



PROGRAM DESCRIPTION

This program has been designed for U.S.-based owners and operators of exercise studios and circuit training facilities that offer personal/individual training and exercise in scheduled fitness/exercise programs that are under the direct supervision of a fitness professional such as a personal trainer or exercise instructor or in a structured/sequential order for an individual. Coverage provided includes important liability protection for the studio/facility, including its employees for liability claims arising out of the operations of the studio/facility at a designated location. Note: coverage does not extend to your independent contractors unless the optional coverage available with this program is purchased.

Optional coverages available under this program include professional liability for independent contractors, coverage for equipment and contents of the studio/facility, medical payments for participants (members) of the studio/facility, and off-site operations.

ELIGIBLE OPERATIONS

U.S. based exercise studios / circuit training facilities with 3,000 square feet or less of leased or owned space per location

NOTE: An insured with multiple locations is eligible for this program as long as each location's square footage is 3,000 square feet or less. For operations with locations over 3,000 square feet, contact Sadler & Company Inc for information on other programs available.

COMMERCIAL GENERAL LIABILITY COVERAGES AND LIMITS

Select one of the following options that best fits your business needs.

On-site Coverage: Applies to the instruction activities of you and your employees and the business operations at your insured premises only.

On-site & Off-site Coverage: Applies to the instruction activities of you and your employees and the business operations at your insured premises and also extends to locations away from your insured premises (ie: training or class instruction at other locations)

Commercial General Liability Coverages	On-site Studio Coverage		On-site & Off-site Studio Coverage	
	Option 1	Option 2	Option 3	Option 4
Each Occurrence	\$ 1,000,000	\$ 2,000,000	\$ 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	\$ 3,000,000 per owned location	\$ 4,000,000 per owned location
Products-Completed Operations Aggregate	\$ 1,000,000	\$ 2,000,000	\$ 1,000,000	\$ 2,000,000
Personal and Advertising Injury	\$ 1,000,000	\$ 2,000,000	\$ 1,000,000	\$ 2,000,000
Damage to Premises Rented to You (Fire Legal Liability)	\$ 300,000	\$ 300,000	\$ 300,000	\$ 300,000
Medical Expense (other than Participants)	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000
Hired Auto and Employer's Nonownership Liability (not provided while in Hawaii)	\$ 1,000,000	\$ 2,000,000	\$ 1,000,000	\$ 2,000,000
Professional Liability	\$ 1,000,000	\$ 2,000,000	\$ 1,000,000	\$ 2,000,000
Legal Liability to Participants	\$ 1,000,000	\$ 2,000,000	\$ 1,000,000	\$ 2,000,000

Higher limits are available – please contact us at 1-800-622-7370 for more information

RATES (per owned/operated location, per square foot)

0 – 1,000 square feet	\$ 455.00	\$ 682.50	\$ 500.00	\$ 750.00
1,001 – 2,000 square feet	\$ 910.00	\$1,365.00	\$1,000.00	\$1,500.00
2,001 – 3,000 square feet	\$1,365.00	\$2,047.50	\$1,500.00	\$2,250.00

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.

COVERAGE PROVIDED UNDER THIS PROGRAM INCLUDES

Commercial General Liability – coverage that 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 fitness/exercise activities under the direction of the insured.

Professional Liability – provides protection against wrongful acts (breach of duty, neglect, error, omission, misstatement or a misleading statement in the discharge of fitness/exercise activities) that occur under the operations of the insured.

