

# National Amateur Sports Insurance Program

Teams, Leagues & Tournaments  
(Youth & Adult)

Available 01-01-2012 to 12-31-2012



In our continuing efforts to be recognized as “the organization” devoted to the advancement of recreational sports facilities, SODA is again proud to offer this National Sports Insurance Program. **Amateur sports teams and leagues** - both adult and youth - in the sports listed below are eligible to participate in this national program. We also offer coverages for **tournaments, youth camps & clinics, sports officials and field owners** for the sports referenced at the bottom of this page.

The SODA Insurance Program combines broad coverages, highly competitive prices, and exemplary service in terms of processing paperwork, answering questions and claims administration. Also offered are optional coverages for Directors & Officers Liability, Crime and Equipment Coverage for local sports organizations.

## NATIONAL SPORTS ASSOCIATIONS POOL

Many regional and national sports associations don't have the “buying power” to negotiate the most favorable coverages and prices for their own insurance programs. As a result, SODA welcomes such organizations to join SODA and participate in the SODA insurance program for the benefit of their members.

## SODA MEMBER ENDORSEMENTS FOR 2012

AAABA - Adult Baseball Leagues \* ABA Sports Leagues, Inc. \* All American Amateur Baseball \* All American Sports \* Chinese Christian Union Leagues (CCUL) \* The Epic Center \* GRADA - Disc Golf Association \* IAAA Basketball Assoc. \* **KIX – National Kickball Leagues.** \* **LAUSD/Los Angeles Unified School District** \* Long Island Tennis & Sports Foundation \* Maryland Softball Assoc. \* Mills Ponds Umpires Association (MPUA) \* N. American Fast-Pitch Assoc. \* National Amateur Sports Federation \* National Association of Sports Coaches (NASC) \* National Fast Pitch Softball Assoc. \* New England Youth Soccer Org. \* Orange County Women's Soccer Association \* Pony Leagues \* **San Jose State Lacrosse** \* Senior Softball Assoc. \* **Stick it to Cancer Lacrosse Tournaments** \* **Texas United Soccer Academy** \* United States Fastpitch Assoc. \* United States Flag & Touch Football League \* USA Basketball Alliance \* Valley Stream Roller Hockey Leagues, Inc. \* Western NY Lacrosse Leagues \* **Western Region Dodgeball Leagues** \* *Also Available to School Districts, Park & Recreation Depts., Municipalities and Independent Sports Program Operators*

## SPORTS ELIGIBLE FOR THIS PROGRAM INCLUDE:

Baseball	Dodgeball	Golf	Lacrosse	Street Hockey
Basketball	Flag Football	Inline Hockey	Soccer	Tennis
Cricket	Frisbee	Kickball	Softball	Volleyball

- All sports must be amateur
- All professional and/or semi-professional athletic participants are excluded
- If your sport is not listed here, please contact Sadler & Company Inc at 1-800-622-7370 or via email at [soda@sadlersports.com](mailto:soda@sadlersports.com)
- Coverage is only for those teams domiciled in the U.S. Coverage does apply to those U.S. teams that play in tournaments in Canada. We cannot cover any teams domiciled in Canada.

## Two Ways To Apply For Coverage

### 1) For Fastest Service:

- Apply for coverage online at [www.sadlersports.com/soda](http://www.sadlersports.com/soda) by clicking on the “Apply For Coverage Online” icon.
- You can pay online with your check or credit card in a secure environment and your proof of coverage documents will be emailed to you within one business day.

### 2) For Regular Service:

- Complete this paper enrollment form. Submit your completed enrollment form and full check payment to Sadler & Company by mail, overnight delivery, fax, or scan/email to [soda@sadlersports.com](mailto:soda@sadlersports.com). Credit card payment option is not available on paper enrollment form.
- Your proof of coverage documents will be emailed to the email address you provided on the enrollment form, usually within 6 business days of receipt

**SADLER**  
SPORTS & RECREATION INSURANCE

P. O. Box 5866, Columbia, SC 29250-5866  
Phone: (800) 622-7370, Fax: (803) 256-4017  
Email: [soda@sadlersports.com](mailto:soda@sadlersports.com)

Sadler & Company of SC, Inc. - Arkansas (Lic# 254179)  
D/B/A Sadler Insurance Agency in CA Lic. # OB57651  
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)



# **SODA - NATIONAL AMATEUR SPORTS INSURANCE PROGRAM PLAN DESCRIPTIONS**

**Available 01-01-2012 to 12-31-2012**

## **EXCESS ACCIDENT**

- ➔ \$100,000 Excess Accident Benefit (Excludes Adult Soccer)
- ➔ \$25,000 Excess Accident Benefit (Adult Soccer Only)
- ➔ \$5,000 Accidental Death & Dismemberment
- ➔ \$250 Per Claim Youth Deductible
- ➔ \$500 Per Claim Adult Deductible
- ➔ Coverage is "excess" which means that other collectible insurance (if any) must first respond before this plan will pay any benefits.
- ➔ Covers usual & customary expenses incurred within 52 weeks after the date of the accident. The first expense must be incurred within 90 days of the date of the accident.
- ➔ Underwritten by an "A" rated insurance carrier

## **ALL ADULT SPORTS**

*The limitations shown below apply to Adult Teams & Adult Tournaments, and will apply to all participants of the team regardless of age.*

Physical Therapy & Chiropractic Visits 5 - Visit Maximum/\$50 per Visit; Hospitalization - Inpatient & Outpatient - \$1,000 Maximum; Surgeon's Benefits - \$2,500 Maximum; Anesthesia and Assistant Surgeon - Maximum 25% of Surgeon's Benefits; Emergency Room - \$500 Maximum; Physicians Visits - \$50 Maximum Per Visit.

