

SADLER

SPORTS & RECREATION INSURANCE

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 DBA/AKA Sadler Insurance Agency in CA License #0B57651

Gymnastics Schools & Clubs

Insurance Program and Enrollment Form
 This brochure is valid for effective dates from
 April 1, 2011 to March 31, 2012



PROGRAM DESCRIPTION

This program has been designed for U.S.-based gymnastics schools/clubs specializing in the instruction of gymnastics, tumbling, cheerleading/dance and related programs. Coverage provided includes important liability protection for the school/club, including its employees and volunteers, for liability claims arising out of its operations.

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

Coverage can also be considered for birthday/social party(s) related to the above described operations and activities.

ELIGIBLE OPERATIONS

Gymnastics schools/clubs providing any of the following operations are eligible for this program:

Artistic Gymnastics	Mobile Gymnastics Programs	Recreational Gymnastics	Trampolines
Cheerleading**	Mommy & Me / Me & My Pal / Parent-Tot	Rhythmic Gymnastics	Tumble Buses
Competitive Gymnastics	Motorskills Development Programs	Sports Acrobatics	Tumbling
Group Gymnastics	Pre-school Gymnastics		

NOTE: If your operations consist of cheerleading only (no gymnastics), contact us for the proper enrollment form to complete

INELIGIBLE OPERATIONS –

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

Circus Skills Training

Your operations as a sports complex or multi-purpose facility, except for those sport(s) and/or subsidiary activities you have reported, paid for, and that have been approved by Sadler & Company Inc.

RATES AND MINIMUM PREMIUM

AGE GROUP	RATE (per student/member per age group)
Ages 13 and Over	\$48.00
Ages 7 through 12	\$28.00
Ages 5 and 6	\$22.50
Ages 4 and Under	\$12.00
MINIMUM PREMIUM	\$1,000.00

COMMERCIAL GENERAL LIABILITY COVERAGES AND LIMITS

COVERAGE	LIMIT
Each Occurrence	\$ 1,000,000
General Aggregate (Other than Products-Completed Operations)	\$ 2,000,000 per location
Products-Completed Operations Aggregate	\$ 1,000,000
Personal and Advertising Injury	\$ 1,000,000
Damage to Premises Rented to You	\$ 300,000
Medical Expense (other than Participants)	\$ 5,000
Hired Auto and Employer's Nonownership Liability (not provided while in Hawaii)	\$ 1,000,000
Professional Liability	\$ 1,000,000
Legal Liability to Participants	\$ 1,000,000
Medical Payments for Participants (excess) \$250 per claim deductible applies	\$ 150,000

****Contact Sadler & Company Inc at 1-800-622-7370 if higher limits are needed****

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 gymnastics 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 gymnastics operations.

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 covered 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 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.

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 All operations listed as ineligible Amusement devices (e.g.: rides, slides, inflatables – unless reviewed & approved by Sadler, bungees, or dunk tanks) 	<ul style="list-style-type: none"> Asbestos Climbing Walls – exceeding 10 feet in height with no safety harness system, unless reviewed & approved by Sadler Employment-related practices Events sanctioned by USA Gymnastics 	<ul style="list-style-type: none"> Fungi or Bacteria Lead Nuclear energy liability Pollution Transportation of participants/members
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CARRIER INFORMATION

- 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.

OPTIONAL COVERAGES AVAILABLE

NON REGISTERED MEMBER ACTIVITY COVERAGE

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

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; arts, crafts and/or music programs or classes; exercise and/or yoga classes; cheer programs or classes; theater arts and/or drama programs or classes; swimming programs or classes; martial arts programs or classes.

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

Coverage conditions:

1. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your school/club with Sadler & Company’s Gymnastics Schools/Clubs RPG Insurance Program.
2. The same coverages and limits would apply to this optional coverage as purchased for your school/club.
3. A Birthday/Social Party is not considered to be a subsidiary activity and a separate premium charge will apply.
4. 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 the activity.

