔ Apply for coverage online at www.sadlersports.com/dizzydean by clicking on the “Apply For Coverage Online” icon.
- ➔ You can pay online with your check in a secure environment and your proof of coverage documents will be issued in seconds.
- ➔ No more worrying about the enrollment form getting lost in the mail or your fax not being received.

2) For Regular Service:

- ➔ Complete this paper enrollment form. Submit your completed enrollment form and full payment to Sadler & Company by mail, overnight delivery, or fax.
- ➔ If you fax your enrollment form, be sure to follow the special instructions that are on the next page.
- ➔ You should receive your proof of coverage documents in the mail within 14 days.

NOTE: We will no longer be able to rush fax your proof of coverage documents. The only way to receive your proof of coverage documents immediately is to apply online under 1) above.

Get Immediate Answers To Your Questions With 24 Hour Convenience By Visiting Our Customer Service Website And Contacting Us By Email!

Website: www.sadlersports.com/dizzydean

Email: dizzy@sadlersports.com

1) Frequently Asked Questions (FAQ) section of our website will immediately answer 95% of your questions.

2) If the FAQ section does not answer your questions, email us for an immediate response.

3) To learn more about sports insurance and how to protect yourself against being sued, visit our website for the following FREE REPORTS: “How To Avoid The 7 Deadly Sins When Buying Sports Insurance”, “Insurance Coverage Checklist”, “Sample Waiver/Release Forms”, “League Safety Program”, and “Abuse/Molestation Protection Program”.

4) NOTE: Coverage is provided for the league and its officers and directors only if ALL of the teams in the league are insured under one enrollment form. Many leagues/associations make the mistake of allowing their teams or local leagues to purchase coverage on an individual basis. When things are done this way, there is no coverage for the league/association itself and its directors and officers. Instead, the league/association should purchase the coverage under its own name and should pay a premium on behalf of 100% of all member teams. This is the only way for the league/association to be covered – and it is free to the leagues/associations assuming that they can be reimbursed by the teams / leagues.



John Sadler

“No One Offers The Same Incredible Coverage For Such An Affordable Price!”

IMPORTANT:

In addition to buying quality insurance, you should also implement the following risk management steps at a minimum:

- 1) Run Sexual Offender Registry Checks (free on internet) or Criminal Background Checks on all your volunteers.**
- 2) Require all participants to sign waiver/release forms.**

SADLER
SPORTS & RECREATION INSURANCE

800-622-7370 toll free
1-803-256-4017 fax

Email:
dizzy@sadlersports.com

www.sadlersports.com/dizzydean

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2009 DIZZY DEAN BASEBALL, INC.
GENERAL LIABILITY PLAN DESCRIPTION
BODILY INJURY AND PROPERTY DAMAGE
Philadelphia Indemnity Insurance Company

COVERAGE PERIOD:

Coverage starts the later of February 01, 2009, or the date that this enrollment form is received and approved, concurrent with the payment of the total amount due. All coverages expire on February 01, 2010 (12:01am ET), regardless of the effective date of coverage.

WHO IS COVERED:

Coverage is provided for your association, league, and its directors, officers and volunteers for injuries or damages (claims) you become legally obligated to pay, including applicable legal costs for defense, as described below under "COVERAGE IS PROVIDED FOR THE FOLLOWING", "LIMITS", AND "EXCLUSIONS".

UNDER WHAT CIRCUMSTANCES:

Coverage is provided for your association, league, and its directors, officers and volunteers for injuries or damages (claims) you become legally obligated to pay, including applicable legal costs for defense, as described below under "COVERAGE IS PROVIDED FOR THE FOLLOWING", "LIMITS", AND "EXCLUSIONS".

COVERAGE IS PROVIDED FOR THE FOLLOWING:

Participant Injury	Property Damage Liability	Spectator Injury	Volunteer Injury
Activities Necessary and Incidental to Conduct of Practices and Games		Sponsored Functions like Meetings, Banquets and Fundraisers	

GENERAL LIABILITY LIMITS OF COVERAGE

Each Occurrence	\$2,000,000	Fire Damage Legal Liability	\$ 100,000
Personal/Advertising Injury	\$2,000,000	Non-Owned/Hired Auto Liability	\$1,000,000
General Aggregate (per league)	\$2,000,000	Abuse/Molestation (per person)	\$1,000,000
Products/Completed Operations Aggregate	\$2,000,000	Abuse/Molestation Aggregate (Program)	\$2,000,000

NON-OWNED AND HIRED AUTO COVERAGE:

Provides coverage if the league is sued as a result of liability arising out of the use of an auto on league business if such auto is not owned by the league (ex: parent's auto, a hired rental auto, or an auto that is borrowed from a church). This coverage extends only to the league, and not to the owner or operator of the auto if the auto is being used to transport youth or adult participants to and from athletic events. Coverage is excluded for 15 passenger vans. This policy does not cover physical damage to the non-owned or hired auto itself and as a result, separate arrangements must be made for such coverage.

