

SADLER

SPORTS & RECREATION INSURANCE

P. O. Box 5866, Columbia, SC 29250-5866
 Phone: (800) 622-7370 - Fax: (803) 256-4017
 Website: www.sadlersports.com
 Email: events@sadlersports.com

Short Term Special Events

Insurance Program and Enrollment Form

This brochure is valid for effective dates from
December 1, 2011 to November 30, 2012



PROGRAM DESCRIPTION

This insurance program has been specifically designed for organizers of short term special events that meet the following criteria:

- Total attendance is 12,000 or less (contact us if your event is more than 12,000 in total attendance)
- Maximum number of consecutive event days is 10 (not including set-up or tear down)
- Event is held at a single location
(except for weddings – coverage can be extended to include the rehearsal, ceremony and reception as a single event)
- Event must take place in the United States

New options for single-day invitation-only events (1-200 attendees). Contact us for information.

Coverage is provided by a carrier rated A+ (Superior) by A.M. Best Company.

LIST OF ELIGIBLE EVENTS

The following event operations are eligible for this program. Please note, this is not a complete listing.

If you do not see your event operation listed, please contact us for eligibility.

Auctions	Festivals (art, craft, ethnic, harvest)	Rummage Sales
Award Presentations	Flea Markets or swap meets	School Band/Drill Team Competitions
Banquets / Luncheons	Graduation ceremonies	School Carnivals (no rides)
Bar Mitzvah / Bat Mitzvah	Job Fairs	Seminars
Bazaars	Lectures	Shows (animals, antique, art, baby, boat, business, consumer, craft, fashion, flower, garden, home, rv, trade, stage, wedding)
Bingo Games	Meetings (business, civic club, evangelistic)	
Car Shows – Static Display Only	Parties	Social Gatherings or Receptions
Celebrations (holiday, New Year)	(after prom, graduation night, birthday)	Speaking Engagements
Charity Events (Auctions / Benefits / Dances / Walks)	Pageants	Stage Shows (dance, music, theatrical)
Concerts - Call for approval. (No rock, rap or hip-hop)	Picnics (no in or on water activities)	Swap Meets
Conventions	Poetry Readings	Theatrical Performances or Musicals
Debuts	Prom (formal event)	Walking tours
Debutante Balls	Quinceañera	
Dinners /luncheons / showers (anniversary, birthday, baby, wedding)	Recitals	Weddings activities (rehearsal, ceremony and / or reception can be covered as a single event)
	Religious Assemblies	
	Reunions (family, class, military)	

INELIGIBLE EVENTS

Certain event types are not eligible for coverage by this program. We reserve the right to decline any request for coverage.

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

Activist Rallies/Marches/Literature Distribution	Events held on an airport premises	Motorized Vehicle / Motorcycle /Watercraft/ Powerboat practicing for, qualifying for or testing for any racing speed, demolition or stunting activity.
	Gun and/or Knife Shows	
Air shows	Haunted attractions	
Athletic Events & Competitions	Health Fairs / Shows	
Cinematography and Photography for Commercial Use	Historical Battle Reenactments	
Concerts involving rock, rap or hip-hop	In-or-On Water Activities	Overnight Retreats
	Mazes (corn, hay or fence)	Parades
Rodeos (any rodeo activity including, but not limited to, bronco or bull riding, steer roping, team roping, barrel racing or horseback riding)		

NOTABLE EXCLUSIONS

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

Abuse, Molestation, Harassment or Sexual Conduct	E-commerce consulting
All operations listed as ineligible	Employment-Related Practices
Amusement Devices, including but not limited to, any rides, slides, inflatables, bungees, climbing walls, dunk tanks - does not apply to structures that are not designed to bounce on, slide on, ride on or tunnel through)	Events held at multiple locations (except for weddings)
	Events with over 12,000 in attendance
	Fireworks
	Operations of concessionaires, exhibitors and/or vendors at your event*
Animals – injury or death to any animal or injury, death or property damage caused by your animal.	Petting Zoos
Claims resulting from the selling, serving or furnishing of alcoholic beverages if the named insured is required to obtain a license or permit (unless optional liquor liability coverage is purchased).	Room and board liability
	Saddle animals

***Coverage note:** Liability coverage for concessionaires, exhibitors and/or vendors is available through the Concessionaires/Exhibitors and Vendors Program. Please call 1-800-622-7370 for more information, or visit our website at www.sadlersports.com

LIABILITY COVERAGES AND LIMITS

Commercial General Liability – coverage that protects the insured against liability claims for bodily injury and property damage arising out of their operations.

