

Short Term Special Events

General Liability Insurance Program and Enrollment Form

This brochure is valid for effective dates from December 1, 2008 to November 30, 2009.

Sadler & Company, Inc. is pleased to provide you with the enclosed information regarding the Short Term Special Events General Liability Insurance Program. To enroll in the program, simply complete the attached enrollment form and send it along with your payment to our office.



How To Apply For Coverage

- ➔ Complete this paper application. Coverage can be effective once your fully completed enrollment form and payment are received and approved at Sadler & Company by mail, overnight delivery, or fax.
 - ➔ If you fax your application, be sure to follow the special instructions that are attached.
 - Your proof of coverage documents will be processed within 6 business days and delivered to you via Email, Fax or US Mail.
- 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.**

PROGRAM ELIGIBILITY CRITERIA

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

Maximum total attendance is 12,0000 or less.	Event is held at a single location.	The event must be held in the United States
Maximum number of consecutive event days (not including set-up or tear down) is 10.		

LIST OF ELIGIBLE EVENTS

This list does not encompass all events that may be included in each category. This is only a summary. If you do not meet all the criteria, please contact Sadler & Company, Inc. at 1-800-622-7370 for other program options available.

Auctions (animal, property, real estate)	Festivals (art, craft, ethnic, harvest)	Reunions (family, class, military)
Award Presentations	Flea Markets	Rummage Sales
Banquets / Luncheons	Graduation ceremonies	School Band/Drill Team Competitions
Bar Mitzvah / Bat Mitzvah	Job Fairs	School Carnivals (no rides)
Bazaars	Lectures	Seminars
Benefit Walks	Meetings (business, civic club, evangelistic)	Shows (animal/horse/livestock judging, antique, art, auto static display, boat, business, consumer, craft, fashion, flower, garden, home, rv, trade, wedding)
Bingo Games		
Car Shows – Auto Static Only	Pageants	
Charity Events (Auctions / Benefits / Dances / Walks)	Parties (after prom, graduation night, lock-ins, fraternity, birthday)	Social Gatherings / Receptions
		Speaking Engagements
Concerts - Call for approval. (No rock, rap or hip-hop)	Picnics (no in or on water activities)	Stage Shows (dance, music, theatrical)
	Poetry Readings	Swap Meets
Conventions	Political Campaign Rallies	Theatrical Performances / Musicals
Debuts	Prom (formal event)	Walks/tours (charity, garden, parade of homes, historical sites, Christmas)
Debutante Balls	Quinceañera	
Dinners/luncheons/showers (anniversary, birthday, baby, wedding)	Recitals	Weddings & Receptions (rehearsal, wedding and reception can be covered as a single event)
	Religious Assemblies	

We believe that this Short Term Special Events Insurance Program provides the best combination of price, coverage, ease of doing business and claims service for most organizations. We're confident that you will agree! Please contact our Sports Department at 1-800-622-7370 if you have any questions or e-mail us at events@sadlersports.com.

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.

SHORT TERM SPECIAL EVENTS GENERAL LIABILITY INSURANCE PROGRAM

This Brochure & Enrollment Form is valid for effective dates from December 1, 2008 to November 30, 2009.

LIABILITY COVERAGE AND LIMITS

Commercial General Liability coverage protects the insured against any liability claims for bodily injury and property damage arising out of the premises, operations, products and completed operations; and advertising and personal injury liability. There is no deductible that applies to liability claims.

<u>COVERAGE</u>	<u>OPTION 1 - (\$1,000,000)</u>	<u>OPTION 2 - (\$2,000,000)</u>
General Aggregate	\$2,000,000	\$2,000,000
Products -Completed Operations Aggregate	\$1,000,000	\$2,000,000
Each Occurrence	\$1,000,000	\$2,000,000
Personal & Advertising Injury	\$1,000,000	\$2,000,000
Medical Expense	\$ 5,000	\$ 5,000
Damage to Premises Rented to You	\$ 300,000	\$ 300,000

PROGRAM ELIGIBILITY CRITERIA

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

Maximum total attendance is 12,000 or less.	Event is held at a single location.	Event location must be held in the U.S.
Maximum number of consecutive event days (not including set-up or tear down) is 10. Event days are to be consecutive.		