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

INELIGIBLE OPERATIONS

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

Childcare Services/Facilities	Salon Services or Indoor Tanning
Climbing Walls	Saunas or Steam Rooms
Cycling (other than stationary)	Sports Medicine
Dance, Gymnastics and Martial Arts Schools/Studios*	Sports Rehabilitation Services/Therapy
Facilities or Operations Outside of the U.S.	Sports Skills Instructional Facilities, Academies, Schools or Programs
Ice Skating, Roller Skating or Skating Treadmills	Swimming Pools, Hot Tubs, Whirlpools, Jacuzzis, or Cold Plunge
Medical, Therapy or Health Care Services	Unattended/unstaffed 24 hour key card/key pad/key code access operations or unattended/unstaffed operations
Open Access to Members to Utilize Facility on a Self Directed Basis Outside of a Structured Program	
Physical Therapy	
Physicals or Stress Testing	

For information regarding customized insurance programs for dance, gymnastics & martial arts schools contact Sadler

EXCLUSIONS

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

<ul style="list-style-type: none"> Abuse, molestation, harassment or sexual conduct Asbestos Acupuncture Amusement devices (e.g.: rides, slides, inflatables, bungees, climbing walls, dunk tanks) 	<ul style="list-style-type: none"> Dietician services Employment-related practices Fungi or Bacteria Lead Massage therapy Nuclear energy liability Operations listed as ineligible 	<ul style="list-style-type: none"> Sale or distribution of herbal, medicinal and/or nutritional products Training programs for law enforcement, public safety and military personnel Weight control programs
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FREQUENTLY ASKED QUESTIONS

1. **Does this policy provide coverage for the owner(s) of the studio and any of its employees?** Yes, this program provides commercial general liability as well as legal liability to participants and professional liability for the insured's owned/operated location(s) and any employees of the named insured while working on their behalf.
2. **Is coverage under this policy extended to independent contractors (non-employees) working on behalf of the studio?** Independent contractors (non-employees) are covered only if the optional coverage available with this program is purchased. If this optional coverage is not purchased, as a studio/facility owner, you need to require that all independent contractors (non-employees) working at your location(s) obtain professional liability coverage and name your business as an additional insured to their instructor policy and submit proof of this coverage to you.
3. **I have been asked by my landlord to add them as an additional insured to my policy. What does this mean and how do I do that?** An additional insured is an entity, which has an insurable interest for claims arising out of your negligence as the named insured. Such possible entities are a landlord or sponsor. By providing an entity additional insured status they are now entitled to defense and indemnity (if the policy limits have not been exhausted) under your policy with no responsibility for premium payments. You can add an entity as an additional insured under the certificate request section of the enrollment form. Please provide their complete name, address and relationship to you. Requests must be in writing.
4. **Is Abuse and Molestation Coverage available?** Yes, we are able to provide coverage upon receipt of a completed questionnaire and approval from the carrier that reimburses you for up to \$100,000 for defense costs resulting from claims arising out of abuse, molestation, harassment or sexual conduct. If approved, an additional premium charge will apply. Please contact Sadler & Co. for a questionnaire.

OPTIONAL COVERAGES AVAILABLE

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:

1. This coverage is not available in New Jersey.
2. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your exercise studio with Sadler & Company’s Exercise/Personal Training Studio RPG Insurance Program.
3. 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 Exercise/Personal Training Studio RPG Insurance Program.
4. 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

PROFESSIONAL LIABILITY FOR INDEPENDENT CONTRACTORS (NON-EMPLOYEES)

This coverage option allows you to purchase professional liability for those independent contractor (non-employee) instructors or trainers while conducting instruction activities on behalf of your studio/facility operations. Coverage can apply to your reported location(s) only or can be extended to include any off-site operations you may have.

Coverage conditions:

1. You must have commercial general liability coverage for your studio/facility with Sadler’s Exercise/Personal Training Studio RPG Insurance program and coverage must follow the same limit option purchased for your location(s).
2. 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 Exercise/Personal Training Studio RPG Insurance Program.
3. An instructor age 18 or older conducting private or group instruction on your behalf for any of the following is eligible for this coverage.

Aerobics	Cardio Kickboxing	Children’s Fitness Programs	Dance	Exercise	GYROTONIC®
Fitness Bootcamp	Personal Training	Pilates	Spinning	Tai Chi	Yoga
					ZUMBA®
4. Ineligible instructors or those offering the following operations that are not eligible for this coverage are:

Certified athletic trainers	Instructors under the age of 18	Instruction of sport skills activities
Coaching of competitive athletic teams	Instructors operating outside the U.S.	

