

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: amateur@sadlersports.com

2011 Amateur Sports Tournaments & Events

Insurance Program and Enrollment Form

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



PROGRAM DESCRIPTION

This program has been designed to provide coverage on a short-term basis for a single amateur sports tournament or event or on an annual basis for those promoters with multiple events (**coverage only applies to those tournaments/events that are reported and approved prior to taking place**). Coverage provided under this program includes important liability coverage for the U.S.-based organization conducting the event(s), including the employees and volunteers, for liability claims arising out of its operations. Coverage is also included for ancillary activities (banquets, concerts, awards ceremonies) that are for those participants in your sports tournament(s) or event(s).

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

PROGRAM ELIGIBILITY CRITERIA

An amateur sports tournament or event that meets all of the following criteria listed below is eligible to submit an enrollment form for coverage under this program. If you do not meet all of the criteria below, please contact Sadler & Company at 1-800-622-7370 for other program options that may be available.

- Maximum number of participants is 2,500 per event
- Maximum spectator attendance per day is 7,500
- Maximum number of event days (including practice dates) per event is not to exceed a time frame of 14 days (not including setup and tear down)
- The sport activity being conducted falls into one of the listed eligible "sport classifications" below

SPORT CLASSIFICATIONS

Class 1. Bowling, Dance, Golf, Tennis, Volleyball, Walking

Class 2. Baseball, Cross Country Skiing, Kickball, Softball

Class 3. Basketball, Cheerleading (age 19 & under), Flag or Touch Football, Lacrosse (age 19 & under), On-shore fishing, Racquetball, Running (i.e.: 5K, 10K, half marathons), Soccer (age 19 & under); Swimming, Tackle Football (age 19 & under), Wrestling (age 19 & under)

Class 4. Cheerleading (age 20 & over), Diving, Dodgeball, Gymnastics, Ice Hockey, In-line Hockey or Skating, Martial Arts, Soccer (age 20 & over)

NOTES:

- College recruit/showcases and all-star/bowl games (including practices) are eligible under this program.
- If you do not see your sport listed above, please contact Sadler & Company, Inc. at 1-800-622-7370

INELIGIBLE OPERATIONS

Sports tournaments or events that do not meet the eligibility criteria listed in this brochure are not eligible for this program as well as:

- ❖ Events involving animals other than service animals
- ❖ Professional sports events, try-outs and training camps/clinics
- ❖ College or university level championship events
- ❖ Highland games
- ❖ Sanctioned USA Hockey tournaments and events
- ❖ Events in the following sport categories (*please note, this is not a complete listing of ineligible sports*):

| | | | | | |
|-----------------|-----------------|--------------------------------|-------------------|------------------------|---------------------------------|
| Adventure Races | Endurance Races | Marathons (26.2 miles or more) | Mountain Biking | Skiing (snow or water) | Tackle Football (age 20 & over) |
| BMX Biking | Equestrian | | Open water events | | |
| Boxing | Kite Surfing | Mixed Martial Arts | Rugby | Snowboarding | Wrestling (age 20 & over) |
| Cycling | | | Skateboarding | | |

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 period to the next. You may request a copy of the full policy by submitting a written request to Sadler & Company Inc, PO Box 5866, Columbia SC 29209.

COVERAGES & LIMITS

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

Legal Liability to Participants – coverage which offers protection against bodily injury liability claims brought by persons participating in covered sports activities.

Medical Payments for Participants - coverage which pays the medical and dental expenses incurred by a “participant” when an accidental injury occurs while participating at the tournament or event that you are organizing. The coverage is provided on an excess basis, responding after all other coverage available to the “participant” has been exhausted. If no other 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. A “participant” means any person practicing, instructing or participating in any physical exercises or games, sports or athletic contests. Participant does not include any compensated member of your staff, including employees or independent contractors.

Total policy premiums are fully earned at the inception of the event.

NOTE: All Florida applicants must add a 1.3% state mandated Hurricane Catastrophe Fund assessment fee to the total premium.

| COVERAGES | OPTION A | OPTION B |
|--|--------------------|--------------------|
| Commercial General Liability (CGL) | Limits | Limits |
| 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 |
| 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 | \$ 25,000 |
| Rates (per participant) | | |
| Class 1 | \$1.51 | \$1.91 |
| Class 2 | \$1.72 | \$2.12 |
| Class 3 | \$2.01 | \$2.41 |
| Minimum Premiums – Per Event Policy | \$300.00 | \$450.00 |
| Minimum Premiums – Annual Policy | \$1,000.00 | \$1,500.00 |

| COVERAGES | OPTION F | OPTION G |
|--|--------------------|--------------------|
| Commercial General Liability (CGL) | Limits | Limits |
| 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 | Excluded | Excluded |
| 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 | Excluded | Excluded |
| Rates (per spectator) – Classes 1-4 | \$.23 | \$.35 |
| Minimum Premiums – Per Event Policy | \$300.00 | \$450.00 |
| Minimum Premiums – Annual Policy | \$1,000.00 | \$1,500.00 |

HIGHER LIABILITY LIMITS ARE AVAILABLE. PLEASE CONTACT US AT 1-800-622-7370 FOR INFORMATION.

