



SPORTSPLEX OPERATORS & DEVELOPERS ASSOC

Add Property-Field Owners / Property-Field Lessors / Sponsors

PLEASE PRINT OR TYPE - USE BLACK INK

Note: All Property-Field Owners / Property-Field Lessors / Sponsors are included as Additional Insured under the policy. However, if you have one that contractually requires you to name them as an Additional Insured under the General Liability policy and requires a Certificate of Insurance – then please provide their name and complete mailing address.

Your teams are covered wherever they are playing scheduled games or practices – so it is not necessary to list every field or location.

All certificate requests must be submitted in writing.

Your Certificate of Insurance will be returned to you via Email, Fax or U.S. Mail within 6 business days.

League Name:		
Contact Person:		
Mailing Address:		
City:	State:	Zip:
Home Phone: ()	Daytime Phone: ()	Fax #: ()
Email:		
<p>Certificate Requests: Please indicate the entities below that require a COI and complete the requested information. <i>If you do not provide the complete mailing address & indicate the Relationship we cannot issue the COI. Property Owners/Lessors and Sponsors are automatically included as Additional Insureds on the General Liability policy (if purchased) and will be shown as such on the COI. Please note that COI's will not be sent directly to these entities – they will be sent to you for you to deliver.</i></p>		
If your certificate holder requires any special wording or forms, please send a copy for our review.		
(1) Name:		
Mailing Address:		
City:	State:	Zip:
Relationship to you: <input type="checkbox"/> Property Owner/Lessor <input type="checkbox"/> Sponsor <input type="checkbox"/> Other: _____	<input type="checkbox"/> CG2011 <input type="checkbox"/> CG2026	<input type="checkbox"/> Waiver of Subrogation <input type="checkbox"/> Endorsement Required
(2) Name:		
Mailing Address:		
City:	State:	Zip:
Relationship to you: <input type="checkbox"/> Property Owner/Lessor <input type="checkbox"/> Sponsor <input type="checkbox"/> Other: _____	<input type="checkbox"/> CG2011 <input type="checkbox"/> CG2026	<input type="checkbox"/> Waiver of Subrogation <input type="checkbox"/> Endorsement Required
(3) Name:		
Mailing Address:		
City:	State:	Zip:
Relationship to you: <input type="checkbox"/> Property Owner/Lessor <input type="checkbox"/> Sponsor <input type="checkbox"/> Other: _____	<input type="checkbox"/> CG2011 <input type="checkbox"/> CG2026	<input type="checkbox"/> Waiver of Subrogation <input type="checkbox"/> Endorsement Required
If additional certificates are needed, please attach a separate piece of paper with all of the information indicated above.		

Email, Fax or Mail your request to:
Sadler & Company, Inc.
 PO Box 5866 Columbia, SC 29250-5866
 Phone: 1-800-622-7370 Fax: 1-866-515-3899
 Email: soda@sadlersports.com