Rates (Per Participant):

Martial arts activities \$20.00

Camps/clinics \$5.00

All other activities \$14.50

BIRTHDAY OR SOCIAL PARTY COVERAGE:

RATE PER PARTY: \$29.50

Coverage can be extended to cover birthday or social parties held at your gymnastics school/club premises whether they are hosted by you or another individual/entity.

Coverage conditions:

1. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your school/club with Sadler & Company’s Gymnastics Schools/Clubs RPG Insurance Program.
2. The same coverages and limits would apply to this optional coverage as purchased for your school/club.

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

This coverage provides important protection for not-for-profit gymnastics schools/clubs 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.

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.

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 with Sadler & Company's Gymnastics Schools/Clubs 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 gymnastics school/club RPG Insurance Program.
4. Receipt of purchase is required at the time of loss to show verification of purchase for any improvements or betterments.
5. Coverage does not extend to plate glass (such as store/facility front windows)

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

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:

1. Coverage is contingent upon review and approval from Sadler & Company.
2. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your gymnastics school or club with Sadler & Company's Gymnastics Schools/Clubs RPG Insurance Program.

MEETS, COMPETITIONS AND EVENTS COVERAGE

If your school, club or gym is hosting or organizing a meet, competition or event that involves participants who are not members of your school or club please contact us at 1-800-622-7370 to obtain additional information about the coverages and programs we may have available. Your gymnastics school/club coverage excludes liability claims by non-registered members/participants that participate in meets, competitions or events you host unless additional coverage is purchased. The named insured and their registered members are automatically covered for participation in meets, competitions and events conducted by others or hosted by you.

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 newly formed school/club 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 gymnastics supplemental form.
- 3. Is coverage under this policy extended to independent contractors (non-employees) working on behalf of the school/club?** Independent contractors (non-employees) are not covered under this program. Contact us for coverage options that are available.
- 4. Is my school/club covered for a meet or competition that we are hosting that involves non-registered students/members?** Coverage is included for meets or competitions you host that only include students/members of your school or club. To obtain coverage for an event that includes non-registered students/members, please contact us for coverage options that are available.
- 5. Can I use a Tumble Trak at my gymnastics school?** Yes. We provide coverage for the use of Tumble Traks and trampolines as part of your school/club teaching apparatus. In addition, limited coverage may be available for inflatable structures. Please contact us at 1-800-622-7370 for additional information and a questionnaire to complete.
- 6. 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.
- 7. Will we receive a policy after submitting the enrollment form?** Coverage offered under this program is exclusively through Sports, Leisure and Entertainment Risk Purchasing Group (RPG). The RPG receives a master policy from the company. Submission of this enrollment form confirms your desire to receive coverage through the RPG. Each member will receive their own certificate of insurance as their evidence of coverage. The limits of insurance apply individually to each insured member organization-there are no shared limits of liability with any other members. A copy of the RPG master policy can be requested in writing to: Sadler & Company Inc, PO Box 5866, Columbia SC 29250.



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Gymnastics Schools & Clubs

Enrollment Form

This brochure is valid for effective dates from
 April 1, 2011 to March 31, 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 by this program. Sadler & Company reserves the right to decline any request for coverage.

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**:	

You will receive a certificate showing evidence that coverage has been bound. This coverage document will be delivered via email, unless otherwise indicated below. If you have an insurance agent, all documents will be delivered to your agent only. Please select only one option.

<input type="checkbox"/> EMAIL	<input type="checkbox"/> FAX	<input type="checkbox"/> MAIL
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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: ____/____/____/

IDENTIFY ALL PROGRAMS/ACTIVITIES INCLUDED IN YOUR OPERATIONS (CHECK ALL THAT APPLY):

(Your operations must include gymnastics/tumbling to be eligible for this program)

<input type="checkbox"/> Adult and Child Classes (Mommy & Me, Parent-Tot, Me & My Grown-up, etc.)	<input type="checkbox"/> Competitive/artistic gymnastics What levels are trained? _____ (levels 7-10 must complete ?'s below)	<input type="checkbox"/> Pre-school gymnastics or motor skill development programs	<input type="checkbox"/> Trampolines
<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Mobile Gymnastics Programs	<input type="checkbox"/> Rhythmic Gymnastics	<input type="checkbox"/> Tumbling
<input type="checkbox"/> Group Gymnastics	<input type="checkbox"/> Recreational Gymnastics	<input type="checkbox"/> Sports Acrobatics	<input type="checkbox"/> Tumble Buses
<input type="checkbox"/> Other (Please describe)(Subject to approval):			

