

SADLER

SPORTS & RECREATION INSURANCE

P. O. Box 5866, Columbia, SC 29250-5866

Phone: (800) 622-7370 Fax: (803) 256-4017

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

Email: camps@sadlersports.com

2011 Youth Sports Camp & Sports Clinic Insurance Plan

Insurance Program and Enrollment Form

This brochure is valid for effective dates from
March 1, 2011 through February 29, 2012



TWO WAYS TO APPLY FOR COVERAGE

1) FOR FASTEST SERVICE:

- Apply for coverage online at www.sadlersports.com/sportscampinsurance by clicking on the "Apply For Coverage Online" icon.
- Fax or email a copy of your camp brochure and/or registration form to Sadler & Company.
- You can pay online with your check in a totally secure environment and your proof of coverage documents will be reviewed for approval within 48 business hours. When the application is approved, proof of coverage will be emailed to you. (If for some reason the application is not approved, you will receive an email notification.)
- No more worrying about the application getting lost in the mail or your fax not being received.

2) FOR REGULAR SERVICE:

- Complete this paper application. Coverage can be effective once your fully completed application & camp brochure is received at Sadler & Company by mail, overnight delivery, or fax.
- If you fax your application, be sure to follow the special instructions that are on the next page.
- You should receive your proof of coverage documents via Email, Fax or US Mail within 14 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

PROGRAM DESCRIPTION

This program has been designed for U.S.-based youth sports camp operations (those attended by campers age 19 or under) or sports clinics that are held at premises not owned or maintained by the sport camp operator. Coverage provided under this program includes important liability protection for the camp or clinic operator, including employees and volunteers, for liability claims arising out of its operations. In addition, the program provides medical payments coverage to the camp or clinic participants. Coverage is provided on an annual basis, but only applies to those camp/clinic sessions that are specifically reported.

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

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. 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.) If you wish to use our commissionable program please go to www.sadleragent.com.

ELIGIBLE OPERATIONS

Sports operations conducted on a clinic, day camp or overnight camp basis for attendees age 19 and under that are focused on improving skills in one of the following sport categories are eligible for this insurance program. If your sport is not listed, please contact Sadler & Company at 1-800-622-7370 to confirm eligibility.

Baseball	Drill Team	Ice Hockey	Squash	Track & Field
Basketball	Football	Lacrosse	Swimming	Volleyball
Cheerleading	Golf	Soccer	Strength & Conditioning	Water Polo
Deck / Floor Hockey	Gymnastics	Softball	Tennis	Wrestling

Classroom/lecture clinics for coaches/officials in any of the above mentioned sports are also eligible to enroll in this insurance program.

Day camps/clinics for youth with an accompanied adult are eligible for this program (i.e.: parents & me camps). Ratios cannot be more than 2 adults per child.

INELIGIBLE OPERATIONS

Camps or clinics offering the following operations or instruction based on any of the following sport categories are not eligible for this insurance program. Please note this is not a complete listing of ineligible sports. Please us for more information.

After school/day care/latch key programs	Equestrian	Martial Arts*	Recruiting camps, showcases, or combines*
All star /bowl games*	Boxing	Hunting &/or nature camps/programs	Skiing (snow or water)
Box lacrosse	Broomball	Open water activities	Sports camp/clinic operators who own their own facility
Cycling or BMX	Diving	Pro-sport try-out and training camps	
Please contact us for programs that can provide coverage for these operations.			Weight loss camps/programs

EXCLUSIONS:

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

Abuse, molestation, harassment or sexual conduct	Fireworks	Operation, ownership or management of any facility or field other than being used for covered activities
Amusement devices (eg: rides, slides, inflatables, bungees, climbing walls, dunk tanks)	Fungi or bacteria	Operations listed as ineligible
	Lead	Transportation of participants
Asbestos	Nuclear energy	Use of haunted attractions
Employment-related practices	Pollution	