## **GENERAL LIABILITY**

- ➔ \$2,000,000 per "occurrence" Combined Single Limit Bodily Injury and Property Damage, including Products/Completed Operations, Personal and Advertising Injury, Contractual Liability, Independent Contractors and Participant Legal Liability.
- ➔ Participant Legal Liability for Adult Sports (except Adult Soccer) is limited to \$500,000 when Excess Accident coverage is not purchased and \$2,000,000 when Excess Accident coverage is purchased. A signed waiver/release from the adult participant will be required if Excess Accident coverage is not purchased.
- ➔ Participant Legal Liability for Adult Soccer is limited to \$500,000 when Excess Accident coverage is not purchased and \$1,000,000 when Excess Accident coverage is purchased.
- ➔ When the Adult General Liability Only option is chosen (without supporting Excess Accident coverage), a waiver & release form is required; otherwise the coverage for Participant Legal Liability will be voided.
- ➔ There is No General Aggregate. The Products/ Completed Operations is subject to a \$2,000,000 Aggregate.
- ➔ \$300,000 Fire Legal Liability
- ➔ \$5,000 Medical Expense Payments
- ➔ **Waiver & release forms from all participants (youth and adult) is strongly recommended. (A sample form is attached for your use and reference.)**
- ➔ Underwritten by an "A" rated insurance carrier
- ➔ Notable Exclusions: Sexual Abuse & Molestation, Terrorism and Professional and/or Semi-professional athletic participants.
- ➔ Coverage is limited to U.S. based entities only.

## **COVERAGE PERIOD FOR EXCESS ACCIDENT & GENERAL LIABILITY**

- ➔ Coverage & Rates Available From 1-1-2012 to 12-31-2012.
- ➔ All coverages for Teams & Leagues, Umpires and Field Owners expire 1 year from effective date of coverage.
- ➔ Coverage for Tournaments and/or Camps & Clinics will expire on the last date of the event listed on the enrollment form.

## **TEAMS/LEAGUES**

**(All coverages for teams & leagues expire 1 year from effective date of coverage.)**

- ➔ Teams and leagues can be insured under the Excess Accident and General Liability coverages as outlined above.
- ➔ Under the Excess Accident policy, covered persons include all players, coaches, managers, and other volunteer workers, while acting on behalf of the insured organization. Covered events include tryouts, practice, games, non-hosted tournaments and other non-sport outings that are team sanctioned and adult supervised.
- ➔ Under the General Liability policy, covered persons include the sports organization and its directors, officers, employees and volunteers. Field owners and sponsors are included as "Additional Insureds" for no extra charge.
- ➔ Note: The intent of this insurance program is to insure all teams within a league under one enrollment form. Insuring all of the teams allows General Liability coverage to be extended to the league and its directors and officers. Please refrain from insuring all the teams within the league under separate enrollment forms as this reduces coverage and results in additional administrative expense. However, an individual team may purchase coverage with the limitations noted above

## **TOURNAMENTS**

**(Coverage for tournaments applies only for those dates listed on the enrollment form)**

- ➔ Organizations or persons who host or organize tournaments (for SODA eligible sports) can purchase the Excess Accident and General Liability coverages referenced above to protect both the organizer and the visiting teams. The facility owner is included as “Additional Insured” under the General Liability policy for no extra charge.
- ➔ Tournaments that exceed 3 days are not eligible under the standard plan -- call Sadler & Company. Make ups due to weather postponements are allowed, but there are no refunds of charges paid. These must be reported in writing to Sadler & Company prior to the makeup date(s).

## **CAMPS & CLINICS - (Available for YOUTH ONLY)**

**(Coverage for camps & clinics applies only for those dates listed on the enrollment form)**

- ➔ Organizations or persons that conduct youth sport camps or clinics (for SODA eligible sports) can purchase the above referenced Excess Accident and General Liability coverages to protect the organizer and the participants.
- ➔ A charge must be made for all registered participants. Instructional staff is automatically included for no extra charge. Coverage is only available for day camps & clinics. Overnight camps are excluded.

## **SPORTS OFFICIALS**

**(Coverages for Officials, Umpires & Referees expire 1 year from effective date of coverage.)**

- ➔ Officials, umpires and referees for SODA eligible sports can purchase the above referenced Excess Accident and General Liability coverages.
- ➔ These coverages will provide protection for all officiating activities (for SODA eligible sports) regardless of the sanctioning body (if any).

## **FACILITY/FIELD OWNERS\***

**(Coverage for Facility or Field Owners that purchase this coverage expire 1 year from effective date of coverage.)**

The Insurance Program offers two ways for facility/field owners to be covered.

1. Under the team/league insurance, the facility/field owner is named as “Additional Insured” under the General Liability for all activities conducted by teams/leagues insured through the program.
2. The facility owner may elect to purchase General Liability coverage as a named insured on an annual basis. This policy only provides protection while SODA eligible sports activities are being conducted on the premises. This policy was designed to act like a “safety net” and as a result, the facility/field owner should still purchase its own primary General Liability policy and should require all teams using its facilities to provide evidence that they carry their own General Liability policy.

\*The Facility/Field Owners coverage may only be purchased by a property owner. It may not be purchased by an individual team or league.

## **OPTIONAL COVERAGES**

To be eligible to purchase the Optional Coverages (Directors & Officers Liability, Crime and/or Equipment) you must purchase your General Liability from the SODA program and pay \$5.00 per year to join the National Sports Lawsuit Protection Association. (Taxes and fees are applicable in FL, KY, LA, NJ, and WV.)