EXCLUSIONS

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

- 24-hour premises liability
- Abuse, molestation, harassment or sexual conduct
- Amusement devices (e.g.: rides, slides, inflatables, bungees, climbing walls, dunk tanks)
- Ancillary activities that require a separate admission charge and are open to the public
- Asbestos
- Claims arising out of the operations of independent concessionaries, exhibitors and vendors at your event
- Those operations listed as ineligible
- Employment-related practices
- Fireworks
- Fungi or bacteria
- Lead
- Nuclear Energy
- Pollution
- Room and board liability
- Legal liability to participants coverage and medical payment for participants coverage for professional athletes and celebrity (national/local) participants
- Use of haunted attractions

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2011 Amateur Sports Tournaments & Events

Enrollment Form

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

Please Type or Print In Black Ink

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure & Entertainment Risk Purchasing Group. The submission of this 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. This form must be completed, signed and returned with your payment. **ALL QUESTIONS MUST BE ANSWERED.**

I am a new account

I am renewing my coverage

Named Insured (as it should appear on the policy):

(legal name of the organization hosting the event typically the name that would appear on any contracts or agreements)

Contact Name:

Mailing Address:

City: _____ State: _____ Zip: _____

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

Email: _____ Website: _____

Form of Business: Corporation Individual Partnership/Joint Venture

Limited Liability Company Trust Other _____

1. Does your event(s) involve any animals other than service animals? Yes No
2. Do you host any professional sports events, try-outs or training camps? Yes No
3. Do you host any college or university level championship events? Yes No
4. Does your event(s) have any of the following exposures? Yes No

If yes, please check all that apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> Adventure Race | <input type="checkbox"/> Kite Surfing | <input type="checkbox"/> Skateboarding |
| <input type="checkbox"/> BMX <input type="checkbox"/> Boxing | <input type="checkbox"/> Marathons (26.2 miles or more) | <input type="checkbox"/> Skiing (water or snow) |
| <input type="checkbox"/> Cycling | <input type="checkbox"/> Mixed Martial Arts | <input type="checkbox"/> Snowboarding |
| <input type="checkbox"/> Endurance Races | <input type="checkbox"/> Mountain Biking/Hiking | <input type="checkbox"/> Streetball |
| <input type="checkbox"/> Equestrian | <input type="checkbox"/> Open Water Events | <input type="checkbox"/> Tackle Football (age 20 & over) |
| <input type="checkbox"/> Highland Games | <input type="checkbox"/> Rugby | <input type="checkbox"/> Wrestling (age 20 & over) |

This program does not cover the exposures/activities listed above and any resulting claims will be denied.

Please contact Sadler & Company to determine if other coverage options are available.

5. Do you award any form of monetary compensation or prize money to the participants? Yes No
If yes, please provide the payout schedule for each event.

6. Do you have an admission charge for spectators over \$20 for any events? Yes No

7. Do you have any vendors at your event(s)? Yes No

8. Do any of your ancillary activities (banquets, concerts, awards ceremonies) require a separate admission charge or are open to the public? Yes No

9. Will alcoholic beverages be sold at any of your events? Yes No
If yes, who holds the liquor permit? Insured Facility Caterer/vendor Sponsor

10. How did you hear about Sadler & Company?

- | | | |
|--|--|--|
| <input type="checkbox"/> Already buy from Sadler | <input type="checkbox"/> Referral from a Friend | <input type="checkbox"/> Yahoo |
| <input type="checkbox"/> Google | <input type="checkbox"/> Referral from Parks & Rec Dept | <input type="checkbox"/> Website link: _____ |
| <input type="checkbox"/> JP Sports Catalogue | <input type="checkbox"/> Referral from another team/league | <input type="checkbox"/> Other: _____ |

Name of Sports Organization:

EVENT/TOURNAMENT INFORMATION

Please provide information on your event(s):