COVERAGES AND LIMITS:

COVERAGE	OPTION A	OPTION B
Commercial General Liability (each occurrence)	\$1,000,000	\$2,000,000
General Aggregate (other than Products-completed Operations)	\$3,000,000	\$4,000,000
Products-Completed Operations Aggregate	\$1,000,000	\$2,000,000
Personal & Advertising Injury	\$1,000,000	\$2,000,000
Legal Liability to Participants	\$1,000,000	\$2,000,000
Professional Liability	\$1,000,000	\$2,000,000
Hired Auto and Employers' Nonownership Liability (not provided while in Hawaii)	\$1,000,000	\$2,000,000
Damage to Premises Rented to You	\$ 300,000	\$ 300,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000
Medical Payments for Participants (Excess) - \$100 per claim deductible applies	\$ 25,000	\$ 250,000
Medical Expense Reimbursement for Participants	\$ 1,000	\$ 1,000

RATES (Per Participant)

Per participant / per daily session	\$ 1.33	\$ 1.82
Per participant / per weekly session*	\$ 4.00	\$ 5.54
Per participant / overnight camps (camps no more than 7 consecutive days)	\$ 5.32	\$ 7.35

**Use the weekly rate if the camp/clinic session is 3-7 consecutive days)*

MINIMUM PREMIUMS

\$ 240

\$ 360

If the total calculated premium is less than minimum, the premium due is the minimum premium. Minimum premiums are fully earned (non-refundable) at the start of your first reported session.

Commercial General Liability coverage which protects the insured against liability claims for bodily injury and property damage arising out of premises, operations, products and completed operations, and personal and advertising injury.

Legal Liability to Participants and Professional Liability coverage are also provided as part of this program. No deductible applies to liability claims.

Hired Auto and Employers' Nonownership Liability – coverage which protects the insured against liability claims arising out of the maintenance or use of motor vehicles hired or borrowed by the insured on a short-term basis, as well as coverage for those autos your organization does not own, lease, hire, rent or borrow that are used in conjunction with your operations. Coverage does not extend to the transporting of participants or to those vehicles that are rented, hired or borrowed on a long-term basis.

Medical Payments for Participants coverage which pays the medical and dental expenses incurred by a “participant” when an accidental injury occurs while participating in your camp or clinic operations. The coverage is provided on an excess basis, responding after all other medical coverage available to the “participant” has been exhausted. If no other medical coverage exists, the coverage becomes primary. A \$100 deductible applies to each claim and the benefit period is 2 years from the date of the accident.

Medical Expense Reimbursement for Participants – coverage which will pay expenses incurred for illness which a “participant” first experiences, or is exposed to, during a covered camp or clinic program. The illness must be reported within two years from the first experience or exposure and payments are made regardless of fault.

“Participant” means any person engaged in the activities of your camp or sports clinics operations. Participant does not include any compensated member of your staff, including employees or independent contractors.

This brochure is for illustrative purposes only, and is not a contract of insurance. You must refer to the actual policy for complete information regarding coverage terms, conditions, and exclusions as they may change from one coverage term to the next. You may request a copy of the full policy by submitting a written request to Sadler & Company, Inc.



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Email: camps@sadlersports.com

2011 Youth Sports Camp & Sports Clinic Insurance Plan

Enrollment Form

This brochure is valid for effective dates from
March 1, 2011 through February 29, 2012

Please Type Or Print In Black Ink (NOTE: Adult camps are not eligible for this program.)