### **DIRECTORS & OFFICERS LIABILITY (\$300 per governing board)**

- ➔ \$1,000,000 Limit For Certain Wrongful Acts
- ➔ Provides protection against certain lawsuits that are not covered by a General Liability policy such as discrimination; wrongful suspension, ejection or termination of personnel or players; or failure to follow your own rules or bylaws when making a decision.
- ➔ Covered Persons Include the local sports organization and its directors, officers, employees and volunteers.
- ➔ \*\*\*Note: This policy does not replace the bodily injury, property damage and personal injury coverages that are contained within a General Liability Policy.

### **CRIME (\$175 per governing board)**

- ➔ \$25,000 Limit For Employee Dishonesty including loss caused by embezzlement or other theft of your own property by your own dishonest employees or volunteers.

### **EQUIPMENT (\$2.00 per \$100 of coverage / subject to \$250 minimum premium)**

- ➔ 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.
- ➔ Covers loss due to fire, theft, vandalism or other specified causes of loss.

**NOTE: ALL CHARGES ARE FULLY EARNED AT INCEPTION  
AND THERE ARE NO PROVISIONS FOR CANCELLATIONS OR REFUNDS.**

***YOU MUST REFER TO THE POLICIES FOR COMPLETE INFORMATION ON POLICY CONDITIONS,  
LIMITS, AND EXCLUSIONS.***



# 2012 SODA INSURANCE CHARGES



(all charges include the premium as well as risk purchasing group, administrative & affiliation fees)  
**(Rosters May Be Required)** \* NOTE: If you exceed the maximum number of players per team for your sport shown below, you must purchase coverage for additional teams to make up the difference.

YOUTH TEAM INSURANCE (charges are per team) (Coverage will expire 1 year from effective date)	YOUTH Maximum # of Players per Team		YOUTH \$100,000 Excess Accident Only	YOUTH \$100,000 Excess Accident & \$2,000,000 Gen. Liability.		
Volleyball/Tennis/ Frisbee/Golf	10		\$36.00	\$ 77.00		
Baseball, Cricket, Kickball & Softball	18		\$36.00	\$104.00		
Basketball	18		\$36.00	\$112.00		
Dodgeball	25		\$36.00	\$121.00		
Street Hockey	18		\$42.00	\$128.00		
Soccer	18		\$43.00	\$119.00		
Flag Football / Inline Hockey / Lacrosse	18 Inline / 24 Lacrosse/ 25 Flag		\$43.00	\$134.00		
Basketball 3 on 3	8		\$ 9.00	\$ 30.00		
Flag Football 4 on 4	8		\$11.00	\$ 50.00		
Soccer 4 on 4	16		\$11.00	\$ 38.00		
Volleyball 2 on 2 and Volleyball 4 on 4	8		\$10.00	\$ 22.00		
ADULT TEAM INSURANCE (charges are per team) (Coverage will expire 1 year from effective date)	ADULT Maximum # of Players per Team		ADULT \$100,000 Excess Accident Only	ADULT \$100,000 Excess Accident \$2,000,000 Gen. Liability		
Volleyball/Tennis/ Frisbee/Golf	10		\$66.00	\$107.00		
Baseball, Cricket, Kickball & Softball	20		\$66.00	\$134.00		
Basketball	20		\$66.00	\$142.00		
Dodgeball	25		\$66.00	\$151.00		
Street Hockey	18		\$66.00	\$151.00		
Flag Football / Inline Hockey / Lacrosse	25		\$66.00	\$157.00		
Basketball 3 on 3	20		\$19.00	\$ 41.00		
Flag Football 4 on 4	8		\$25.00	\$ 62.00		
Volleyball 2 on 2 and Volleyball 4 on 4	8		\$19.00	\$ 20.00		
ADULT SOCCER TEAM INSURANCE (charges are per team) (Coverage will expire 1 year from effective date)	Maximum # of Players per Team		\$25,000 Excess Accident Only	\$25,000 Excess Accident & \$2,000,000 General Liability		
Soccer-Adult	24		\$464.00	\$612.00		
Soccer-Adult 4 on 4	16		\$464.00	\$544.00		
TOURNAMENT INSURANCE Limited to 3 days or less. Charges are per tournament. (See above for Maximum # Players Per Team) Coverage applies only for those dates listed on the enrollment form	YOUTH \$100,000 Excess Accident & \$2,000,000 General Liability		ADULT \$100,000 Excess Accident & \$2,000,000 General Liability		ADULT \$2,000,000 General Liability Only (Waiver Required)	
	Less Than 25 Teams	25-50 Teams	Less Than 25 Teams	25-50 Teams	Less Than 25 Teams	25-50 Teams
Volleyball / Frisbee / Tennis / Golf	\$376.00	\$450.00	\$391.00	\$466.00	\$259.00	\$379.00
Baseball / Softball/ Cricket / Kickball	\$376.00	\$450.00	\$391.00	\$466.00	\$259.00	\$379.00
Basketball	\$379.00	\$455.00	\$395.00	\$472.00	\$265.00	\$388.00
Flag Football	\$382.00	\$467.00	\$397.00	\$482.00	\$269.00	\$404.00
Dodgeball / Street Hockey	\$415.00	\$510.00	\$431.00	\$526.00	\$259.00	\$324.00
Inline Hockey / Lacrosse	\$382.00	\$467.00	\$397.00	\$482.00	\$269.00	\$404.00
Basketball 3 on 3	\$223.00	\$263.00	\$235.00	\$275.00	\$154.00	\$217.00
Flag Football 4 on 4	\$192.00	\$234.00	\$200.00	\$242.00	\$155.00	\$223.00
Volleyball 2 on 2 and Volleyball 4 on 4	\$124.00	\$146.00	\$128.00	\$151.00	\$ 84.00	\$122.00
SOCCER TOURNAMENT INSURANCE Limited to 3 days or less. Charges are per tournament. (See above for Maximum # Players Per Team) Coverage applies only for those dates listed on the enrollment form	YOUTH \$100,000 Excess Accident & \$2,000,000 General Liability		ADULT \$25,000 Excess Accident & \$2,000,000 General Liability		ADULT \$2,000,000 General Liability Only (Waiver Required)	
	Less Than 25 Teams	25-50 Teams	Less Than 25 Teams	25-50 Teams	Less Than 25 Teams	25-50 Teams
Soccer	\$379.00	\$456.00	\$1,626.00	\$1,798.00	\$526.00	\$798.00
Soccer 4 on 4	\$198.00	\$230.00	\$ 971.00	\$1,058.00	\$334.00	\$425.00
<b>Camp &amp; Clinic Insurance: \$4.00 per person per day for \$100,000 Excess Accident and \$2,000,000 General Liability (Subject to \$100 Minimum Charge) (Available for Youth Camp &amp; Clinics only). Coverage applies only for those dates listed on the enrollment form.</b>						
<b>Sports Officials Insurance: \$35.00 per Official/Referee/Umpire for \$100,000 Excess Accident and \$2,000,000 General Liability. (Coverage will expire 1 year from effective date)</b>						
<b>Field Owners: \$818.00 per field owner/per field for \$2,000,000 General Liability only. (Coverage will expire 1 year from effective date)</b>						
<b>OPTIONAL COVERAGES:</b> CONTACT Sadler & Company for eligibility, cost and special applications for the following coverages: Directors & Officers Liability, Crime and/or Equipment coverage. You can reach Sadler & Company via email: <a href="mailto:soda@sadlersports.com">soda@sadlersports.com</a> or call them toll-free at: 1-800-622-7370.						