- Please provide all information on a per event basis as requested below, or on a separate piece of paper.
- Coverage may be subject to review and approval of additional information (i.e.: copy of your brochure or flyer).

| |
|---|
| EVENT #1 – Name of Event: |
| Type of competition/sport(s): |
| Dates of event (include set-up and tear-down): ___/___/___ to ___/___/___ |
| Hours of event (include set-up and tear-down): ___ A.M./P.M. to ___ A.M./P.M. |
| Event Location(s) (street, city, state, zip): |
| Age group of athletes: _____ Total number of athletes: _____ |
| Average daily spectator attendance: _____ Total spectator attendance: _____ |

| |
|---|
| EVENT #2 – Name of Event: |
| Type of competition/sport(s): |
| Dates of event (include set-up and tear-down): ___/___/___ to ___/___/___ |
| Hours of event (include set-up and tear-down): ___ A.M./P.M. to ___ A.M./P.M. |
| Event Location(s) (street, city, state, zip): |
| Age group of athletes: _____ Total number of athletes: _____ |
| Average daily spectator attendance: _____ Total spectator attendance: _____ |

| |
|---|
| EVENT #3 – Name of Event: |
| Type of competition/sport(s): |
| Dates of event (include set-up and tear-down): ___/___/___ to ___/___/___ |
| Hours of event (include set-up and tear-down): ___ A.M./P.M. to ___ A.M./P.M. |
| Event Location(s) (street, city, state, zip): |
| Age group of athletes: _____ Total number of athletes: _____ |
| Average daily spectator attendance: _____ Total spectator attendance: _____ |

| |
|---|
| EVENT #4 – Name of Event: |
| Type of competition/sport(s): |
| Dates of event (include set-up and tear-down): ___/___/___ to ___/___/___ |
| Hours of event (include set-up and tear-down): ___ A.M./P.M. to ___ A.M./P.M. |
| Event Location(s) (street, city, state, zip): |
| Age group of athletes: _____ Total number of athletes: _____ |
| Average daily spectator attendance: _____ Total spectator attendance: _____ |

| |
|---|
| EVENT #5 – Name of Event: |
| Type of competition/sport(s): |
| Dates of event (include set-up and tear-down): ___/___/___ to ___/___/___ |
| Hours of event (include set-up and tear-down): ___ A.M./P.M. to ___ A.M./P.M. |
| Event Location(s) (street, city, state, zip): |
| Age group of athletes: _____ Total number of athletes: _____ |
| Average daily spectator attendance: _____ Total spectator attendance: _____ |

If applying for single event/tournament coverage OR if you have 3 events or less, please complete page 3.
If applying for annual event/tournament coverage OR if you have 4 or more events, please complete page 4.

DATE CHANGE/CANCELLATION INFORMATION

Event cancellations or changes must be reported prior to the scheduled start date of your tournament or event, and confirmed in writing in order to be eligible for a premium refund or credit. These can be faxed to us at 803-256-4017 or emailed to amateur@sadlersports.com.

ADDING ADDITIONAL EVENTS

Changes must be made, in writing, prior to the event date or the first day of event. 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 event**. These can be faxed to us at (803)- 256-4017 or emailed to: amateur@sadlersports.com

Name of Sports Organization:

SINGLE EVENT PREMIUM CALCULATION

Use this calculation page if you are seeking coverage for a single event OR you have 3 events or less.

- Use the rates below to calculate premium. Premium is determined by applying the appropriate rate for the coverage option selected to the maximum amount of participant/spectators, per event. TBD cannot be accepted.
- If calculated premium is less than minimum premium, use the minimum premium. **Minimum premiums apply per event. Separate coverage documents will be issued for each event.**

1. CHOOSE YOUR SPORT CLASS & THEN CHOOSE COVERAGE OPTION & RATE (BY CLASS)

| SPORT CLASS | |
|----------------|---|
| CLASS 1 | Bowling, Dance, Golf, Tennis, Volleyball, Walking |
| CLASS 2 | Baseball, Cross Country Skiing, Kickball, Softball |
| CLASS 3 | Basketball, Cheerleading (age 19 & under), Flag or Touch Football, Lacrosse (age 19 & under), On-shore fishing, Racquetball, Running, Soccer (age 19 & under); Swimming, Tackle Football (age 19&under), Wrestling (age 19 & under) |
| CLASS 4 | Cheerleading (age 20 & over), Diving, Dodgeball, Gymnastics, Ice Hockey, Inline Hockey or Skating, Martial Arts, Soccer (age 20 & over) |

