

SADLER

SPORTS & RECREATION INSURANCE

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

CONCESSIONAIRES, EXHIBITORS & VENDORS

Insurance Program and Enrollment Form
 This brochure is valid for effective dates from
 02-01-2010 to 01-31-2011



How To Apply For Coverage

- Complete this paper application. Coverage can be effective the date after 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 on the last page.
- You should receive your proof of coverage documents via Email, Fax or US Mail within 6 business days.

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.

In order to control administrative costs, which result in lower premiums, we don't automatically provide a copy of the master policy (approximately 30 pages) to each client. However, if you wish to receive a copy, please send a written request to Sadler & Company.

PROGRAM ELIGIBILITY CRITERIA

This insurance program has been specifically designed for the concessionaires, vendors and exhibitors who are selling, displaying, demonstrating or promoting their products and services on a short term basis at special events, malls, shopping centers, tradeshow, consumer shows or a location away from any owned or long-term leased premises. The insured operations can be conducted from a kiosk, booth, cart, trailer, tent or an outdoor area. This insurance does not cover loss or damage to your property, stock or inventory.

ELIGIBLE OPERATIONS

This list does not encompass all 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.

Antique & Collectibles	Games Trailers	Literature distribution
Apparel & Accessories	Gift Wrap Booths	Micro Reality Race Tracks
Arts & Craft Vendors	Hardware Sales	Motorized equipment – static display
Auto / Vehicle Accessories (non-mechanical)	Health & Beauty Products – Commercially Made	Performing Groups (Carolers, Dance Groups, choirs)
Candles	Home based wedding vendors (caterers, DJs, florists, ice sculptors, decorators, photographers / videographers)	Product / Service Displays / Demos
Celebrity Appearances		Souvenir Sales
Cleaning Accessories & Products – Commercially Made Products	Kitchen/Cookware Accessories & Appliances	Sports or Camping Equipment
Exercise Equipment		Toys (For Ages 5 & Over)
Floral	Lawn & Garden Equipment	Vehicle / Boat Display - Static
Food, drink or produce sales		

INELIGIBLE OPERATIONS

Alcoholic Beverage Sales	Health & beauty products – homemade	Store Front Operations
Animals	Hot Wax Impressions	Tobacco Products
Auto Parts (mechanical)	Mazes (corn, hay, fence)	Toys (for ages 4 and under)
Body Piercing – Perm Tattooing	Medical Testing	Vehicles in Motion
Christmas Tree Retail Lots	Motorsports activities	Watercraft Exhibits on Water
Cleaning accessories & products - home made	Nutritional / Health Supplements	Weapon Sales
Ecommerce Selling	On-site Installation/Service/Repair of Products	Wholesale business operations
Fire safety equipment	On-site Equipment Sales / Rentals	Weight-loss plans or products (selling)
Fireworks Sales & Displays	Oxygen / Aromatherapy Bars	
Haunted Attractions	Protective Equipment/Apparel	

We believe that this Concessionaire, Exhibitors & Vendors 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 POLICY FOR COMPLETE INFORMATION REGARDING COVERAGE TERMS, CONDITIONS, AND EXCLUSIONS AS THEY MAY CHANGE FROM ONE COVERAGE PERIOD TO THE NEXT.



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 Phone: (800) 622-7370 Fax: (803) 256-4017
www.sadlersports.com

CONCESSIONAIRES, EXHIBITORS & VENDORS GENERAL LIABILITY INSURANCE PROGRAM

The rates shown in this brochure are available from 04-01-2009 to 01-31-2010

THIS BROCHURE IS FOR ILLUSTRATIVE PURPOSES ONLY AND IS NOT A CONTRACT OF INSURANCE. YOU MUST REFER TO THE 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., P O BOX 5866, COLUMBIA, SC 29250-5866.

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 personal and advertising injury liability. There is no deductible that applies to liability claims. Products completed operations coverage includes all bodily injury and property damage to a third party arising out of your product or your work once it leaves your possession.

COMMERCIAL GENERAL LIABILITY	OPTION 1	OPTION 2
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 and Advertising Injury	\$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
Premiums (Based upon a single selling unit or 100 sq. ft. space)		
See Enrollment Form for additional options available for multiple units or space exceeding 100 sq ft.		
Single event coverage (one month or less)	\$ 153	\$ 230
3 consecutive months coverage	\$ 383	\$ 575
6 consecutive months coverage	\$ 610	\$ 915
Annual coverage	\$1,046	\$1,569

NOTABLE EXCLUSIONS

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

Abuse, molestation, harassment or sexual conduct	Asbestos
All operations listed as ineligible	Employment related practices
Amusement devices (e.g.: rides, slides, inflatables, bungees, climbing walls, dunk tanks – does not apply to structures that are not designed to bounce on, slide on, ride or tunnel through)	Fireworks
	Fungi or bacteria
Animals (injury or death to any animal or injury, death, or property damage caused by your animal)	Lead
	Nuclear energy liability

CARRIER

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

PREMIUM INFORMATION

Coverage is available per single event, three consecutive months, six consecutive months or annual coverage **(a single event is defined as being held at one location only, for no more than 30 consecutive days).**

Premium is based upon the square footage of the booth space or the number of trailers, tracks or selling locations that are utilized at the same time.