Instructor’s employment as an exempt or non-exempt employee of a school, university or college

RATES (Per Instructor)	Option 1 \$1,000,000 Limit	Option 2 \$2,000,000 Limit
On-site Coverage Only	\$155.00	\$232.50
On-site & Off-site Coverage	\$170.00	\$255.00

MEDICAL PAYMENTS FOR PARTICIPANTS COVERAGE

This coverage pays the medical and dental expenses incurred by a “participant” when an accidental injury occurs while participating in fitness or exercise activities at the insured’s owned/operated locations. “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 and 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 \$100 corridor deductible applies to each claim and the benefit period is two years from the date of the accident.

Coverage conditions:

1. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your location(s) with Sadler & Company’s Exercise/Personal Training Studio RPG Insurance Program.
2. The coverage does not extend to off-site operations.

Limit	Deductible	Rate	Minimum Premium
\$5,000 (per claim)	\$100 (corridor deductible)	\$10.00 (per participant)	\$1,000.00



P. O. Box 5866, Columbia, SC 29250-5866
 Phone: (800) 622-7370, Fax: (803) 256-4017
 DBA/AKA Sadler Insurance Agency in CA License #0B57651

Exercise/Circuit/Personal Training Studio

General Liability & Inland Marine Insurance Program
 Information and Enrollment Form
 Rates shown are effective 12-1-2011 to 11-30-2012

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.

GENERAL INFORMATION

I AM A NEW ACCOUNT

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

MAILING ADDRESS:

CITY:

STATE:

ZIP:

CONTACT NAME:

PHONE:

EMAIL ADDRESS:

CELL PHONE:

WEBSITE:

FAX:

FORM OF BUSINESS:

Corporation Individual Limited Liability Company Organization Partnership/Joint Venture Trust

List Operating Location(s) If Different From Mailing Address:

	STREET ADDRESS	CITY	STATE	ZIP
LOCATION 1				
LOCATION 2				

DESIRED EFFECTIVE DATE

Annual 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.)

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

FOR NEW ACCOUNTS ONLY

(If not a new account, please skip these three questions and proceed to the 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.) _____

ADDITIONAL CERTIFICATES – You will be sent proof of coverage, complete this section to request additional certificates.

Additional Insured Evidence of Coverage Loss Payee

ENTITY NAME :

MAILING ADDRESS:

CITY:

STATE:

ZIP:

Owner/Lessor of Premises Sponsor Co Promoter Mortgagee Lessor of Equipment/Contents

BUSINESS INFORMATION

Are patrons under the direct supervision of an instructor or trainer at all times during the activities and/or are operations exclusively circuit training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a representative of your business on-site at all times?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have locations or any operations outside of the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your studio/facility a dance, gymnastics or martial arts school/studio?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does your studio/facility have any of the following features or services?			
Childcare services	<input type="checkbox"/> Yes <input type="checkbox"/> No	Salon services or indoor tanning	<input type="checkbox"/> Yes <input type="checkbox"/> No
Climbing walls	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sports medicine	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ice Skating, roller skating or skating treadmills	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sports rehabilitation services/therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical, therapy or health care services	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sports skills instructional programs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical therapy, physicals or stress testing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Swimming pools, saunas, steam rooms, hot tubs, whirlpools, Jacuzzis or cold plunge	<input type="checkbox"/> Yes <input type="checkbox"/> No

The exposure/activities listed above are not eligible under this program. If you have answered yes to any of the questions, please contact our office to determine if other coverage/program options are available.

You and your employees are covered automatically for professional liability. Please list all individuals who are independent contractors (non-employees) working at your studio/facility. (If additional space is needed please attach a separate list to this form.)

Name(s) of Independent Contractors at Your Studio/Facility	Do They Carry Their Own Professional Liability Insurance?
	<input type="checkbox"/> Yes, their limit of coverage is \$ _____ <input type="checkbox"/> No, purchasing the optional coverage available (see below)
	<input type="checkbox"/> Yes, their limit of coverage is \$ _____ <input type="checkbox"/> No, purchasing the optional coverage available (see below)
	<input type="checkbox"/> Yes, their limit of coverage is \$ _____ <input type="checkbox"/> No, purchasing the optional coverage available (see below)
	<input type="checkbox"/> Yes, their limit of coverage is \$ _____ <input type="checkbox"/> No, purchasing the optional coverage available (see below)

How did you hear about Sadler & Company?