COVERAGE OPTIONS & RATES

| Sport Classification (Refer to Chart Above) | OPTION A \$1,000,000 Liability \$25,000 MPP (per participant, per event) | OPTION B \$2,000,000 Liability \$25,000 MPP (per participant, per event) | OPTION F \$1,000,000 Liability Only (per spectator, per event) | OPTION G \$2,000,000 Liability Only (per spectator, per event) |
|--|--|--|---|---|
| CLASS 1 | \$1.51 | \$1.91 | \$0.23 | \$0.35 |
| CLASS 2 | \$1.72 | \$2.12 | \$0.23 | \$0.35 |
| CLASS 3 | \$2.01 | \$2.41 | \$0.23 | \$0.35 |
| CLASS 4 | Not Available | Not Available | \$0.23 | \$0.35 |

MINIMUM PREMIUMS

| | | | | |
|------------------|----------|----------|----------|----------|
| PER EVENT | \$300.00 | \$450.00 | \$300.00 | \$450.00 |
|------------------|----------|----------|----------|----------|

2. COMPUTE YOUR PREMIUM

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

| EVENT # from prior page | COVERAGE OPTION (A, B, F or G) | SPORT CLASS (1-4) | NUMBER OF PARTICIPANTS (OPTION A or B) Or NUMBER OF SPECTATORS (OPTION F or G) | X | RATE FROM TABLE ABOVE | = | COLUMN A | COLUMN B | PREMIUM DUE PER EVENT (Greater of Column A & Column B) |
|---|-----------------------------------|----------------------|--|---|-----------------------|---|------------------------------|---|---|
| | | | | | | | CALCULATED PREMIUM PER EVENT | MINIMUM PREMIUM PER EVENT (from above) | |
| | | | | X | | = | | | \$ (1) |
| | | | | X | | = | | | \$ (2) |
| | | | | X | | = | | | \$ (3) |
| TOTAL PREMIUM DUE [add lines (1) + (2) + (3) = (C)] | | | | | | | | | \$ (C) |
| 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 [total premium due(C) x 1.013] | | | | | | | | | \$ |

Name of Sports Organization:

ANNUAL PREMIUM CALCULATION

Use this calculation page if you are seeking coverage for an annual coverage term OR if you have 4 or more events.

- Use the rates below to calculate premium. Premium is determined by applying the appropriate rate for the coverage option selected to the maximum amount of participant/spectators, per event. TBD cannot be accepted.
- All events must carry the same liability limits.
- If calculated premium is less than minimum premium, use the minimum premium.
- Coverage only applies to those tournaments/events that are reported and approved prior to taking place.
- To add a tournament/event through out the year please contact us for an add form.

1. CHOOSE YOUR SPORT CLASS & THEN CHOOSE COVERAGE OPTION & RATE (BY CLASS)

| | |
|----------------|---|
| CLASS 1 | Bowling, Dance, Golf, Tennis, Volleyball, Walking |
| CLASS 2 | Baseball, Cross Country Skiing, Kickball, Softball |
| CLASS 3 | Basketball, Cheerleading (age 19 & under), Flag or Touch Football, Lacrosse (age 19 & under), On-shore fishing, Racquetball, Running, Soccer (age 19 & under); Swimming, Tackle Football (age 19&under), Wrestling (age 19 & under) |
| CLASS 4 | Cheerleading (age 20 & over), Diving, Dodgeball, Gymnastics, Ice Hockey, Inline Hockey or Skating, Martial Arts, Soccer (age 20 & over) |

COVERAGE OPTIONS & RATES

| Sport Classification (Refer to Chart Above) | OPTION A \$1,000,000 Liability \$25,000 MPP (per participant, per event) | OPTION B \$2,000,000 Liability \$25,000 MPP (per participant, per event) | OPTION F \$1,000,000 Liability Only (per spectator, per event) | OPTION G \$2,000,000 Liability Only (per spectator, per event) |
|--|--|--|---|---|
| CLASS 1 | \$1.51 | \$1.91 | \$0.23 | \$0.35 |
| CLASS 2 | \$1.72 | \$2.12 | \$0.23 | \$0.35 |
| CLASS 3 | \$2.01 | \$2.41 | \$0.23 | \$0.35 |
| CLASS 4 | Not Available | Not Available | \$0.23 | \$0.35 |

MINIMUM PREMIUMS

| ANNUAL COVERAGE | \$1,000.00 | \$1,500.00 | \$1,000.00 | \$1,500.00 |
|-----------------|------------|------------|------------|------------|
|-----------------|------------|------------|------------|------------|