COMMERCIAL GENERAL LIABILITY COVERAGE	OPTION 1	OPTION 2	OPTION 3	OPTION 4	OPTION 5
Each Occurrence	\$1,000,000	\$2,000,000	\$3,000,000	\$4,000,000	\$5,000,000
General Aggregate (other than Products-Completed Operations)	\$3,000,000	\$4,000,000	\$5,000,000	\$5,000,000	\$5,000,000
Products-Completed Operations Aggregate	\$1,000,000	\$2,000,000	\$3,000,000	\$4,000,000	\$5,000,000
Personal & Advertising Injury	\$1,000,000	\$2,000,000	\$3,000,000	\$4,000,000	\$5,000,000
Damage to Premises Rented to You (Fire Legal Liability)	\$ 300,000	\$ 300,000	\$ 300,000	\$ 300,000	\$ 300,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000

PREMIUMS	OPTION 1	OPTION 2	OPTION 3	OPTION 4	OPTION 5
Attendance of 1 – 1,500	\$ 383	\$ 575	\$ 825	\$ 1,075	\$ 1,325
Attendance of 1,501 – 3,000	\$ 592	\$ 888	\$ 1,138	\$ 1,388	\$ 1,638
Attendance of 3,001 – 6,000	\$ 1,183	\$ 1,775	\$ 2,070	\$ 2,320	\$ 2,570
Attendance of 6,001 – 12,000	\$ 2,040	\$ 3,060	\$ 3,570	\$ 3,876	\$ 4,126

OPTIONAL COVERAGES AVAILABLE

LIQUOR LIABILITY

Liquor liability coverage pays those sums that the insured becomes legally obligated to pay as damages because of bodily injury or property damage imposed on the insured by reason of the selling, serving or furnishing of any alcoholic beverage.

Coverage conditions:

- (1) Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your business organization with the Short-Term Special Events RPG Insurance Program administered by Sadler & Company.
- (2) Coverage will be effective the day after we receive the proper completed enrollment form with premium and will expire on the expiration date of your Short-Term Special Event Insurance Program.
- (3) Coverage is not available for Alabama, Iowa, Michigan or Vermont applicants.
- (4) Events with attendance greater than 6,000, please contact Sadler & Company for more information.

ATTENDANCE	LOCATION OF EVENT	OPTION 1 - \$500,000 LIMIT	OPTION 2 - \$1,000,000 LIMIT
1 – 1,500	All states other than AL, IA, MI or VT	\$ 445	\$ 529
1,501 – 3,000		\$ 534	\$ 635
3,001 – 6,000		\$ 748	\$ 889
6,001 – 12,000		Referral to Company	Referral to Company

MEDICAL EXPENSE

This option allows you to purchase additional limits above the \$5,000 of medical expense already included. Medical expense coverage includes payments for injuries sustained by the event attendees caused by an accident that takes place on the event premises. Injuries must be reported within one year of the accident.

Premiums are based upon each \$5,000 increment up to an additional \$20,000.

Attendance	1-1,500	1,501-3,000	3,001-6,000	6,001-12,000
Premium per increment	\$ 75	\$ 150	\$ 300	\$ 600