**2012 National Amateur Sports Insurance Enrollment form**  
 Rates Provided on Rate Chart are Effective 01-01-2012 to 12-31-2012

PLEASE PRINT CLEARLY

Apply online  
 with credit card at:  
[www.sadlersports.com/soda](http://www.sadlersports.com/soda)  
 ➔ Receive proof of  
 coverage within 1  
 business day

**ORGANIZATION INFORMATION**

**ORGANIZATION NAME** (league, team, tournament, camp, sports official, etc.) / IE: ENTITY TO BE INSURED:

**Authorized Representative/Contact Name:**

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** ( ) \_\_\_\_\_ **Cell Phone:** ( ) \_\_\_\_\_ **Fax #:** ( ) \_\_\_\_\_

**Email:** \_\_\_\_\_

**EFFECTIVE DATE OF COVERAGE**

Please indicate your preferred effective date. If no date is provided, your coverage will start the day the fully completed and accurate enrollment form and payment are received by Sadler & Company.  
 (For tournaments, the effective date should be the first day of the tournament.)

Effective date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**CHOOSE TYPE OF COVERAGE DESIRED & COMPLETE ASSOCIATED SECTION**

(i.e. Team/League or Tournament - Only One Type Per Enrollment Form)

**Team/League Sport** (one sport per enrollment form): \_\_\_\_\_

Youth  Adult

Accident only  Accident & General Liability  General Liability only (Adult only)

**Number of Players:** \_\_\_\_\_ (Rosters may be required)

TEAM/LEAGUE PREMIUM COMPUTATION	Number of Teams	X	Charge Per Team (from rate chart)	=	Amount Due
		X		=	

**Tournament Sport** (one sport per enrollment form): \_\_\_\_\_

Youth  Adult

Accident & General Liability  General Liability only (Adult only)

**Dates of Tournament:** \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ (Must be 3 days or less)

TOURNAMENT PREMIUM COMPUTATION	Charge Per Tournament (from rate chart)	=	Amount Due
		=	

**Youth Camp & Clinic Sport** (must be covered sport shown on rate chart): \_\_\_\_\_

**Camp Dates:** \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

CAMP/CLINIC PREMIUM COMPUTATION	Number of Campers Per Day	X	Number of Camp Days	X	Rate	=	Amount Due
		X		X	4.00	=	

**Sports Officials Name of Official** (attach additional sheet if needed): \_\_\_\_\_

SPORTS OFFICIALS PREMIUM COMPUTATION	Number of Officials	X	Rate	=	Amount Due
		X	35.00	=	

**Facility/Field Owner Location Address:**

FIELD OWNERS PREMIUM COMPUTATION	Number of Fields	X	Rate Per Field	=	Amount Due
		X	818.00	=	

**IF APPLYING USING THIS ENROLLMENT FORM (INSTEAD OF APPLYING ONLINE) CERTIFICATES EVIDENCING COVERAGE WILL BE ISSUED WITHIN 6 BUSINESS DAYS OF RECEIPT AND WILL BE EMAILED TO YOU**

**HOW DID YOU HEAR ABOUT SODA ENDORSED INSURANCE PROGRAM (Please check one):**

<input type="checkbox"/> Already doing business with SODA	<input type="checkbox"/> Recommended By Another Team/League	<input type="checkbox"/> Catalogue/Magazine Ad
<input type="checkbox"/> Phone Call from Sadler & Company	<input type="checkbox"/> Referral from Sadler & Company	<input type="checkbox"/> Referral from Parks & Rec Dept
<input type="checkbox"/> Referral from School/School District	<input type="checkbox"/> Search Engine	<input type="checkbox"/> Other:

**COMPENSATION DISCLOSURE**

I understand and, by my signature below, agree that charges shown include commissions payable to Sadler & Company, Inc., for insurance services. In addition, a charge of approximately 17% is included for Risk Purchasing Group (“RPG”) membership fees (charged only on General Liability), additional fees for SODA expenses (charged on Accident only), and a SODA affiliation fee.

**RISK PURCHASING GROUP**

The completion of this enrollment form confirms our desire to obtain General Liability insurance through the ERS Risk Purchasing Group Association, Inc., domiciled in IL, if such coverage is chosen.