Already doing business with us
 Facebook
 Friend
 Google
 Yahoo
 Other: _____

PROGRAM PREMIUM COMPUTATION

Select the applicable option. NOTE: If you have more than one location, you must select the same limit and coverage option for all locations. **Higher limits are available – please contact us at 1-800-622-7370 for more information.**

Square Footage	On-site Studio Coverage		On-site & Off-site Studio Coverage	
	<input type="checkbox"/> Option 1 \$1,000,000 Limit	<input type="checkbox"/> Option 2 \$2,000,000 Limit	<input type="checkbox"/> Option 3 \$1,000,000 Limit	<input type="checkbox"/> Option 4 \$2,000,000 Limit
0 – 1,000 square feet	\$ 455.00	\$ 682.50	\$ 500.00	\$ 750.00
1,001 – 2,000 square feet	\$ 910.00	\$1,365.00	\$1,000.00	\$1,500.00
2,001 – 3,000 square feet	\$1,365.00	\$2,047.50	\$1,500.00	\$2,250.00

PREMIUM CHART:

Location # as per page 4	Square Footage (of your location)	Premium (from chart above)
Location #1		\$
Location #2		\$
TOTAL PREMIUM		\$ (A)

OPTIONAL COVERAGE: MEDICAL PAYMENTS FOR PARTICIPANTS

Premium is determined by applying the rate to your total peak membership count for all owned/operated locations. If the total calculated premium is less than the minimum premium, the total premium due is the minimum premium.

\$10.00 x _____ (Number of Members based on total peak membership) = \$ _____

Medical Payments for Participants Premium = \$ _____ **(B)** (\$1,000.00 minimum premium applies)

OPTIONAL COVERAGE: PROFESSIONAL LIABILITY FOR INDEPENDENT CONTRACTORS

Premium is determined by applying the appropriate rate to the total number of independent contractors (non-employees) which you are seeking coverage for. Coverage for these instructors only applies while conducting activities on behalf of your studio/facility. You must choose the same limit option that was selected for your studio/facility above. **Higher limits are available – please contact us at 1-800-622-7370 for more information.**

Name of Instructor	Type of Coverage Needed
1.	<input type="checkbox"/> On-Site Only <input type="checkbox"/> On-Site & Off-Site
2.	<input type="checkbox"/> On-Site Only <input type="checkbox"/> On-Site & Off-Site
3.	<input type="checkbox"/> On-Site Only <input type="checkbox"/> On-Site & Off-Site
4.	<input type="checkbox"/> On-Site Only <input type="checkbox"/> On-Site & Off-Site

On-Site Coverage Only		On-Site & Off-Site Coverage	
Option 1 \$1,000,000 Limit	Option 2 \$2,000,000 Limit	Option 1 \$1,000,000 Limit	Option 2 \$2,000,000 Limit
<input type="checkbox"/> \$155.00 X _____ # of Instructors	<input type="checkbox"/> \$232.50 X _____ # of Instructors	<input type="checkbox"/> \$170.00 X _____ # of Instructors	<input type="checkbox"/> \$255.00 X _____ # of Instructors
= \$ _____ (C) Total Premium Due	= \$ _____ (C) Total Premium Due	= \$ _____ (C) Total Premium Due	= \$ _____ (C) Total Premium Due

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

Supplies & Inventory (office supplies, items held for sale) _____

Equipment & Contents (athletic equipment, electronics, furniture, phone/fax system, office contents, etc) _____

Improvements & Betterments (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 _____