FREQUENTLY ASKED QUESTIONS

1. **How soon does coverage start? When will we receive proof of coverage?** Coverage can be bound the date after we receive a completed enrollment form and the appropriate premium. Proof of coverage is emailed to you within 6 business days.
2. **When should we make our coverage effective?** The effective date is the date you need your insurance to start. For many this is the first day that your organization has set up for the event. Coverage will be in effect for the time period of the event.
3. **What is “host liquor”?** This program provides coverage if the named insured conducts an event or activity where alcoholic beverages are served or furnished with or without a charge and is not required to obtain a license or permit to do so. If a liquor license or permit is required, claims resulting from serving or furnishing alcoholic beverages will be excluded unless the liquor liability coverage option is purchased.
4. **Who would be listed as the “named insured”?** The named insured should be the organization or the individual who is the organizer of the event. This would be the legal name of the organization or if no legal entity exists, the name under which the organization operates (such as the name listed on marketing material or contracts).
5. **I have been asked by the facility that I am using for the event to add them as an additional insured to my policy. What does this mean and how do I do that?** An additional insured is an entity that has an insurable interest for claims arising out of your negligence as the named insured. Such possible entities are a landlord or sponsor. By providing an entity additional insured status they now are entitled to defense and indemnity (*if policy limits have not been exhausted*) under your policy with no responsibility for premium payments. You can add an entity as additional insured under the certificate request section of the enrollment form. You must provide their complete name, address and relationship to you.
6. **Will we receive a policy after submitting the enrollment form?** You will receive a certificate of insurance as proof of coverage. Coverage is offered exclusively through the 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 receives 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 by writing to Sadler & Company, Inc., PO Box 5866, Columbia SC 29250-5866.

HOW TO APPLY FOR COVERAGE

- ➔ Complete this paper enrollment form. Submit your completed enrollment form and full payment to Sadler & Company by mail, overnight delivery, or fax.

Mail to:

Sadler & Company Inc.
PO Box 5866
Columbia SC 29250

Overnight to:

Sadler & Company Inc.
3014 Devine St, 2nd Floor
Columbia SC 29205


Fax to: 803-256-4017

- ➔ If you fax your enrollment form, be sure to follow the special instructions that are on the final page of packet.
- ➔ You should receive your proof of coverage documents via email within 6 business days.

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

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. You may request a copy of the full policy by submitting a written request to Sadler & Company, Inc.

NOTE TO ALL AGENTS & BROKERS – there are no commissions included in this program. Premiums are NET and may not be altered on the enrollment form. In addition, proof of coverage will be sent direct to the organization and will not be sent to an agent.

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

Sadler & Company of SC, Inc. in Arkansas (Lic #254179)
John Sadler Insurance Services in MA
Sadler Insurance Agency in OK

D/B/A Sadler Insurance Agency in CA Lic. # 0B57651
Sadler Agency - New York (PC-532473 and LA-532473)
Sadler and Company - Vermont (License #577)



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Enrollment Form

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Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group (RPG). An RPG provides group purchasing power for similar risks resulting in potential advantageous coverage terms, competitive rates, risk management bulletins, and rewards for favorable group loss experience. An RPG membership fee may be charged. The submission of the 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.

PLEASE PRINT OR TYPE IN BLACK INK ONLY

GENERAL INFORMATION

NAMED INSURED (as it should appear on the policy):

(Use your name if you operate as a sole proprietor)
 (Use your legal business name if you operate as a corporation or LLC)

Doing Business As (DBA):

(Additional name(s) under which the named insured operates)

Mailing Address:

City: _____ **State:** _____ **Zip:** _____

Contact Name:

Phone: () _____ **Cell:** () _____ **Fax:** () _____

Email: _____ **Website:** _____

Form of Business: Individual Partnership/joint venture Limited liability company Trust Corporation
 Other – Please explain: _____

BUSINESS INFORMATION – You Must Answer All Questions

1. Are overnight accommodations or camping facilities part of the event? Yes No
 2. Will this event feature any of the following activities? Yes No

Concessionaires, exhibitors or vendors	Fireworks or pyrotechnics
Petting zoos or animals	Rides, Amusement devices or Inflatable Recreational Devices

The exposures/activities listed above are not covered by this program and any resulting claims will be denied. If you wish to cover any of these activities, please contact Sadler & Company to determine if other coverage options are available. If any of these activities are provided by a third party, you should require evidence of liability coverage (certificate of insurance) from the entity/organization naming you as an additional insured.