**WARRANTY STATEMENT – READ & SIGN**

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 charge calculation, and should my figures exceed my estimates during the coverage term I will make arrangements to pay the additional charges. 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 afterwards. Intentional misrepresentation or misreporting may jeopardize coverage

I further acknowledge that I have reviewed the insurance plan descriptions provided with this enrollment form and understand the exclusions that apply, as well as the activities and operations for which coverage is not provided.

**Signature:****Printed Name:****Title:****Date:****Total Amount Due (from prior page):** \_\_\_\_\_

**SIGN ABOVE AND SEND THIS ENROLLMENT FORM  
WITH YOUR CHECK (PAYABLE TO SADLER & COMPANY INC) TO:**

<b><u>OPTION 1</u></b> <b>FAX TO:</b>  <b>(803) 256-4017</b>  <i>Follow Attached HOW TO FAX A CHECK Instructions</i>	<b><u>OPTION 2</u></b> <b>OVERNIGHT DELIVERY:</b>  <b>SADLER &amp; COMPANY, INC.</b> <b>Attn: Sports Department</b> <b>3014 DEVINE ST., 2<sup>ND</sup> FLOOR</b> <b>COLUMBIA, SC 29205</b>	<b><u>OPTION 3</u></b> <b>U. S. MAIL:</b>  <b>SADLER &amp; COMPANY, INC.</b> <b>Attn: Sports Department</b> <b>PO BOX 5866</b> <b>COLUMBIA, SC 29250-5866</b> <i>(Allow 6 business days for processing)</i>
<b>Page 2 of 2</b> You Must Return Both Pages	<b>Email: <a href="mailto:soda@sadlersports.com">soda@sadlersports.com</a></b>	© 1997-2012 Sadler & Company, Inc. All Rights Reserved.

**For proof of coverage within 1 business day, or to pay with a credit card,  
apply online at [www.sadlersports.com/soda](http://www.sadlersports.com/soda)**

**NOTE TO ALL AGENTS & BROKERS** – there are no commissions included in this program. Charges are NET and may not be altered on the enrollment form. A fee may be separately charged, subject to state insurance regulations. (In addition, proof of coverage will be sent direct to the named insured and will not be sent to an agent.)

**NOTE: CHARGES ARE FULLY EARNED AT INCEPTION  
AND THERE ARE NO PROVISIONS FOR CANCELLATIONS OR REFUNDS.**

# REQUEST FOR CERTIFICATES OF INSURANCE

**RETURN THIS PAGE ONLY IF YOU NEED TO PROVIDE PROOF OF COVERAGE TO A PROPERTY OWNER OR SPONSOR.**

**Insured Organization Name:**

Please indicate the entities that require a COI and complete the requested information. If you do not provide the complete mailing address and indicate the relationship we cannot issue the COI. Property Owners/Lessors and Sponsors are automatically included as Additional Insureds on the General Liability policy 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 to deliver.

If your property owner requires an "Additional Insured Endorsement" you must specifically request this and send a copy of their requirement/instructions so that we can make sure we issue what they require.

**CHECK THE TYPE OF CERTIFICATE THAT YOU ARE REQUESTING:**

- Additional Insured**
                         
  **Certificate Holder / Evidence of Coverage only**

**Name of Certificate Holder:**

**Contact Name:**

**Complete Mailing Address:**

<b>City:</b>	<b>State:</b>	<b>Zip:</b>
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

**CHECK THE TYPE OF CERTIFICATE THAT YOU ARE REQUESTING:**

- Additional Insured**
                         
  **Certificate Holder / Evidence of Coverage only**

**Name of Certificate Holder:**

**Contact Name:**

**Complete Mailing Address:**

<b>City:</b>	<b>State:</b>	<b>Zip:</b>
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

**CHECK THE TYPE OF CERTIFICATE THAT YOU ARE REQUESTING:**

- Additional Insured**
                         
  **Certificate Holder / Evidence of Coverage only**

**Name of Certificate Holder:**

**Contact Name:**

**Complete Mailing Address:**

<b>City:</b>	<b>State:</b>	<b>Zip:</b>
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.

# How To Fax A Check

In Order To Send A Check By Fax, Please Follow These 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.

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.**

**Please allow 6 business days for processing and issuing of coverage.**



# SODA - NATIONAL AMATEUR SPORTS INSURANCE PROGRAM LEAGUE ROSTER



Please list all teams in the league  
(Make additional copies if needed)

	TEAM NAME	CONTACT PERSON	CONTACT PHONE #
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			



# SODA - NATIONAL AMATEUR SPORTS INSURANCE PROGRAM - TEAM ROSTER



TEAM NAME:		SPORT:	
	PLAYER NAME	DATE OF BIRTH (mm/dd/yyyy)	PLAYER PHONE # (include area code)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			

SPORT	YOUTH (Maximum # players per team)	ADULT (Maximum # players per team)
Volleyball/Tennis/ Frisbee/Golf	10	10
Baseball, Cricket, Kickball & Softball	18	20
Basketball	18	20
Dodgeball	25	25
Street Hockey	18	18
Flag Football / Inline Hockey / Lacrosse	18 Inline / 24 Lacrosse/ 25 Flag	25
Basketball 3 on 3	8	20
Flag Football 4 on 4	8	8
Volleyball 2 on 2 and Volleyball 4 on 4	8	8
Soccer	18	24
Soccer - 4 on 4	16	16

# 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 regulations, 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.**

Ed. 01-30-09

**Adult Waiver/Release**  
**AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY**  
**READ BEFORE SIGNING**

In consideration of being allowed to participate in any way in \_\_\_\_\_  
(Name of Organization)

athletic sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 2) 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 participation; and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS** \_\_\_\_\_

(Name of Organization)

their directors, officers, officials, agents, volunteers and/or employees, 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, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, 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.**

DATE SIGNED: \_\_\_\_\_

\_\_\_\_\_  
(Participant's Signature)

---

**FOR PARTICIPANTS OF MINORITY AGE**  
**(UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THEIR NEGLIGENCE**, to the fullest extent permitted by law.