INELIGIBLE EVENTS

Certain event types are not eligible for coverage by this program. We reserve the right to decline any request for coverage. The ineligible event types include, but are not limited to the following:

Activist Rallies/Marches/Literature Distribution	Gun and Knife Shows	Mazes (corn/hay/fences)	Overnight Retreat	Parades
Athletic Events & Competitions	Haunted attractions	Motorized Vehicle/Motorcycle/Watercraft/Powerboat practicing for, qualifying for or testing for any racing speed, demolition or stunting activity.		
Cinematography and Photography for Commercial Use	Health Fairs / Shows			
Concerts (Call for approval. No rock, rap or hip-hop)	Historical Battle Reenactments	Rodeos (activities including, but not limited to, bull or bronco riding, steer roping, team roping, or barrel racing)		
Events providing accommodations or camping as part of the event.	In-or-On Water Activities			
Events requiring Liquor Liability Coverage (host liquor is included)				

Coverage for ineligible events or excluded coverage(s) may be considered with separate application. Contact Sadler & Company to obtain additional information regarding a tailor-made policy for your insurance needs.

NOTABLE EXCLUSIONS

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

Abuse, Molestation, Harassment or Sexual Conduct	Employment-Related Practices			
Aircraft/Hot Air Balloon-ownership, maintenance or use	Fireworks	Fungi or Bacteria	Lead	Snowmobile
Airport - ownership, operation, maintenance or use	Asbestos	Performers	Nuclear Energy	
Amusement Devices, including but not limited to, any mechanical or non-mechanical ride, slide, water slide, pony rides, moonwalk or moon bounce, bungee (does not include video arcade or computer game)	Motorized Vehicle/Motorcycle/Watercraft/Powerboat practicing for, qualifying for or testing for any racing speed, demolition or stunting activity.			
Animals - injury or death to any animal; injury, death or property damage caused by any animal owned, rented or hired				
Claims arising out of the operations of concessionaires, exhibitors and vendors at your event.	Saddle animal - ownership, operation, maintenance, use loading or unloading of any saddle animal, including but not limited to, riding any saddle animal or riding on any vehicle which is drawn or powered by any animal.			
Designated operations exclusion - those events listed as ineligible				

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.

PREMIUM*

<u>Total Event Attendance</u>	<u>OPTION 1 - (\$1,000,000)</u>	<u>OPTION 2 - (\$2,000,000)</u>
1,500 or Less	\$ 383.00	\$ 575.00
1,501 to 3,000	\$ 740.00	\$1,110.00
3,100 to 6,000	\$1,479.00	\$2,218.00
6,001 to 12,000	\$2,550.00	\$3,825.00

Note: All Florida applicants must add a 1% state mandated Hurricane Catastrophe Fund assessment fee to the total premium.

Premium is based on the total attendance for your event. The total attendance is to be determined by counting all persons attending each session and/or each day of your event. For example, an event that runs for 3 days with daily attendance of 2,000 has a total attendance of 6,000.

*100% of the premium is fully earned at the inception date and is **not refundable** in the event of cancellation. Event cancellation, event date changes or exposure changes must be reported to Sadler & Company in writing on or before the originally reported event start date to be eligible for a premium refund or credit.

CARRIER

Coverage is provided by a carrier rated A+ (superior) by AM Best Company.



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

SHORT TERM SPECIAL EVENTS - ENROLLMENT FORM

This Brochure & Enrollment Form is valid for effective dates from December 1, 2008 to November 30, 2009.

Please Type Or Print In Black Ink

This form must be completed and returned with your payment. The submission of this application form does not guarantee coverage. Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. Certain operations are not eligible for coverage by this program. The company reserves the right to decline any request for coverage.

Insured Name:		
Contact Name:		
Mailing Address:		
City:	State:	Zip:
Home Phone: ()	Daytime Phone: ()	Fax #: ()
Email:	Website:	
Name of Event:		
Event Type / Description:		
Event Date(s) : _____ / _____ / _____ to _____ / _____ / _____ <small>(including set up and/or tear down days) mm dd yy mm dd yy</small>	Hours of Event: _____	
Form of Business: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership/joint venture <input type="checkbox"/> Limited liability company <input type="checkbox"/> Trust <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____		
Number of Actual Event Days:	Total Event Attendance:	
Location of Event/VENUE:		
City:	State:	Zip: Date Certificate Needed By:

1. Are overnight accommodations or camping facilities part of the event?	___ No	___ Yes
If yes, is the attendee responsible for the payment of the reserved room or camping site?	___ No	___ Yes