3. Is this event held at multiple locations? Yes No
 4. Is the event being held annually? Yes No
 5. Is there a live musical or entertainment performance at the event? Yes No

If yes, please indicate the type of performer(s): _____
 If a musical performer, please provide the type of music provided/performed: _____

6. Alcoholic beverages:
- Will not be allowed or available at the event
 - None provided by named insured and/or only attendees allowed to bring their own alcoholic beverages (BYOB).
 - Will be sold at the event (i.e. individual drinks are offered for sale for cash or with pre-purchased tickets)
 If sold, who holds the liquor license or permit?
 Insured Caterer or Vendor Facility Sponsor
 - Will be furnished without a charge at the event (i.e.: wine and beer are served for free; or event has \$100 admission fee and wine is served with dinner for free)
 If furnished, is the insured required to obtain a liquor license? Yes No
 - Will be sold and furnished at the event (i.e. providing wine and beer for free, but also having a cash bar)
 If sold and furnished, who holds the liquor license or permit?
 Insured Caterer or Vendor Facility Sponsor

HOW DID YOU HEAR ABOUT SADLER & COMPANY?

____ Already doing business with Sadler ____ Referral From A Friend ____ Referral From Another Agent
 ____ Search Engine ____ Other: _____

If applying for an invitation only (single day coverage) event, please complete pages 1, 2, 4 & 5.
If applying for open to the public (one day or multiple day) event coverage, please complete page 1 & 3-5.

INVITATION ONLY EVENT (SINGLE DAY COVERAGE) - COVERAGE SELECTION

(All requests for coverage are subject to underwriting approval)

1. Make sure your event meets the eligibility criteria of an invitation only (single day coverage) event & choose that option
2. Mark what type of event you are applying for
3. Choose the premium option you are applying for
4. Fill out the event information section in its entirety
5. You will be sent a certificate of insurance as proof of coverage. If you need additional certificates (for example, for the property owner of where the event is taking place) please complete the additional certificates section.

INVITATION ONLY EVENT (SINGLE DAY COVERAGE)

(you must provide a copy of the invitation/flyer/brochure)

Eligibility criteria:

- Event must be for a single day
- Event cannot be open to the public
- Attendance of 0-200 guests
- Must provide a copy of the invitation/flyer/brochure that was sent to guests
- Event type must appear on the list of eligible events below

****If any of the above criteria are not met, you must apply under the "open to public events" option on the next page****

ELIGIBLE EVENTS/TYPE OF EVENT (choose one):

<input type="checkbox"/> Achievement celebration	<input type="checkbox"/> Bar/bat mitzvah	<input type="checkbox"/> Club meeting	<input type="checkbox"/> Graduation party	<input type="checkbox"/> Retirement party
<input type="checkbox"/> Anniversary party	<input type="checkbox"/> Birthday party	<input type="checkbox"/> Corporate banquet	<input type="checkbox"/> House warming	<input type="checkbox"/> Reunion (class, family, military)
<input type="checkbox"/> Award banquet	<input type="checkbox"/> Business dinner	<input type="checkbox"/> Corporate private party	<input type="checkbox"/> Memorial service	<input type="checkbox"/> Wedding ceremony
<input type="checkbox"/> Baby shower	<input type="checkbox"/> Business lecture or seminar	<input type="checkbox"/> Debutante ball	<input type="checkbox"/> Private luncheon	<input type="checkbox"/> Wedding reception
<input type="checkbox"/> Banquet	<input type="checkbox"/> Business meeting	<input type="checkbox"/> Engagement party	<input type="checkbox"/> Quinceanera	<input type="checkbox"/> Wedding rehearsal dinner
<input type="checkbox"/> Baptism	<input type="checkbox"/> Celebration (holiday, New Year)	<input type="checkbox"/> Fundraising dinner	<input type="checkbox"/> Recital (dance or music)	<input type="checkbox"/> Wedding shower

PREMIUM (choose one):

WITHOUT HOST LIQUOR	LIMITS OF LIABILITY	SINGLE EVENT PREMIUM	OR	WITH HOST LIQUOR	LIMITS OF LIABILITY	SINGLE EVENT PREMIUM
Option 1	\$ 1,000,000	<input type="checkbox"/> \$100.00		Option 1	\$ 1,000,000	<input type="checkbox"/> \$150.00
Option 2	\$ 2,000,000	<input type="checkbox"/> \$150.00		Option 2	\$ 2,000,000	<input type="checkbox"/> \$225.00