OPTIONAL ROUTINE LEVEL TRAINING AND INSTRUCTION (levels 7-10), please complete the following:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your school/club a member club of USA Gymnastics?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you require a waiver and release form to be signed by the student and/or their parent/guardian as part of your registration?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is at least one instructor/coach at your facility CPR/first aid certified and on-site during optional level instruction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are all instructors/coaches who are training and instructing students to compete in events at the optional routine levels certified? If yes, please identify the certifying organization(s): _____

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.) _____

**DOES YOUR FACILITY HAVE ANY OF THE FOLLOWING OPERATIONS OR SERVICES?
(CHECK ALL THAT APPLY)**

<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Activities that occur away from the facility location/premises other than competitions, demonstrations, exhibitions, parades or fundraising activities.</p> <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 competitions, demonstrations, exhibitions, parades or fundraising activities
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Aerial performance training (e.g. circus)</p> <ul style="list-style-type: none"> High wires, ribbon/fabric performing devices or trapeze systems more than 5 feet from the ground without a safety harness are not eligible for coverage under this program
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Birthday parties</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Camps or clinics</p> <ol style="list-style-type: none"> Do non-members attend? <input type="checkbox"/> Yes <input type="checkbox"/> No (Non-member campers are excluded from coverage under this policy unless you purchase the optional subsidiary activity coverage available.) Describe the type of camps or clinics you may have along with the activities/events taking place at the camps/clinics: _____ (Coverage can only be extended for those types of operations/activities that coverage has been purchased for under this program. Ancillary activities are subject to approval.) Describe any activities that occur away from your facility: _____ (Activities held off-site are subject to approval.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Child-care/baby-sitting services/pre-schools and/or accredited schools</p> <ul style="list-style-type: none"> Child-care and/or babysitting services are excluded under this program
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Climbing devices</p> <ol style="list-style-type: none"> List maximum height of climbing device: _____ Describe the device: _____ Is a safety harness required? <input type="checkbox"/> Yes <input type="checkbox"/> No (If over 10 feet, please include pictures of the device with this submission for review. Prior approval is required for climbing walls exceeding 10 feet with no safety harness.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Dance programs or classes and/or drama and theater programs or classes that are separate from your gymnastics program.</p> <ul style="list-style-type: none"> The following type of dance operations are not eligible for coverage under this program: ballroom rental facilities, banquet and reception halls, cabarets, dance halls, discotheques, nightclubs, production companies, professional dance companies and professional touring companies
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Host meets, competitions or events involving other schools/clubs</p> <ul style="list-style-type: none"> Please contact Sadler & Company for additional information on coverages available for this type of exposure.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Inflatable devices not used for gymnastics training or instruction</p> <ul style="list-style-type: none"> Only those inflatable devices that are designed for gymnastics/cheer training are covered under this program (e.g. Tumble Track & Air Track etc.) Other inflatable recreation devices (e.g. bounce houses, slides, obstacle courses, etc.) are excluded unless pre-approved by us. Please contact us for additional information and the supplemental questionnaire to complete.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Martial arts programs and classes</p> <ul style="list-style-type: none"> The following styles of martial arts are not eligible for coverage under this program: boxing (contact/sparring), dim mak, haganah, kali/escrima, mixed martial arts, savate, sayoc kali, thai boxing/muay thai, training programs for law enforcement, public safety and military personnel, ultimate fighting/ extreme fighting/ cage fighting and wrestling.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Programs involving professional medical or behavioral treatments or counseling</p> <ul style="list-style-type: none"> Coverage for these types of operations or services is excluded under this program.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Swimming pool, sauna, steam room, Jacuzzi, hot tub, whirlpool or spa</p> <ul style="list-style-type: none"> Please contact Sadler & Company for additional information on coverages available for this type of exposure and a questionnaire to complete. If approved, an additional premium charge of \$650.00 applies, per pool

PROGRAM PREMIUM COMPUTATION

Premium is determined by applying the appropriate option and rate for your school organization to the greatest number of students/registered members that your program could have annually. For schools or organizations with 300 or more participants contact Sadler & Company Inc as you may eligible for a premium discount.