Signs (indoor or outdoor) _____

Misc. Equipment – Please describe: _____

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

Step 2:	List physical addresses where equipment and contents are store (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)			
<input type="checkbox"/>	My total replacement value is between \$1 - \$10,000 (\$250 deductible will apply)			
	\$.03	X	\$ _____	=
			Total Replacement Value	(D) \$ _____
				Equipment & Contents Premium (\$100.00 minimum premium applies)
<input type="checkbox"/>	My total replacement value is over \$10,000 (\$1,000 deductible will apply)			
	(\$2,500 deductible will apply if replacement value is over \$100,000)			
	\$.026	X	\$ _____	=
			Total Replacement Value	(D) \$ _____
				Equipment & Contents Premium (\$100.00 minimum premium applies)

TOTAL PREMIUM SUMMARY

Program Premium (Required Coverage)	(A)
Medical Payments for Participants Premium (Optional Coverage)	(B)
Professional Liability for Independent Contractors Premium (Optional Coverage)	(C)
Equipment and Contents Premium (Optional Coverage)	(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)	(G) \$ 10.00
TOTAL COST DUE: Lines (E) or (F) + (G)	

**COSTS ARE 20% FULLY EARNED AND NON-REFUNDABLE ONCE COVERAGE BEGINS
100% OF THE COST IS DUE IN ORDER TO BIND COVERAGE**

**COVERAGE IS CONTINGENT UPON RECEIPT OF PREMIUM PAYMENT. NO COVERAGE
WILL BE DEEMED IN EFFECT UNTIL PREMIUM IS RECEIVED BY SADLER & COMPANY.**

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.

OFFICE USE ONLY	Rec: ___/___/___	Status: N R	Broker: Y N	Comm: _____%
	Exp Policy #: _____	Exp Dates: ___/___/___ to ___/___/___		
	Cert #: _____	Insured #: _____		
	Option: _____ Premium \$ _____	Pay Plan: 100		Bill: AB AD CBG
	Eff/Exp: ___/___/___ to ___/___/___	Delivery: M F E		Date: ___/___/___
	A&M IM D&O WC	Opt Form: 2026 2011 8016 8018 876		
	Policy #: _____	Cert # _____	Comments: _____	

COVERAGE EXCLUSIONS

The following exclusions are contained in the commercial general liability coverage provided by this program. Abuse, molestation, harassment or sexual conduct; Acupuncture; 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); Dietician services; Employment-related practices; Fireworks; Fitness/Exercise 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; Massage therapy; Nuclear energy liability; Performers; Rodeos; Saddle animals; Sale or distribution of medicinal, herbal and/or nutritional products; Snowmobile; Training programs for law enforcement, public safety and military personnel; Weight control programs; Those operations listed as ineligible: Unattended/unstaffed 24 hour key card/key pad/key code access operations, unattended/unstaffed operations, Childcare services/facilities, Climbing walls, Cycling (other than stationary), Dance, gymnastics & martial arts schools/studios, Facilities or operations outside the U.S., Ice skating, roller skating or skating treadmills, Medical, therapy or health care services, Open access to members to utilize facility on a self directed basis outside of a structured program, Physical therapy, Physicals or stress testing, Salon services or indoor tanning, Saunas or steam rooms, Sports medicine, Sports rehabilitation services/therapy, Sports skills instruction facilities, academies, schools or programs, Swimming pools, hot tubs, whirlpools, Jacuzzis or cold plunge.

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 4): _____

PAYMENT INFORMATION

Check: Please make check payable to Sadler & Company Inc. Enclosed is check # _____ for \$ _____

Credit card: Please enter information below.

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Card Number: _____

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

I authorize K&K Insurance Group, Inc. to charge my payment to my credit card in the amount of \$ _____

Print Name (as on card): _____

Cardholder Signature: _____

TO APPLY FOR COVERAGE

**Complete pages 4-8 & return them to Sadler & Company with your premium payment.
You may fax to: 803-256-4017 OR mail to: Sadler & Co. Inc, PO Box 5866, Columbia SC 29250**

Sadler & Company Inc. PO Box 5866 Columbia SC 29250 Agent: John Sadler
(P) 800-622-7370 (F) 803-256-4017 Email: club@sadlersports.com