EVENT INFORMATION (all of the fields below must be completed):

Name of Event:
Type of Event (from selection made above):
Single Date of Event (MM/DD/YY):
Hours of Event:
Total Attendance at Event:
Event Location:
Name of Venue:
Street Address:
City, State & Zip:

ADDITIONAL CERTIFICATES: Complete this section to request additional certificates

Type of certificate you are requesting: Additional Insured Evidence of Coverage

Relationship to you: Owner/Lessor of Premises Sponsor Co Promoter

ENTITY NAME:		
MAILING ADDRESS:		
CITY:	STATE:	ZIP:

OPEN TO THE PUBLIC EVENT (ONE OR MORE COVERAGE DAYS) - COVERAGE SELECTION
 (All requests for coverage are subject to underwriting approval)

OPEN TO THE PUBLIC EVENT

EVENT INFORMATION (all of the fields below must be completed):

Name of Event:

Type of Event:

Date(s) of coverage (including set-up & tear-down): ____/____/____ to ____/____/____

Event date(s): ____/____/____ to ____/____/____

Hours of Event (including set-up & tear-down): ____ A.M./P.M. to ____ A.M./P.M.

Total Attendance at Event (average daily attendance x the # of event days):

Event Location:

Name of Venue:

Street Address:

City, State & Zip:

(A) - GENERAL LIABILITY PREMIUM (choose one):

Premium is determined by the total attendance (daily attendance times the actual number of event days).
 Please select an option based upon your attendance and location of the event.

ATTENDANCE	Option 1 \$1,000,000	Option 2 \$2,000,000	Option 3 \$3,000,000	Option 4 \$4,000,000	Option 5 \$5,000,000
1 – 1,500	<input type="checkbox"/> \$ 383.00	<input type="checkbox"/> \$ 575.00	<input type="checkbox"/> \$ 825.00	<input type="checkbox"/> \$1,075.00	<input type="checkbox"/> \$1,325.00
1,501 – 3,000	<input type="checkbox"/> \$ 592.00	<input type="checkbox"/> \$ 888.00	<input type="checkbox"/> \$1,138.00	<input type="checkbox"/> \$1,338.00	<input type="checkbox"/> \$1,638.00
3,001 – 6,000	<input type="checkbox"/> \$1,183.00	<input type="checkbox"/> \$1,775.00	<input type="checkbox"/> \$2,070.00	<input type="checkbox"/> \$2,320.00	<input type="checkbox"/> \$2,570.00
6,001 – 12,000	<input type="checkbox"/> \$2,040.00	<input type="checkbox"/> \$3,060.00	<input type="checkbox"/> \$3,570.00	<input type="checkbox"/> \$3,876.00	<input type="checkbox"/> \$4,126.00

(B) - OPTIONAL LIQUOR LIABILITY PREMIUM (not available for AL, IA, MI or VT applicants)

You must complete the Liquor Liability Questions on the following page if you purchase this coverage.
 Please select option based upon total attendance of the event:

ATTENDANCE	LOCATION OF EVENT	OPTION 1 – \$500,000 LIMIT	OPTION 2 – \$1,000,000 LIMIT
1 – 1,500	All states other than AL, IA, MI or VT	<input type="checkbox"/> \$ 445.00	<input type="checkbox"/> \$ 529.00
1,501 – 3,000		<input type="checkbox"/> \$ 534.00	<input type="checkbox"/> \$ 635.00
3,001 – 6,000		<input type="checkbox"/> \$ 748.00	<input type="checkbox"/> \$ 889.00
6,001 – 12,000		Referral to Company	Referral to Company