ABUSE/MOLESTATION (Requirement To Screen Volunteers):

No coverage will be provided for abuse or molestation if there is no system in place to perform at least one of the following background checks on all your employees, volunteers or subcontracted labor with repeated access to youth: a) internet sexual offender registry check for your state on an annual basis, or b) criminal background check through a third party vendor. This check must be performed once upon initial employment, subcontracting, or volunteering and at least once every third year on each person thereafter.

WAIVER AND RELEASE FORMS:

IT IS STRONGLY RECOMMENDED THAT ALL PLAYERS AND PARENTS SIGN THE RECOMMENDED WAIVER/RELEASE FORM THAT IS ATTACHED TO THIS BROCHURE. ANSWERS TO YOUR QUESTIONS ABOUT WAIVER/RELEASE FORMS CAN BE FOUND UNDER THE RISK MANAGEMENT SECTION OF THE WEBSITE AT www.sadlersports.com/dizzydean.

NOTE: Coverage is provided for the league and its officers and directors only if ALL of the teams in the league are insured under one enrollment form. Many leagues/associations make the mistake of allowing their teams or local leagues to purchase coverage on an individual basis. When things are done this way, there is no coverage for the league/association itself and its directors and officers. Instead, the league/association should purchase the coverage under its own name and should pay a premium on behalf of 100% of all member teams. This is the only way for the league/association to be covered – and it is free to the leagues/associations assuming that they can be reimbursed by the teams / leagues. However, an individual team may purchase coverage with the limitations noted above.

EXCLUSIONS:

YOU MUST REFER TO THE POLICY FOR COMPLETE INFORMATION ON POLICY EXCLUSIONS.

*HIS BROCHURE IS FOR ILLUSTRATIVE PURPOSES ONLY AND IS NOT A CONTRACT OF INSURANCE.
 YOU MUST REFER TO THE POLICY FOR COMPLETE INFORMATION ON POLICY COVERAGES, LIMITS AND EXCLUSIONS*

Minor Waiver/Release
RELEASE OF LIABILITY FOR MINOR PARTICIPANTS
READ BEFORE SIGNING

IN CONSIDERATION OF _____, my child/ward, being allowed to
Name Of Minor Child/Ward
participate in any way in the _____ related events and activities, the
Legal Name Of Your Sports Program, Ex: League Name
undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child/ward from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I FOR MYSELF, SPOUSE, AND CHILD/WARD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child/ward's participation; and,
3. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child/ward's readiness for participation and/or in the program itself, I will remove my child/ward from the participation and bring such attention of the nearest official immediately; and,
4. I for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS _____;
Legal Name Of Your Sports Program, Ex: League Name
its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child/ward's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself, my spouse, my child's/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my child's/ward involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(PARENT/GUARDIAN SIGNATURE)

(PRINT NAME)

Date Signed: _____

UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

(PARTICIPANT SIGNATURE)

(PRINT NAME)

Date Signed: _____

NOTE: This is a SAMPLE WAIVER FORM only. Final wording should be as directed by the insured's counsel, but must observe the principles represented within the above. This form provided courtesy of K&K Insurance Group.

This signed waiver/release should be kept on file by the sports organization for at least 7 years or possibly longer if the player has been involved in a serious injury.

2009 DIZZY DEAN BASEBALL, INC.
ACCIDENT PLAN DESCRIPTION
EXCESS MEDICAL EXPENSE COVERAGE

ACE American Insurance Company

The coverage provides Accident Benefits for covered losses while the coverage is in force for defined Insureds, subject to the following limits and exclusions.

COVERAGE PERIOD:

Coverage starts the later of February 01, 2008, or the date that this enrollment form is received and approved, concurrent with the payment of the total amount due. All coverages expire on February 01, 2009, regardless of the effective date of coverage.

WHO IS COVERED:

Insured persons include athletes, coaches, managers, officials, employees, volunteers and VIP's of the participating Dizzy Dean League.

WHAT IS COVERED:

Accidental injuries that occur during Covered Activities. Covered Activities are scheduled, approved and adult supervised team or league activities including but not limited to tryouts, practice, play, tournaments, clinics, fundraisers, award banquets, team outings, and parades including direct travel to and from the place of such covered activity.

LIMITS:

\$50,000 Excess Medical Limit - (Benefits are excess to any other valid and collectible insurance covering the same injury)

\$25,000 Face Amount for Accidental Death and Specific Losses

SYNOPSIS OF COVERAGE:

EXCESS MEDICAL EXPENSE

The plan pays covered expenses resulting from an Accidental Injury that are incurred within three years of the accident. The first expense must be incurred within 90 days of the accident. Covered Expenses include, but are not limited to, the reasonable and customary charges for local, professional ambulance service; hospital or surgical center care; medical treatment; nursing care; x-ray and lab exams; prescription drugs and other therapeutic services and supplies; dental treatment of sound, natural teeth; and certain home health care services.

ACCIDENTAL DEATH AND SPECIFIC LOSSES – PRINCIPAL SUM: \$25,000

The plan pays the benefit shown for certain losses occurring with one year of the Covered Accident:

100% of Principal Sum

Loss of Life; Loss of both hands or feet or sight of both eyes; Loss of either hand or foot and sight of one eye; Loss of one hand and one foot; or Loss of speech and hearing.