AGE GROUPS	RATE	X	NUMBER OF STUDENTS/MEMBERS	=	PREMIUM
Age 13 and Over	\$48.00	X		=	
Ages 7 – 12	\$28.00	X		=	
Ages 5 & 6	\$22.50	X		=	
Ages 4 and Under	\$12.00	X		=	
Premium (add all premium lines above)					
Program Minimum Premium					\$1,000.00
Program Premium If the total premium is less than the program minimum premium, the total premium due is the minimum premium					(A)

OPTIONAL NON REGISTERED MEMBER ACTIVITY COVERAGE PREMIUM COMPUTATION

Please select all of the activities you may have and report the total number of non-registered members of the school and/or the number of separately enrolled participants in each of the activities listed below along with the number of birthday/social parties you may have at your facility.

TYPE OF ACTIVITY	NUMBER OF PARTICIPANTS	X	RATE	=	PREMIUM
<input type="checkbox"/> Arts and/or craft classes		X	\$14.50	=	
<input type="checkbox"/> Basketball and/or volleyball programs or classes		X	\$14.50	=	
<input type="checkbox"/> Camps or Clinics		X	\$ 5.00	=	
<input type="checkbox"/> Dance, drama and/or theater art programs or classes. List the styles of dance offered: _____		X	\$14.50	=	
<input type="checkbox"/> Martial arts programs or classes List the styles of martial arts offered: _____		X	\$20.00	=	
<input type="checkbox"/> Swimming programs or classes		X	\$14.50	=	
<input type="checkbox"/> Trial or open gymnastics		X	\$14.50	=	
<input type="checkbox"/> Yoga and/or exercise classes		X	\$14.50	=	
<input type="checkbox"/> Other (please describe): Subject to Approval _____		X	\$14.50	=	
<input type="checkbox"/> Birthday/social parties	Number of Parties Held Annually	X	\$29.50	=	
NON REGISTERED MEMBER AND/OR BIRTHDAY OR SOCIAL PARTY 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 questions:

<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)

ADDITIONAL CERTIFICATES – 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**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 (unless reviewed and approved by Sadler); 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, unless reviewed and approved by Sadler, any bungee operation or equipment 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; Climbing walls exceeding ten (10) feet in height with no safety harness system (unless reviewed & approved by Sadler); Child-care/baby-sitting services; Commercial general liability standard exclusions (CG0001 12/04 edition); Employment-related practices; Events sanctioned by USA Gymnastics; Fireworks; Fungi or bacteria; Haunted attractions; High wires, ribbon/fabric performing devices or trapeze systems more than 5 feet from the ground without a safety harness; 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); Programs involving professional medical or behavioral treatments or counseling; Rodeos; Saddle animals; Snowmobile; Swimming pools, saunas, steam rooms, Jacuzzis, hot tubs, whirlpools or spas (unless reviewed and approved by Sadler); Transportation of athletes/participants; Those operations listed as ineligible: Circus skills training, Your operations as a sports complex or multi-purpose facility, except for those sport(s) and/or subsidiary activities you have reported, paid for and that have been approved by Sadler.

PAYMENT INFORMATION

SELECT PAYMENT PLAN:

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)

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)

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)

CREDIT CARD INFORMATION:

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: _____

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): _____

HOW DID YOU HEAR ABOUT SADLER & COMPANY?

<input type="checkbox"/> Already doing business with Sadler	<input type="checkbox"/> Advertisement: _____	<input type="checkbox"/> Catalogue/Magazine	<input type="checkbox"/> Facebook
<input type="checkbox"/> Google	<input type="checkbox"/> Other Search Engine: _____	<input type="checkbox"/> Referral from a Friend	<input type="checkbox"/> Yahoo



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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)