DATE SIGNED: \_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian Signature)

Emergency Phone Number:\_(\_\_\_\_\_)\_\_\_\_\_

---

This is a **SAMPLE WAIVER FORM** only. Final wording should be 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.**

# 2011 DIRECTORS & OFFICERS LIABILITY

## For Non-Profit Sports Organizations

### 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)**

#### 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 OF COVERAGE OPTIONS:

**\$1,000,000 Limit Per Loss / per policy year**  
DEDUCTIBLE: \$1,000 per claim

**\$2,000,000 Limit Per loss / per policy year**  
DEDUCTIBLE: \$1,000 per claim

**PREMIUM / CHARGE PER Governing Board of Directors:** \$300 for \$1,000,000 Limit and \$450 for \$2,000,000 Limit – 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)*

#### \$1,000,000 Limit: \*ADD THE APPROPRIATE

#### TAX/SURCHARGE FOR YOUR STATE AS SHOWN BELOW:

Florida – add 1.30% = (1.30% x \$300 = \$3.90 Total Due is \$303.90)  
Kentucky add 15% = (15% x \$300.00 = \$45.00) Total Due is \$345.00  
Louisiana – add 5% = (5% x \$300.00 = \$15.00) Total Due is \$315.00  
New Jersey - add .9% = (.9% x \$300 = 2.70 Total Due: \$302.70)  
West Virginia: add .55% = (.55% x \$300 = \$1.65 Total Due \$301.65)

#### \$2,000,000 Limit: \*ADD THE APPROPRIATE

#### TAX/SURCHARGE FOR YOUR STATE AS SHOWN BELOW:

Florida – add 1.30% = (1.30% x \$450 = \$5.85 - Total Due \$455.85)  
Kentucky add 15% = (15% x \$450.00 = \$67.50) Total Due is \$517.50  
Louisiana – add 5% = (5% x \$450 = \$22.50) - Total Due \$472.50  
New Jersey - add .9% = (.9% x \$450 = 4.05 - Total Due \$454.05)  
West Virginia: add .55% = (.55% x \$450 = \$2.48 - Total Due \$452.48)

**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.

*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 Toll-Free (800)-622-7370.*

**SADLER**  
SPORTS & RECREATION INSURANCE  
1-800-622-7370 – Fax (803) 256-4017  
P O Box 5866, Columbia, SC 29250

# 2012 DIRECTORS & OFFICERS LIABILITY

## APPLICATION FOR NON-PROFIT SPORT ORGANIZATIONS

Philadelphia Indemnity Insurance Co. (Louisiana Only: Philadelphia Insurance Co.)

**IMPORTANT: All questions MUST BE ANSWERED and the questionnaire SIGNED BY AUTHORIZED REPRESENTATIVE**

FILL IN BOXES BELOW – Please Print or Type – Use Black Ink

Organization Name:

Authorized Representative:

County:

Mailing Address:

City:

State:

Zip:

Home Phone: ( )

Daytime Phone: ( )

Fax #: ( )

Email:

Website:

### LEAGUE DIRECTORS & OFFICERS LIABILITY

NEW  RENEWAL

IMPORTANT NOTE: THE POLICY FOR WHICH APPLICATION IS MADE, IF ISSUED, WILL BE ON A CLAIMS MADE BASIS. THIS POLICY IS SUBJECT TO THE DECLARATIONS, INSURING AGREEMENTS, TERMS, CONDITIONS, LIMITATIONS AND AMENDMENTS. APPLIES ONLY TO CLAIMS THAT ARE FIRST MADE DURING THE POLICY PERIOD OR THE DISCOVERY PERIOD IF EXERCISED.

#### TWO OPTIONS: CHOOSE THE LIMIT OF COVERAGE YOU WISH TO PURCHASE:

<input type="checkbox"/>	\$1,000,000 Limit Per loss/Per policy year	\$1,000 Deductible Per Claim	\$300 premium (plus tax, see below)
<input type="checkbox"/>	\$2,000,000 Limit Per loss/Per policy year	\$1,000 Deductible Per Claim	\$450 premium (plus tax, see below)

Policy period: Effective only upon underwriting and acceptance by Philadelphia Insurance Companies

Coverage expires 12:01 am on the Expiration Date

Did your League purchase a D&O Policy LAST YEAR from an insurance agency OTHER THAN Sadler & Company?

YES  NO (If YES, enclose a copy of the policy with this application.)

#### WITHIN THE SCOPE OF THIS PROPOSED INSURANCE:

There has not been any claim made, or is there any now pending, against any corporation or persons proposed for this insurance, except as follows:

Check here if none  / If yes, give complete details on separate sheet of paper.

No corporation, director, officer or any other person proposed for this insurance has any knowledge or information of any breach of duty, error, misstatement, misleading misstatement or omission, which could rise to a claim against them, except as follows:

Check here if none  / If yes, give complete details on separate sheet of paper.

c) Has any corporation, director, officer or any persons proposed for this insurance been the subject of any suit, inquiry, complaint or Notice of Hearing, including, but not limited to, suits, inquiries, complaints or Notice of Hearing based upon or arising from charges of discrimination, sexual harassment or wrongful termination?

Check here if none  / If yes, give complete details on separate sheet of paper.