50% of Principal Sum

Loss of either hand or foot; Loss of sight in one eye; or Loss of speech or hearing.

25% of Principal Sum

Loss of thumb and index finger of the same hand

“Loss of **“Hand or Foot”** means complete severance through or above the wrist or ankle joint. “Loss of Sight” means the total permanent Loss of Sight of one eye that is irrevocable by natural, surgical or artificial means. “Loss of Speech” means total and permanent loss of audible communication that is irrevocable by natural, surgical or artificial means. “Loss of Hearing” means total and permanent Loss of Hearing in both ears that is irrevocable and cannot be corrected by any means. “Loss of Thumb and Index Finger of the Same Hand” means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). “Severance” means the complete separation and dismemberment of the part from the body.

IMPORTANT NOTICE:

This information is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policy issued in the state in which the policy was delivered. The policy is subject to the laws of the state in which it was issued. Please keep this information as a reference.

(See Reverse For a List of Exclusions)

2009 DIZZY DEAN BASEBALL, INC.
ACCIDENT PLAN DESCRIPTION
EXCESS MEDICAL EXPENSE COVERAGE
ACE American Insurance Company

We will not pay benefits for any loss or Injury that is caused by, or results from:

1. intentionally self-inflicted Injury.
2. suicide or attempted suicide.
3. war or any act of war, whether declared or not.
4. service in the military, naval or air service of any country.
5. sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food.
6. piloting or serving as a crewmember or riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.
7. commission of, or attempt to commit, a felony, an assault or other illegal activity.
8. alcoholism, drug addiction or the use of any drug or narcotic except as prescribed by a Doctor.

In addition to the exclusions above, We will not pay Accident Medical Expense Benefits for any loss, treatment or services resulting from or contributed to by:

1. Treatment by persons employed or retained by a Policyholder, or by any Immediate Family or member of the Insured's household.
2. Treatment of sickness, disease or infections except pyogenic infections or bacterial infections that result from the accidental ingestion of contaminated substances.
3. Treatment of hernia, Osgood-Schlatter's Disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, hernia, detached retina unless caused by an Injury, or mental disorder or psychological or psychiatric care or treatment (except as provided in the Policy), whether or not caused by a Covered Accident.
4. Pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions.
5. Mental and Nervous Disorders (except as provided in the Policy).
6. Damage to or loss of dentures or bridges, or damage to existing orthodontic equipment (except as specifically covered by the Policy).
7. Expense incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofascial pain (except as provided by the Policy).
8. Injury covered by Workers' Compensation, Employer's Liability Laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
9. Injury or loss contributed to by the use of drugs unless administered by a Doctor.
10. Injury or death to which a contributing cause is the Insured's violation or attempt to violate any duly-enacted law, or the commission or attempt to commit an assault or a felony, or that occurs while the Insured is engaged in an illegal occupation.
11. Cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.
12. Any elective treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: (a) are deemed by Us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States.
13. Eyeglasses, contact lenses, hearing aids, wheelchairs, braces, appliances, examinations or prescriptions for them, or repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.
14. Expenses payable by any automobile insurance policy without regard to fault. (This exclusion does not apply in any state where prohibited).
15. Conditions that are not caused by a Covered Accident.

2009 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.

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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2009 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)

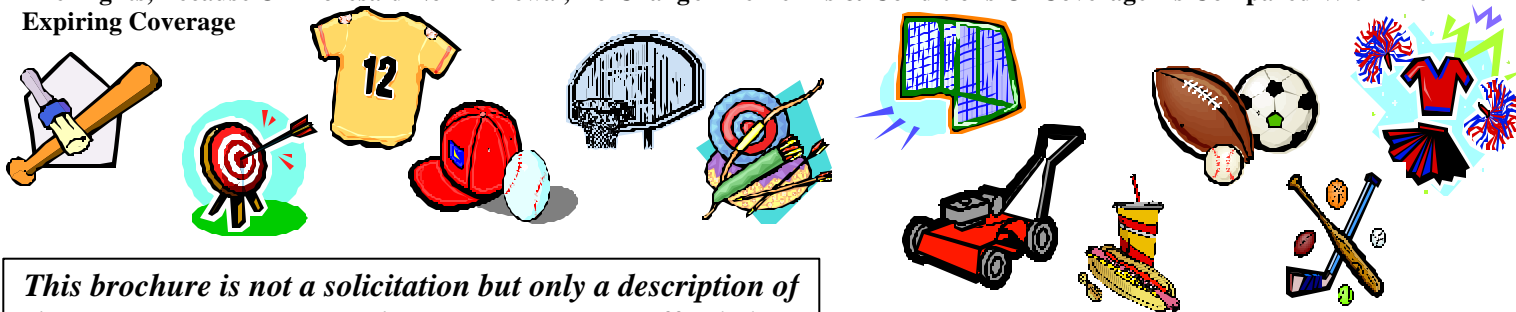
❖ Coverage will be effective the date that we receive the properly completed enrollment form with the premium. . (NOTE: Certain weather conditions (ex: tropical storms and hurricanes) in your area may prevent us from binding coverage upon receipt of the application and premium payment. If this happens,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

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