2. COMPUTE YOUR PREMIUM

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

| EVENT # from prior page | COVERAGE OPTION (A, B, F or G) | SPORT CLASS (1-4) | NUMBER OF PARTICIPANTS (OPTION A or B) | NUMBER OF SPECTATORS (OPTION F or G) | X | RATE FROM TABLE ABOVE | = | PREMIUM |
|---|--------------------------------------|-------------------------|--|--|---|--------------------------------|---|---------------|
| | | | | | X | | = | \$ |
| | | | | | X | | = | \$ |
| | | | | | X | | = | \$ |
| | | | | | X | | = | \$ |
| | | | | | X | | = | \$ |
| PREMIUM DUE: Add all premium lines above to obtain premium due | | | | | | | | \$ (A) |
| MINIMUM PREMIUM from the chart above | | | | | | | | \$ (B) |
| TOTAL PREMIUM DUE [whichever is greater of (A) or (B) = (C)] | | | | | | | | \$ (C) |
| 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 [total premium due(C) x 1.013] | | | | | | | | \$ |

Name of Sports Organization:

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.

Check the type of certificate that you are requesting:

___ Additional Insured OR ___ 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

Event # (from prior page): _____

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

If additional certificates are needed, please attach a separate piece of paper with all of the information indicated above.

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 Sports Organization:

COVERAGE EXCLUSIONS

The following exclusions are contained in the commercial general liability coverage provided by this program. 24-hour premises liability; 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); Ancillary activities that require a separate admission charge and is open to the public; Animals (injury or death to, or injury, death or property damage caused by any animal owned, rented or hired by you); Asbestos; Athletic or sports participants in: Box/indoor lacrosse, Broomball, Cheerleading (age 20 & over), Diving, Dodgeball, Drill team (age 20 & over), Gymnastics, Hurling, Ice hockey, Inline hockey, Inline skating, Judo, Karate, Lacrosse (age 20 & over), Martial arts, Powerlifting (age 20 & over), Ringette, Roller hockey, Soccer (age 20 & over), Taekwondo, Takraw, Water hockey (age 20 & over), Water polo (age 20 & over), Weightlifting (age 20 & over); Commercial general liability standard exclusions (CG0001 12/04 edition); Employment-related practices; Events that last more than 14 days (not including set-up and tear-down), unless reported, approved and the appropriate premium has been paid; Fireworks; Fungi or bacteria; Haunted attractions; Lead; Legal Liability to Participants for professional athletes and celebrity participants; Medical payments for participants for professional athletes and celebrity participants; Nuclear energy liability; Operation, ownership or management of any athletic facility or field, other than while being used for covered activities; Operations of independent concessionaires, exhibitors and vendors at your event; Performers; Rodeos; Room and board liability; Saddle animals; Snowmobile; Those operations listed as ineligible: Events involving animals other than service animals; Professional sports events, try-outs and training camps/clinics; College or university level championship events; Events in the following sport categories: Adventure races, Bandy, Billiards, Bobsled, Body boarding, Boxing, BMX Biking, Canoe, Cycling, Darts, Endurance races, Equestrian, Fishing (open water), Tackle Football (age 20 & over), Hammer throw, Hang gliding, Highland games, Hostelling, Inline (extreme/stunt/aggressive/free-style) skating, Jai alai, Javelin, Kayaking, Kite surfing, Luge (street), Marathons (26.2 miles or more), Mixed martial arts; Modern pentathlon, Mountain biking, Mountain boarding, Open water events, Outrigging, Parachute, Parasailing, Polo (horse), Rafting, Rodeo, Roller derby, Rowing/Crew, Rugby, Sailing, Scuba diving, Shooting sports/events, Skateboarding, Skiing (snow or water), Sky diving, Sky surfing, Sled dog racing, Snorkeling, Snow boarding, Snow surfing, Sport parachuting, Streetball, Surfing, Trampoline, Trapeze, Triathlon, Unicycling, Wake boarding, Wind surfing, Wrestling (age 20 & over), Yachting; Sanctioned USA Hockey tournaments and events.

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 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 that apply, as well as the activities and operations for which coverage is not provided.

**Applicant Signature
Required**

SIGNATURE

TITLE

PRINT NAME:

DATE

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

SADLER
SPORTS & RECREATION INSURANCE

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

Email: amateur@sadlersports.com

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

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 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.) To use our commissionable program please go to www.sadleragent.com

How To Apply For Coverage

- ➔ **Complete this paper application.** Coverage can be effective the date after the 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:**



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.