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. The submission of this enrollment form and/or the 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. Coverage will expire one year from your effective date.			
Named insured (as it should appear on the coverage document): (the legal name of the organization; typically the name that would appear on any contracts or agreements)			
Doing business as (DBA): (additional names(s) under which the named insured operates)		Phone: ()	
Contact Name:		Cell: ()	
Mailing Address:		Fax #: ()	
City:		State:	Zip:
Email:		Website:	
Desired Effective Date (Check One): <input type="checkbox"/> Start my Coverage the day my enrollment form and payment are received. <input type="checkbox"/> Start my coverage on this date: ____/____/____ NOTE: Coverage will not be made effective until the day the completed enrollment form and payment are received by Sadler.			
New or Renewal (Check One): <input type="checkbox"/> I renewing with Sadler & Company, Inc. <input type="checkbox"/> I am a former & returning insured with Sadler & Company, Inc. <input type="checkbox"/> I am a new account for Sadler & Company, Inc..			
HOW DID YOU HEAR ABOUT SADLER & COMPANY:? <input type="checkbox"/> Search Engine <input type="checkbox"/> Already buy from Sadler <input type="checkbox"/> Referral from Parks & Recreation Department <input type="checkbox"/> JP Sports Catalogue <input type="checkbox"/> Other: _____ <input type="checkbox"/> Recommendation from someone <input type="checkbox"/> Link from another website <input type="checkbox"/> Phone call from Sadler			
Are any camp/clinic attendees age 20 or over?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, do you allow more than two parents or adults to accompany youth participants in camp activities?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you allow parent or adult participation, do you offer any "adult-only" instruction or competitions?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you an after school, day care or latch key program?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own the facility(s) where the camps/clinics takes place?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a weight loss camp/program?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does any of your camps/clinics include an all star game or bowl game?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any of your camps/clinics a professional try-out or training camp?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any of your camps/clinics a recruiting event, showcase or combine?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any of your camps/clinics held on the property of a private home or residence?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your program include any trips away from the main location? <i>If yes, please submit additional details. Trips made away from the main location must be reported prior to occurring, and approved by Sadler & Company.</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
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 us to determine if other coverage options are available.			
Are any of your camps/clinics by invitation only?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

NOTE TO ALL AGENTS & BROKERS –commissions are not included in this program. Premiums 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.) If you wish to use our commissionable program please go to www.sadleragent.com



Name of Camp or Clinic/DBA:

CAMP INFORMATION

1. Please list all camp sessions individually below. Coverage only applies to those camp sessions specifically reported and each session must be individually listed.
2. Please make a copy of form if additional lines are needed to report your camp sessions.

CAMP #1 – Name of Camp: _____

Type of Camp – list type(s) of sport(s)/Activity(s): _____

Camp Location (street, city, state, zip): _____

Dates of Camp: ____/____/____ to ____/____/____ Hours of operation: ____ A.M./P.M. to ____ A.M./P.M.

of Youth Campers/Participants (below age 19): _____ # of Adult Campers/Participants: _____

Check all that apply: Day Camp/Clinic Week Camp/Clinic Overnight Camp/Clinic

CAMP #2 – Name of Camp: _____

Type of Camp – list type(s) of sport(s)/Activity(s): _____

Camp Location (street, city, state, zip): _____

Dates of Camp: ____/____/____ to ____/____/____ Hours of operation: ____ A.M./P.M. to ____ A.M./P.M.

of Youth Campers/Participants (below age 19): _____ # of Adult Campers/Participants: _____

Check all that apply: Day Camp/Clinic Week Camp/Clinic Overnight Camp/Clinic

CAMP #3 – Name of Camp: _____

Type of Camp – list type(s) of sport(s)/Activity(s): _____

Camp Location (street, city, state, zip): _____

Dates of Camp: ____/____/____ to ____/____/____ Hours of operation: ____ A.M./P.M. to ____ A.M./P.M.

of Youth Campers/Participants (below age 19): _____ # of Adult Campers/Participants: _____

Check all that apply: Day Camp/Clinic Week Camp/Clinic Overnight Camp/Clinic

CAMP #4 – Name of Camp: _____

Type of Camp – list type(s) of sport(s)/Activity(s): _____

Camp Location (street, city, state, zip): _____

Dates of Camp: ____/____/____ to ____/____/____ Hours of operation: ____ A.M./P.M. to ____ A.M./P.M.