***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 before the originally requested event start date to be eligible for a premium refund.

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

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. Agents do not have authority to issue binders or a certificate of insurance on behalf of this program.

If you are the organizer of an event, please visit our website at
www.sadlersports.com/specialeventinsurance
 for information and rates on Short Term Special Event coverage.



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

CONCESSIONAIRES, EXHIBITORS & VENDORS
Insurance Enrollment Form
 for effective dates from 02-01-2010 to 01-31-2011

Please Type Or Print In Black Ink

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. This form must be completed and returned with your payment. The submission of this application 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.

Insured Name: (as it should appear on the policy): <i>(The legal name of the organization or business; typically the name that would appear on any contracts or agreements)</i>		Home Phone: (____) _____	
Trade Name: <i>(additional name(s) under which the named insured operates)</i>		Daytime Phone: (____) _____	
Contact Person:		Fax Number: (____) _____	
Mailing Address:		Email Address:	
City	State	Zip:	Web Site:

Provide a detailed list or description of the products that you sell, handle or display in your operations:

NEW OR RENEWAL:

- I am renewing my coverage with Sadler & Company
- I am a former insured and returning to Sadler & Company
- I am a new account for Sadler and Company

DESIRED EFFECTIVE DATES:

Note: Coverage will begin the day after the completed enrollment form and premium are received and approved by the insurance carrier, or on a later date that you specify below.

- Start my coverage on the date after my enrollment form and payment are received
- Start my coverage upon my expiration date of _____
- Start my coverage on this date: ____/____/____

Note: Coverage will not be made effective prior to the date that the enrollment form and payment are received by Sadler & Company

Describe The Type Of Product Or Service Provided Or Being Sold:
 Select one of the following that best describes your business operations:

CHECK ONE	DESCRIPTION	TOTAL # OR SQ. FT			
	Food Concessionaire or vendor	# of food-selling locations or trailers:			(unit)
	Micro reality race tracks	# of micro reality race tracks:			(unit)
	Trailer-non food, games or merchandise	# of trailers:			(unit)
	Push carts or kiosks	# of push carts/kiosks:			(unit)
	Home-based wedding vendor <i>(this type of operation is available only for a single event coverage period)</i>	Describe service being provided:			
	Performing group <i>(this type of operation is available only for a single event coverage period)</i>	Type of performing group:			
	Tent or outdoor vending area <i>(provide dimensions)</i>	Ft.	by	Ft.	= sq. ft.
	Tradeshow exhibit or booth <i>(provide dimensions)</i>	Ft.	by	Ft.	= sq. ft.



INSURED NAME
(Be Specific):

If applying for single event coverage, please provide the following information:

Name of Event:

Date(s) of event (including set-up and tear-down days): ____ / ____ / ____ to ____ / ____ / ____
MM / DD / YY MM / DD / YY

Hours of event: ____ : ____ AM or PM TO ____ : ____ AM or PM

LOCATION OF EVENT:

Venue Name:

Street address of Venue:

City: _____ State: _____ Zip: _____

COMMERCIAL GENERAL LIABILITY

OPTION 1

OPTION 2

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 and Advertising Injury	\$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

PREMIUM (Check One)

Premium based upon coverage option, square footage and number of units.
Please check the coverage period and premium that is applicable.

OPTION 1 - \$1,000,000 Commercial General Liability Limit

	1 Unit or up to 100 Sq Ft	2 Units or up to 101-200 Sq Ft	3 Units or up to 201-300 Sq Ft	4 Unit or up to 301-400 Sq Ft	5 Units or up to 401-500 Sq Ft	6 Unit or up to 501-600 Sq Ft
Single Event (One month or less)	<input type="checkbox"/> \$ 153	<input type="checkbox"/> \$ 230	<input type="checkbox"/> \$ 269	<input type="checkbox"/> \$ 308	<input type="checkbox"/> \$ 347	<input type="checkbox"/> \$ 386
3 Month Coverage	<input type="checkbox"/> \$ 383	<input type="checkbox"/> \$ 575	<input type="checkbox"/> \$ 671	<input type="checkbox"/> \$ 767	<input type="checkbox"/> \$ 863	<input type="checkbox"/> \$ 959
6 Month Coverage	<input type="checkbox"/> \$ 610	<input type="checkbox"/> \$ 915	<input type="checkbox"/> \$1,068	<input type="checkbox"/> \$1,221	<input type="checkbox"/> \$1,374	<input type="checkbox"/> \$1,527
Annual Coverage	<input type="checkbox"/> \$1,046	<input type="checkbox"/> \$1,569	<input type="checkbox"/> \$1,831	<input type="checkbox"/> \$2,093	<input type="checkbox"/> \$2,355	<input type="checkbox"/> \$2,617