(C) – OPTIONAL ADDITIONAL LIMITS OF MEDICAL EXPENSE

ATTENDANCE	ADDITIONAL \$5,000 LIMIT	ADDITIONAL \$10,000 LIMIT	ADDITIONAL \$15,000 LIMIT	ADDITIONAL \$20,000 LIMIT
1 – 1,500	<input type="checkbox"/> \$ 75.00	<input type="checkbox"/> \$ 150.00	<input type="checkbox"/> \$ 225.00	<input type="checkbox"/> \$ 300.00
1,501 – 3,000	<input type="checkbox"/> \$ 150.00	<input type="checkbox"/> \$ 300.00	<input type="checkbox"/> \$ 450.00	<input type="checkbox"/> \$ 600.00
3,001 – 6,000	<input type="checkbox"/> \$ 300.00	<input type="checkbox"/> \$ 600.00	<input type="checkbox"/> \$ 900.00	<input type="checkbox"/> \$1,200.00
6,001 – 12,000	<input type="checkbox"/> \$ 600.00	<input type="checkbox"/> \$1,200.00	<input type="checkbox"/> \$1,800.00	<input type="checkbox"/> \$2,400.00

ADDITIONAL CERTIFICATES: Complete this section to request additional certificates

Type of certificate you are requesting: Additional Insured Evidence of Coverage

Relationship to you: Owner/Lessor of Premises Sponsor Co Promoter

ENTITY NAME:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

**LIQUOR LIABILITY – UNDERWRITING QUESTIONS
REQUIRED IF LIQUOR LIABILITY COVERAGE IS DESIRED
(not available for AL IA, MI, or VT applicants)**

1. Is the named insured required to obtain a liquor license or permit? Yes No
 If yes: Please provide the name of the liquor license/permit holder: _____
 Please provide the relationship to the named insured: _____
 Please provide the liquor license/permit number: _____
2. Are alcoholic beverages (please select one):
 Sold? Provide the amount of alcoholic beverage sales: _____ and food sales _____
 Included as part of the admission charge?
 Served or furnished without a charge?
3. What types of alcoholic beverages are being sold/served? Please describe: _____
4. Have you ever been fined or had a liquor license/permit revoked or suspended? Yes No
5. Has any insurer cancelled or non-renewed your coverage during the past 3 years? Yes No
6. Are patrons allowed to carry alcoholic beverages onto the premises during your event? Yes No
7. Are alcoholic sales and consumption contained within a fixed and/or secured area? Yes No
8. Has at least one server at this event had formalized awareness training? Yes No
 If yes, please provide the type of training (i.e.: TIPs, TAMs, TABC): _____
9. Are IDs checked at the event? Yes No
10. Are alcoholic sales stopped at least one (1) hour prior to the end of the event? Yes No

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.

TOTAL COST SUMMARY

Program Premium (Commercial General Liability) (Required Coverage)	\$ (A)
Liquor Liability Premium (Optional Coverage)	\$ (B)
Medical Expense Premium (Optional Coverage)	\$ (C)
Premium Due – Subtotal (add lines above)	\$ (D)
FLORIDA APPLICANTS ONLY	
Florida applicants need to add a 1.3% state mandated Hurricane Catastrophe Fund Assessment fee to the premium due	\$ (E)
Florida Premium Due – Subtotal: Multiply line (D) x 1.013	
Annual Risk Purchasing Group Membership Fee (Required)	\$ 10.00 (F)
Total Cost Due: Lines (D) or (E) + (F)	\$

COSTS ARE 100% FULLY EARNED AND NON-REFUNDABLE ONCE COVERAGE BEGINS

ADDITIONAL INFORMATION

- 1) **Event cancellations** must be reported to Sadler & Company **in writing on or before the original event start date** to be considered for a premium refund or credit.
- 2) **Event date changes** must be reported to Sadler & Company **in writing on or before the original event start date**. A premium refund may be requested if the event cannot be rescheduled within 60 days.
- 3) Any exposure changes that deviate from the original enrollment form must be reported to Sadler & Company **in writing on or before the event start date**. Upon review of the exposure changes, we will determine if coverage can still be afforded or declined and the premium refunded.