of Youth Campers/Participants (below age 19): _____ # of Adult Campers/Participants: _____

Check all that apply: Day Camp/Clinic Week Camp/Clinic Overnight Camp/Clinic

ADDING ADDITIONAL DATES OR CAMPS

Changes must be made, in writing, prior to the camp date or the first day of camp. If you need to add additional dates, you must inform us of the new dates in writing and forward additional premium for those dates prior to the first day of that camp. These can be faxed to us at (803)-256-4017 or emailed to: camps@sadlersports.com

CAMP/CLINIC DATE CHANGES or CANCELLATIONS

Changes must be made, in writing, prior to the camp date or the first day of camp. Cancellations MUST be reported prior to the scheduled start date or the first day of the camp/clinic session, and confirmed in writing prior to the scheduled start date or the first day of the camp session for a refund or credit to be considered. Any requests for refunds, due to cancellations, received after this date will not be honored. Refunds may be subject to a cancellation penalty.

These requests can be faxed to us at (803)-256-4017 or emailed to: camps@sadlersports.com

ENCLOSE A COPY OF YOUR CAMP BROCHURE AND/OR REGISTRATION FORM.
COVERAGE CANNOT BE BOUND WITHOUT THIS INFORMATION.



Name of Camp or Clinic/DBA:

RATES & MINIMUM PREMIUMS

TYPE OF CAMP	OPTION A \$1,000,000 Liability \$25,000 MPP	OPTION B \$2,000,000 \$250,000 MPP
Per participant/per daily session	\$1.33	\$1.82
Per participant/per weekly session (camps 3-7 consecutive days)	\$4.00	\$5.54
Per participant/per overnight camp (camps no more than 7 consecutive days)	\$5.32	\$7.35
NOTE: Adult accompanied camps are not eligible for this coverage		
MINIMUM PREMIUM	\$240.00	\$360.00

PREMIUM CALCULATION

1. Use rates above to calculate premium. Premium is determined by applying the appropriate rate for the coverage option selected to the maximum amount of expected campers / participants. Day camps/clinics with an accompanied adult(s) need to count all participants in their program including the adults. "TBD" numbers cannot be accepted.
2. If calculated premium is less than minimum premium (see chart above), use the minimum premium.
3. The same limit option must be used for all camps.
4. Coverage only applies to those camp or clinic sessions specifically reported and each session must be individually listed.
5. If higher liability limits are needed please contact us.
6. Please make a copy of this form if additional lines are needed to report your camp or clinic sessions.

CAMP # (FROM PRIOR PAGE)	COVERAGE OPTION (A OR B)	ACTUAL # OF CAMPERS /PARTICIPANTS	X	RATE (FROM ABOVE)	=	PREMIUM
			X		=	
			X		=	
			X		=	
			X		=	
			X		=	
			X		=	
Calculated Premium: Add all premium lines above to obtain premium due.						\$ (A)
Minimum Premium: Enter the minimum premium from the rate chart above.						\$ (B)
Total Premium Due: If the total calculated premium is less than the minimum premium, the Total Premium Due is the minimum premium. [Greater amount from line (A) or (B) = (C)]						\$ (C)
Florida Applicants Florida applicants need to add a 1.3% state mandated Hurricane Catastrophe Fund assessment fee to the Total Premium Due.						\$
Florida Applicants Total Premium Due [Line (C) - total premium due x 1.013]						

NOTE: The minimum premium is fully earned (not refundable) at the start of your first reported session.

REQUEST FOR CERTIFICATES OF INSURANCE

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 additional certificates are needed please attach another page.*

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.