OPTION 2 - \$2,000,000 Commercial General Liability Limit

	1 Unit or up to 100 Sq Ft	2 Units or up to 101-200 Sq Ft	3 Units or up to 201-300 Sq Ft	4 Unit or up to 301-400 Sq Ft	5 Units or up to 401-500 Sq Ft	6 Units or up to 501-600 Sq Ft
Single Event (One month or less)	<input type="checkbox"/> \$ 230	<input type="checkbox"/> \$ 345	<input type="checkbox"/> \$ 404	<input type="checkbox"/> \$ 463	<input type="checkbox"/> \$ 522	<input type="checkbox"/> \$ 581
3 Month Coverage	<input type="checkbox"/> \$ 575	<input type="checkbox"/> \$ 860	<input type="checkbox"/> \$1,003	<input type="checkbox"/> \$1,146	<input type="checkbox"/> \$1,289	<input type="checkbox"/> \$1,432
6 Month Coverage	<input type="checkbox"/> \$ 915	<input type="checkbox"/> \$1,373	<input type="checkbox"/> \$1,602	<input type="checkbox"/> \$1,831	<input type="checkbox"/> \$2,060	<input type="checkbox"/> \$2,289
Annual Coverage	<input type="checkbox"/> \$1,569	<input type="checkbox"/> \$2,354	<input type="checkbox"/> \$2,746	<input type="checkbox"/> \$3,138	<input type="checkbox"/> \$3,530	<input type="checkbox"/> \$3,922

Contact Sadler & Company for operations with more than 6 units or 600 sq. ft.

TOTAL PREMIUM SUMMARY

Total Premium (From Chart Above)	(A) \$
Total Premium Due	(B) \$
Florida Applicants (Florida applicants need to add a 1% state mandated Hurricane Catastrophe Fund assessment fee to the total premium due)	(C) \$
Total Premium Due (total premium due x 1.01)	(D) \$
Florida Applicants Total Premium Due:	(D) \$

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



INSURED NAME
(Be Specific):

REQUEST FOR CERTIFICATES OF INSURANCE

If Applying For 3-MONTH, 6-MONTH OR ANNUAL Coverage Please Answer The Questions Below:
(Make copies or use separate sheet of paper for multiple events)

1) Name of event:	
2) Date(s) of event:	3) Hours of Event: (am/pm) (am/pm)
4) Location of Event: Venue Name: _____ City: _____ State: _____ Zip: _____	
5) Date Certificate Needed by: ____/____/____ (You <u>must</u> allow 6 business days for processing)	

6) Certificate Requests: Please note that you will receive a certificate of insurance showing evidence that coverage has been bound. List the name and mailing address of any entity requiring a certificate of insurance evidencing them as an additional insured, 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.)***

Check the type of certificate that you are requesting:

Additional Insured

Certificate Holder / Evidence of Coverage only

Name of Certificate Holder:

Contact Name:

Complete Mailing Address:

City: _____ State: _____ Zip: _____

Relationship to you: Owner/lessor of premises Sponsor Co-promoter ? Franchisor

Other (please specify/explain): _____

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

If Applying For SINGLE EVENT Coverage Please Answer The Questions Below:

Certificate Requests: Please note that you will receive a certificate of insurance showing evidence that coverage has been bound. List the name and mailing address of any entity requiring a certificate of insurance evidencing them as an additional insured, 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***

Check the type of certificate that you are requesting:

Additional Insured

Certificate Holder / Evidence of Coverage only

Name of Certificate Holder:

Contact Name:

Complete Mailing Address:

City: _____ State: _____ Zip: _____

Relationship to you: Owner/lessor of premises Sponsor Co-promoter ? Franchisor

Other (please specify/explain): _____

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

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: _____

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. Agents do not have authority to issue binders or a certificate of insurance on behalf of this program.



Insured Organization Name: (Be Specific):

READ AND SIGN

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, FL, HI, MA NE, OH, OK, OR, VT or WA; in DC, LA, ME, TN and VA, insurance benefits may also be denied.**

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 FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

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, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

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.

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; Airport (the ownership, operation, maintenance, or use of any airfield or airport facility or premises. This exclusion does not apply to concessionaires, exhibitors, or vendors selling, displaying, demonstrating or promoting their products or services at any airfield or airport facility or premises); 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 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); Asbestos, Commercial general liability standard exclusions (CG0001 12/04 edition); Employment-related practices; Fireworks; Fungi or bacteria; Lead; Nuclear energy liability; Performers; Saddle animal; Snowmobile; Those operations listed as ineligible: Alcoholic beverage sales; Animals, Auto parts (mechanical); Body piercing or permanent tattooing; Christmas tree retail lots and displays, Haunted attractions; Health and beauty products – homemade; Hot wax impressions; Mazes (corn/hay/fence); Medical testing; Motor sports activities; Nutritional or health supplement products (selling); On-site installations, service or repair of products; On-site equipment sales and rental; Oxygen or aromatherapy bars; Protective equipment or apparel; Storefront operations; Tobacco products; Toys (for ages 4 and under); Vehicles in motion; Watercraft exhibits on water; Weapon sales; Weight loss plans or products (selling); Wholesale business operations.

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

SIGNATURE

SIGNATURE

TITLE

PRINT NAME:

DATE

If you would like to send your application & check via US 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: events@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

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.