#### \$1,000,000 Limit: \*ADD THE APPROPRIATE

##### TAX/SURCHARGE FOR YOUR STATE AS SHOWN BELOW:

Florida – add 1.30% = (1.30% x \$300 = \$3.90 Total Due is \$303.90)

Kentucky add 15% = (15% x \$300.00 = \$45.00) Total Due is \$345.00

Louisiana – add 5% = (5% x \$300.00 = \$15.00) Total Due is \$315.00

New Jersey - add .9% = (.9% x \$300 = 2.70 Total Due: \$302.70)

West Virginia: add .55% = (.55% x \$300= \$1.65 Total Due \$301.65)

#### \$2,000,000 Limit: \*ADD THE APPROPRIATE

##### TAX/SURCHARGE FOR YOUR STATE AS SHOWN BELOW:

Florida – add 1.30% = (1.30% x \$450 = \$5.85 - Total Due \$455.85)

Kentucky add 15% = (15% x \$450.00 = \$67.50) Total Due is \$517.50

Louisiana – add 5% = (5% x \$450 = \$22.50) - Total Due \$472.50

New Jersey - add .9% = (.9% x \$450 = 4.05 - Total Due \$454.05)

West Virginia: add .55% = (.55% x \$450 = \$2.48 - Total Due \$452.48)

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.

Date:

Signature:

Authorized Representative

**SIGN and FAX OR MAIL THIS ENROLLMENT FORM WITH YOUR CHECK TO:**

SADLER & COMPANY, INC.

PO Box 5866

Columbia, SC 29250-5866

#### OVERNIGHT DELIVERY ADDRESS:

3014 DEVINE ST, 2<sup>nd</sup> Floor,

COLUMBIA, SC 29205

Phone: 803-254-6311 OR Toll-Free: 800-622-7370 / FAX (803) 256-4017

**SADLER**  
SPORTS & RECREATION INSURANCE

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# 2012 CRIME INSURANCE PLAN DESCRIPTION

## FOR NON-PROFIT SPORTS ORGANIZATIONS

*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 forgery or theft of money, securities, or other property (equipment, machinery, concession supplies) by dishonest employees, volunteers, directors or officers. 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 Employee Theft**

*Maximum of \$25,000 for Forgery or Alteration; Inside Premises – theft of Money & Securities, Inside Premises, Robbery/Safe Burglary; and Other*

**DEDUCTIBLE: \$500 for each loss**

**PREMIUM / CHARGE:** \$175 per governing Board of Directors

***(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)***

STATE	OPTION #1: \$25,000 per loss – Employee Theft
<i>Florida (1.30%)</i>	<i>add 1.30% = (1.30% x \$175.00 = \$2.28 Total Due is \$177.28)</i>
<i>Kentucky (15%)</i>	<i>add 15% = (15% x \$175.00 = \$26.25 Total Due is \$201.25)</i>
<i>Louisiana (5%)</i>	<i>add 5% = (5% x \$175.00 = \$8.75 Total Due is \$183.75)</i>
<i>New Jersey (.9%)</i>	<i>add .9% = (.9% x \$175 = \$1.58 Total Due is \$176.58)</i>
<i>West Virginia (.55%)</i>	<i>add .55% = (.55% x \$175 = \$0.96 Total Due is \$175.96)</i>

**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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1-800-622-7370 – Fax (803) 256-4017  
P O Box 5866, Columbia, SC 29250

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**Beware of Crime policies that may only cover employees plus a schedule of five specific named officers. This is dangerous because many within an organization can get their hands on the checkbook, credit cards, or cash. Also, officers tend to change frequently which requires constant updating of the schedule. You won't have this problem if you choose the plan that we offer.**

# 2012 CRIME INSURANCE APPLICATION FOR NON-PROFIT SPORTS ORGANIZATIONS

Philadelphia Indemnity Insurance Co. / (Louisiana Only: Philadelphia Insurance Co.)

**IMPORTANT: All questions MUST BE ANSWERED and the questionnaire SIGNED BY AUTHORIZED REPRESENTATIVE  
FILL IN BOXES BELOW – Please Print or Type – Use Black Ink**

Organization Name:

Authorized Representative:

County:

Mailing Address:

City:

State:

Zip:

Home Phone: ( )

Daytime Phone: ( )

Fax #: ( )

Email:

Website:

**CRIME INSURANCE**

NEW  RENEWAL

\$25,000 Limit of Liability – Employee Theft; Forgery or Alteration; Inside premises-theft of Money & Securities; Inside Premises-Robbery /Safe Burglary; Other

\$500 Deductible Per Loss

Policy period: Effective only upon underwriting and acceptance by Philadelphia Insurance Companies  
Coverage expires 12:01am on the Expiration Date

*NOTE: This policy does not cover theft or vandalism of property by outsiders.*

List all dishonesty, burglary, robbery, disappearance, destruction and forgery losses discovered by the league in the past six (6) years, itemizing each loss separately on a separate sheet. Check here if none:

**\*PREMIUM / CHARGE COMPUTATION:**

\$175.00 Premium + \$ \_\_\_\_\_ \*Tax/Surcharge (if any) = \$ \_\_\_\_\_ TOTAL AMOUNT DUE\*

*\*PLEASE ADD THE APPROPRIATE TAX/SURCHARGE FOR YOUR STATE AS SHOWN BELOW:*

**(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)**

**STATE**

**\$25,000 per loss – Employee Theft**

*Florida (1.30%)*

**add 1.30% = (1.30% x \$175.00 = \$2.28 Total Due is \$177.28)**

*Kentucky (15%)*

**add 15% = (15% x \$175.00 = \$26.25 Total Due is \$201.25)**

*Louisiana (5%)*

**add 5% = (5% x \$175.00 = \$8.75 Total Due is \$183.75)**

*New Jersey (.9%)*

**add .9% = (.9% x \$175 = \$1.58 Total Due is \$176.58)**

*West Virginia (.55%)*

**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.*

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.