Additional Insured Certificate Holder / Evidence of Coverage only

Name of Certificate Holder:

Complete Mailing Address:

City:

State:

Zip:

Relationship to you: Property Owner/Lessor Sponsor

CG2011

Waiver of Subrogation

Other: _____

CG2026

Endorsement Required

CAMP # from prior page associated with certificate holder: _____



Name of Camp or Clinic/DBA:

REQUEST FOR CERTIFICATES OF INSURANCE CONTINUED

Additional Insured

Certificate Holder / Evidence of Coverage only

Name of Certificate Holder:

Complete Mailing Address:

City:

State:

Zip:

Relationship to you: Property Owner/Lessor Sponsor

Other: _____

CG2011

CG2026

Waiver of Subrogation

Endorsement Required

CAMP # from prior page associated with certificate holder: _____

Additional Insured

Certificate Holder / Evidence of Coverage only

Name of Certificate Holder:

Complete Mailing Address:

City:

State:

Zip:

Relationship to you: Property Owner/Lessor Sponsor

Other: _____

CG2011

CG2026

Waiver of Subrogation

Endorsement Required

CAMP # from prior page associated with certificate holder: _____

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.



Name of Camp or Clinic/DBA:

COVERAGE EXCLUSIONS

The following exclusions are contained in the commercial general liability coverage you are purchasing. Abuse, molestation, harassment or sexual conduct; Aircraft/hot air balloon; Airport; Amusement devices (the ownership, operation, maintenance or use of: any mechanical or non-mechanical ride, slide, or water slide, any inflatable recreational device, any bungee operation or equipment, any vertical device or equipment used for climbing-either permanently affixed or temporarily erected, or dunk tank. Amusement devices do not include any video or computer games or any device that is specifically designed for the training or instruction of the activity for which you are enrolled.); Ancillary activities/trips held away from the reported camp/clinic location unless supervised, approved and on file with the company; Animals (injury or death to, or injury, death or property damage caused by any animal owned, rented or hired by you); Asbestos; Commercial general liability standard exclusions (CG0001 12/04 edition); Employment-related practices; Fireworks, Fungi or bacteria; Haunted attractions; Lead; Nuclear energy liability; Operation, maintenance or management of any athletic facility or field, other than while being used for covered activities; Performers; Rodeos; Saddle animals; Snowmobile; Transportation of participants; Those operations listed as ineligible: After school, day care and latch key programs: All star/bowl games; Hunting and/or Nature Camps/Programs; Pro-sport tryout and training camps; Recruiting camps, showcases or combines; Sports camp/clinic operators who own their own facility; Sports camps/clinics offering instruction of: Adventure races, Bandy, Bobsled, Body boarding, Box/indoor lacrosse, BMX or stunt cycling, Broomball, Canoeing, Cycling, Diving, Dodgeball, Equestrian, Hang gliding, Hammer throw, Highland games, Hostelling, Hurling, Inline Stunt performing, Jai alai, Javelin, Kayaking, Kite surfing, Luge (street), Marathon, Martial arts, Mixed martial arts, Modern pentathlon, Mountain biking, Mountain boarding, Open water activities, Open water fishing, Outrigging, Parachute, Parasailing, Polo (horse), Rodeo, Roller derby, Rowing, Rugby, Sailing, Scuba diving, Shooting, Skateboarding, Skiing (snow or water), Sky diving, Sky surfing, Sled dog racing, Snorkeling, Snowboarding/snow surfing, Streetball, Surfing, Trapeze, Takraw, Trampoline, Triathlon, Wind surfing, Yachting, Weight loss camps/programs.

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 accurate.

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
REQUIRED**

SIGNATURE

TITLE

PRINT NAME:

DATE:

FOR FASTEST SERVICE – USE OUR ONLINE APPLICATION

AT: www.sadlersports.com/camps

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

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



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

If you would like to send your application & check via FAX, please follow the instructions included with this application titled:

[HOW TO FAX A CHECK](#)

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 at www.sadlersports.com/camps. Please allow 6 business days for processing and issuing of coverage. You should receive your proof of coverage documents via Email, Fax or US Mail within 14 days.

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:



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.
- 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.