2. Will this event feature any of the following:		
a) Rides, Mechanical Devices Inflatables?	___ No	___ Yes
b) Petting Zoos or Animal Rides?	___ No	___ Yes
c) Fireworks/Pyrotechnics?	___ No	___ Yes
3. Are you required to get a liquor license/permit?	___ No	___ Yes
4. Will alcoholic beverages be served?	___ No	___ Yes
5. Will alcoholic beverages be sold?	___ No	___ Yes
If Yes, did you collect a certificate of insurance for Liquor Liability?	___ No	___ Yes
6. Is the event being held annually?	___ No	___ Yes
7. Does the event have vendors or exhibitors?	___ No	___ Yes

If yes, please be advised that coverage is not provided for the claims arising out of the operations of concessionaires, exhibitors and vendors at your event. Liability coverage for concessionaires, exhibitors and vendors is available through another program. Contact us at 1-800-622-7370 for more information, or visit our website at www.sadlersports.com/vendorsinsurance

8. Are there musical/entertainment performers?	___ No	___ Yes	If yes, please list below
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Music/Entertainment Information – List the names of performers appearing at this event / Attach separate sheet if needed:	
PERFORMER / ENTERTAINER NAME	TYPE OF MUSIC/PROGRAM

9. Provide a brochure, flyer, invitation, and/or schedule of events/activities or a brochure for this event. This information is required and must accompany the enrollment form in order for enrollment to be considered for insurance. (Brochures, flyers, etc. must be in English.)

Certificate Requests: Please note that you will receive a certificate of insurance showing evidence that coverage has been bound. Use this section to request any additional certificate needed for another entity. List the name and mailing address of any entity requiring a Certificate of Insurance and indicate their relationship to you. Please verify additional insured language as specified in the contract wording prior to submitting enrollment form for approval. Providing a copy of the insurance section of your contract will help us complete Certificates of Insurance quickly and accurately. Please note that certificates will not be sent directly to these entities – they will be sent to you for you to deliver. ***(If you do not provide the complete mailing address of the Certificate Holder or Additional Insured we cannot issue the certificate of insurance.) All certificate requests must be submitted in writing.***

Check the type of certificate that you are requesting:

Additional Insured OR Certificate Holder / Evidence of Coverage only

Name of Certificate Holder:

Contact Name:

Complete Mailing Address:

City:

State:

Zip:

Relationship to you: ? Owner/Lessor of premises ? Sponsor ? Co-Promoter ? Other (must specify):

Special Certificate Language Needed (please explain or attach information):

PREMIUM SUMMARY * (please check one option)

Total Event Attendance	PREMIUM OPTION 1 - (\$1,000,000)	PREMIUM OPTION 2 - (\$2,000,000)
1,500 or Less	<input type="checkbox"/> \$ 383.00	<input type="checkbox"/> \$ 575.00
1,501 to 3,000	<input type="checkbox"/> \$ 740.00	<input type="checkbox"/> \$1,110.00
3,100 to 6,000	<input type="checkbox"/> \$1,149.00	<input type="checkbox"/> \$2,218.00
6,001 to 12,000	<input type="checkbox"/> \$2,550.00	<input type="checkbox"/> \$3,825.00

Total Premium Due	\$	(A)
Florida applicants must add 1% to total premium due (.01X line A) = Florida assessment fee:	\$	(B)
Total amount due for FLORIDA APPLICANTS (add lines A & B)	\$	

Note: Premium is based on the total attendance for your event. The total attendance is to be determined by counting all persons attending each session and/or each day of your event. For example, an event that runs for 3 days with daily attendance of 2,000 has a total attendance of 6,000.

- 1) ***100%** of the premium is fully earned at the inception date and is **not refundable** in the event of cancellation. Event cancellation, event date changes or exposure changes must be reported to Sadler & Company in writing on or before the originally reported event start date to be eligible for a premium refund or credit.
- 2) Premium and enrollment form must be received in our office 10 business days prior to the requested effective dates.
- 3) Event cancellations must be reported to Sadler & Company **in writing on or before the original event start date** to be eligible for a premium refund or credit.
- 4) 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.
- 5) 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.

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, and should my figures exceeds my estimates during the coverage term I will make arrangements to pay the additional premium. 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 all information provided with this enrollment form and understand the exclusions that apply, as well as the activities and operation for which coverage is not provided.

Applicant Signature: _____ **Printed Name:** _____

Title: _____ **Date:** _____ **Policy Named Insured:** _____

HOW DID YOU HEAR ABOUT SADLER & COMPANY:?

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

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.