Date:

Signature:

Authorized Representative

**SIGN and FAX OR MAIL THIS ENROLLMENT FORM WITH YOUR CHECK TO:**

MAILING ADDRESS:

**SADLER & COMPANY, INC.**

PO Box 5866

Columbia, SC 29250-5866

OVERNIGHT DELIVERY ADDRESS:

3014 DEVINE ST, 2<sup>nd</sup> Floor

COLUMBIA, SC 29205

Toll-Free: 800-622-7370 / Phone: 803-254-6311 / FAX (803) 256-4017

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**SPORTS & RECREATION INSURANCE**

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# 2012 Sports - Equipment Plan Description

## For Non-Profit Sport Organizations

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)

**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:** \$ 2.00 per \$100 of coverage (subject to a \$250 minimum premium)

**Example:** \$8,500 limit divided by 100 = 85 x \$ 2.00 = \$170.00 total / \$250 total payment due

★ 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}

Florida – 1.30%      Kentucky – 15%      Louisiana – 5%      New Jersey: – .9%      West Virginia: – .55%

Florida Example: \$8,500 limit divided by 100 = 85 x \$ 2.00 = \$170.00 (\$250 total premium)

\$250 total premium + 1.30% FL Tax = \$253.25 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
- ❖ \$1,000 Deductible (per claim)
- ❖ 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.
- ❖ 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.)
- ❖ **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.
- ❖ 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 policy issued. Refer all questions to Sadler & Company, Inc. (803) 254-6311 or (800) 622-7370.

**SADLER**  
SPORTS & RECREATION INSURANCE

1-800-622-7370 – Fax (803) 256-4017

P O Box 5866, Columbia, SC 29250

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# 2012 EQUIPMENT INSURANCE APPLICATION

## FOR NON-PROFIT SPORT ORGANIZATIONS

Philadelphia Indemnity Insurance Co. / (Louisiana Only: Philadelphia Insurance Co.)

**IMPORTANT: All questions MUST BE ANSWERED / FILL IN BOXES BELOW – Please Print or Type– Use Black Ink**

Organization Name:		
Authorized Representative:		County:
Mailing Address:		
City:	State:	Zip:
Home Phone: ( )	Daytime Phone: ( )	Fax #: ( )
Email:	Website:	

### SPORTS EQUIPMENT COVERAGE NEW RENEWAL

Policy period: Effective only upon underwriting and acceptance by Philadelphia Insurance Co.

Coverage expires 12:01 am on the Expiration Date      \$1,000 Deductible Per Loss

**NOTE:** 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.

#### PART 1: EQUIPMENT VALUED LESS THAN \$1,000 PER ITEM:

Please check the type of UNSCHEDULED EQUIPMENT with REPLACEMENT COST VALUES LESS THAN \$1,000 PER ITEM that you will be insuring:

<input type="checkbox"/> Sports Equipment	<input type="checkbox"/> Uniforms	<input type="checkbox"/> Field / Facility Maintenance Equipment
<input type="checkbox"/> Concession Equipment	<input type="checkbox"/> Dugouts, Benches, Bleachers	<input type="checkbox"/> Small Storage Sheds (valued less than \$1,000)
<input type="checkbox"/> Concession Stock	<input type="checkbox"/> Fences, Scoreboards, Lights	<input type="checkbox"/> Other:

Part 1: Total of Unscheduled Equipment valued less than \$1,000 per item: \$

#### PART 2: EQUIPMENT VALUED \$1,000 OR MORE PER ITEM MUST BE INDIVIDUALLY LISTED:

. WHEN ITEMIZING EQUIPMENT BE SPECIFIC ON DESCRIPTION OF ITEMS AND VALUE FOR EACH ITEM:  
(Attach separate sheet of paper if necessary)

Description	Replacement Cost Value
<i>Example: 1990 John Deere Tractor Serial # A439v903</i>	\$8,000.00
	\$
	\$
	\$
	\$

Part 2: Total of scheduled Equipment valued \$1,000 or more PER ITEM: \$

**OFF-SEASON STORAGE LOCATION OF EQUIPMENT (GIVE COMPLETE STREET ADDRESS):**

**LIST ANY LOSSES/CLAIMS IN THE PAST 3 YEARS. PLEASE INCLUDE DATE & DESCRIPTION OF LOSS AND TOTAL AMOUNT OF LOSS. (Attach a Separate Sheet if Necessary) Note N/A if None**

#### \*PREMIUM / CHARGE COMPUTATION:

\$ _____ (Part 1 Total)	+ \$ _____ (Part 2 Total)	= \$ _____ 100% Value of Equipment
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100% Value of Equipment: \$ \_\_\_\_\_ divided by 100: \_\_\_\_\_ X \$2.00 = \$ \_\_\_\_\_ (premium)

**TOTAL PREMIUM DUE (for Equipment Coverage): \$ \_\_\_\_\_ (Note: \$250 minimum premium applies)**

**Add Tax/Surcharge for Your State (Tax/Surcharge is "in addition to" the minimum premium):**  
**Florida: 1.30% / Kentucky 15% / Louisiana 5% / New Jersey: .9% / West Virginia: .55%**

**\$ \_\_\_\_\_ Premium Due + \$ \_\_\_\_\_ \*Tax/Surcharge (if any) = \$ \_\_\_\_\_ TOTAL AMOUNT DUE\***

**PLEASE NOTE: Premiums & Taxes are fully earned at inception, and there are no provisions for refunds.**

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

**SIGN and FAX OR MAIL THIS ENROLLMENT FORM WITH YOUR CHECK TO:**

SADLER & COMPANY, INC. PO Box 5866, Columbia, SC 29250-5866

OVERNIGHT DELIVERY ADDRESS:

3014 DEVINE ST, 2<sup>nd</sup> Floor, COLUMBIA, SC 29205

Phone: 803-254-6311 OR Toll-Free: 800-622-7370 / FAX (803) 256-4017

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