COVERAGE EXCLUSIONS

The following exclusions are contained in the commercial general liability coverage provided by this program. Abuse, molestation, harassment or sexual conduct; Aircraft/hot air balloon; Amusement devices (the ownership, operation, maintenance or use of: any mechanical or non-mechanical ride, slide, water slide, any inflatable recreation device, any bungee operation or equipment, any vertical device or equipment used for climbing- either permanently affixed or temporarily erected or dunk tank. Amusement device does not include any video arcade or computer games or structures that are not designed to bounce on, slide on, ride on or tunnel through); Animals (injury or death to any animal, or injury, death or property damage caused by an animal owned, rented or hired by you); Asbestos; Commercial general liability standard exclusions (C00001 12/04 edition); E-commerce consulting; Employment-related practices; Fireworks; Fungi or bacteria; Events held outside the United States; Events held at multiple locations (except for weddings); Events with over 12,000 in total attendance; Lead; Nuclear energy liability; Operations of concessionaires, exhibitors and/or vendors at your event; Performers; Petting zoos; Room and board liability; Saddle animals; Selling, serving or furnishing of alcoholic beverages by the named insured if they are required to hold a liquor license or permit (unless the optional coverage is purchased); Snowmobile; Those operations listed as ineligible: Activist rallies, marches or literature distribution; Air Shows, Athletic events and competitions; Cinematography and photography for commercial use; Concerts (rock, rap or hip-hop); Events held on an airport premises; Gun and/or knife shows; Haunted attractions; Health fairs or shows; Historical battle reenactments; In or on water activities; Mazes (corn, hay or fence); Motorized vehicle, motorcycle or watercraft/ powerboat practicing for, qualifying for or testing for any racing speed, demolition or stunting activity; Overnight retreats; Parades; Rodeos (any rodeo activity including, but not limited to, bronco or bull riding/steer roping, team roping barrel racing or horseback riding).

READ & 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:
INSURED NAME:	

How To Apply For Coverage

- ➔ **Complete this paper application.** Coverage can be effective once your fully completed application and check for the correct premium are received & approved by Sadler & Company. [Make check payable to: Sadler & Company, Inc.](#)
- ➔ **Your proof of coverage documents will be processed within 6 business days and delivered to you via Email, Fax or US Mail.**

(1) If you would like to send your application & check via **U S Mail**, please send to:

Sadler & Company, Inc.
P. O. Box 5866
Columbia, SC 29250-5866

(2) If you would like to send your application & check via **overnight delivery**, please send to:

Sadler & Company, Inc.
3014 Devine Street, 2nd Floor
Columbia, SC 29205
(803) 254-6311

(3) If you would like to **fax** your application & check, be sure to follow these special instructions.

How To Fax A Check

In Order To Send A Check By Fax, Please Follow These Simple Steps:

- 1) Complete the Enrollment Form/Application for insurance coverage.
- 2) **Make check payable to: Sadler & Company, Inc.** Fill check out for the correct amount and make sure that it is dated and signed. Do not “void” the check & please keep the original in case we need to have you forward it to us at a later date. *(This check may be processed as an EFT / ACH {electronic funds transfer} which may cause your check to clear immediately.)*
- 3) Photocopy your check so that the page can be faxed.
- 4) **Sometimes, we can't read all of the numbers and words on the faxed check because they are too small or the fax is not clear. As a result, you are required to hand write the following on the photocopied page of the check:**



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.



2) Name and address of your bank exactly like it appears on your check do not look up the address in the phone book – we must duplicate your check exactly as it is printed.



NOTE: DO NOT FAX CASH, MONEY ORDERS, STARTER CHECKS, CASHIER CHECKS, COUNTER CHECKS, PURCHASE ORDERS, WARRANTS OR CHECKS THAT REQUIRE 2 SIGNATURES!!

- 5) Fax your Enrollment/Application and your check to us at: 1-803-256-4017.
- 6) Keep your original check for your records. **Do NOT mail it to Sadler & Company** as this could cause us to double issue your coverage and **DOUBLE DEPOSIT YOUR CHECK**. *(If there is a problem with processing your check, we will let you know and will then let you know what we need to do to process your application.)*

WE WILL EMAIL OR CALL YOU IF THERE IS A PROBLEM WITH YOUR CHECK OR APPLICATION.

DUE TO THE VOLUME OF APPLICATIONS THAT WE RECEIVE ON A DAILY BASIS, YOU WILL NOT RECEIVE CONFIRMATION BACK BY TELEPHONE, EMAIL OR FAX.

NOTE: We will not be able to rush fax your proof of coverage documents. Please allow 6 business days for processing and issuing of coverage.