SADLER
SPORTS & RECREATION INSURANCE

SHORT TERM SPECIAL EVENTS

Insurance Program and Enrollment Form

This brochure is valid for effective dates of 1/1/25 through 12/31/25

PROGRAM DESCRIPTION

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

- Total attendance is 12,000 or less*
- Maximum number of consecutive event days is 10 (not including set-up or tear down)
- Event is held at a single location
- Event must take place in the United States

* Please contact us if your event is over 12,000 in total attendance. We may have other coverage options.

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

INELIGIBLE OPERATIONS

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

- Activist rallies/marches/protests
- Air shows/events
- Animal obedience training
- Any events involving organized athletic events/competitions
- Any events and/or concerts – involving rap, hip-hop, heavy metal/screamo or techno/electronic
- Any events held on an airport premises
- Any events honoring national and/or local celebrities or professional athletes
- Any events involving in or on water activities
- Battle reenactments
- Cannabis related events
- Christmas tree sales/lots
- Cinematography or photography events for commercial use
- Circuses
- Color party, foam party or raves
- E-gaming
- Food eating contests
- Fraternity or sorority events (except alumni association off-site events that have been approved by us)
- Geocaching events
- Gun and/or knife shows
- Haunted attractions/events
- Health fairs/expositions
- Hunting, fishing and hiking events
- Mazes (corn, hay or fence)
- Parades (or any event involving a parade)
- Political events (except private fundraising auctions, benefits, dances, dinners)
- Pumpkin chuckin events
- Rodeos
- Seances
- Shooting events/activities (skeet/trap/clay/guns)
- Tailgating events (unless reported to and approved by us)
- Tractor pulls
- Union meetings
- Walks/running events**

ELIGIBLE OPERATIONS

The following event operations are eligible for this program. Please note, this is not a complete listing. If you do not see your event operation listed, please contact us for eligibility.

- After prom parties (school-sponsored event only)
- Auctions
- Award presentations
- Ball/dances/proms
- Bar mitzvah or bat mitzvah
- Bazaars
- Benefits
- Billiard events/tournaments
- Bingo games (for charity/fundraising only)
- Book signings
- Card games/events (for charity/fundraising only)
- Car/motorcycle/RV/boat shows- static display only
- Car washes (for charity/fundraising only)
- Casino events (for charity/fundraising only)
- Celebrations (holiday, birthday, New Year)
- Chamber of commerce business events/mixers
- Charity events
- Chess events
- Christmas caroling (single location)
- Christmas lighting ceremony
- Concerts – other than rap, hip-hop, heavy metal/screamo or techno/electronic (call for approval)
- Conventions
- Debuts or debutante balls
- Dinners, luncheons, banquets or showers
- Direct selling consultant parties
- Easter egg hunts (no egg drops from aircrafts)
- Farmers' markets
- Festivals
- Film screening or showings
- Flea markets or swap meets
- Food cooking contests
- Graduation ceremonies
- Job fairs
- Lectures/seminars/workshops
- Meetings
- Memorial services
- Pageants
- Picnics (no in or on water activities)
- Poet or poetry readings
- Quinceañeras
- Recitals (dance, music)
- Religious events
- Reunions
- Sales (bake, charity, consignment, estate, garage)
- School band or drill team competitions
- School carnivals (no rides/inflatables)
- Showers (baby, bridal, wedding)
- Shows (animals-arena setting only, antique, art, baby, business, collector, consumer, craft, fashion, flower, garden, home, stage, wedding)
- Social gatherings or receptions
- Speaking engagements
- Talent searches/shows - children only
- Theatrical performances or musicals
- Walking tours (garden, holiday, parade of homes, historical sites) - single location
- Wedding activities* (rehearsal, ceremony or reception)

* For Wedding Liability and Wedding Cancellation coverage, please contact us for additional information

** For walks and/or running events, please contact us for additional information

This brochure is for illustrative purposes only and is not a contract of insurance. You must refer to the actual coverage document 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 us.

MASS MERCH-STSE SADLER 1023 11/2024

EXCLUSIONS

The following represent only some of the exclusions contained in this policy and state variations may apply.

- Abuse, molestation, or exploitation
- All operations listed as ineligible
- 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 on or tunnel through)
- Animals (injury or death to any animal or injury, death or property damage caused by your animal)
- Communicable disease
- Cyber incident, data compromise, and violation of statutes related to personal data
- E-commerce consulting
- Employment-related practices
- Events held at multiple locations (except for weddings)
- Events with over 12,000 in total attendance
- Fireworks
- Operations of concessionaires, exhibitors and/or vendors at your event
- Petting zoos
- Room and board liability/overnight camping
- Saddle animals
- Unmanned aircraft

COVERAGES AND LIMITS

Coverages	Option 1	Option 2	Option 3	Option 4	Option 5
Commercial General Liability	**Limits**	**Limits**	**Limits**	**Limits**	**Limits**
Each Occurrence	$ 1,000,000	$ 2,000,000	$ 3,000,000	$ 4,000,000	$ 5,000,000
General Aggregate (other than Products-completed Operations)	$ 5,000,000	$ 5,000,000	$ 5,000,000	$ 5,000,000	$ 5,000,000
Products-completed Operations Aggregate	$ 1,000,000	$ 2,000,000	$ 3,000,000	$ 4,000,000	$ 5,000,000
Personal and Advertising Injury	$ 1,000,000	$ 2,000,000	$ 3,000,000	$ 4,000,000	$ 5,000,000
Damage to Premises Rented to You (Fire Legal Liability)	$ 1,000,000	$ 1,000,000	$ 1,000,000	$ 1,000,000	$ 1,000,000
Medical Expense	$ 5,000	$ 5,000	$ 5,000	$ 5,000	$ 5,000
Costs* - Invitation Only Event (single coverage day)					
Attendance of 1 - 200 (private events only) **No alcohol at event**	$ 140	$ 203	$ 453	$ 703	$ 953
Attendance of 1 - 200 (private events only) **Alcohol at event - host liquor included**	$ 194	$ 284	$ 534	$ 784	$ 1,034
Attendance of 201 - 500 (private events only) **No alcohol at event**	$ 206	$ 302	$ 552	$ 802	$ 1,052
Attendance of 201 - 500 (private events only) **Alcohol at event - host liquor included**	$ 288	$ 425	$ 675	$ 925	$ 1,175
Costs* - Open-to-the-Public/Ticketed Event (one or more coverage days)					
Attendance of 1 - 1,500	$ 430	$ 638	$ 888	$ 1,138	$ 1,388
Attendance of 1,501 - 3,000	$ 655	$ 975	$ 1,225	$ 1,475	$ 1,725
Attendance of 3,001 - 6,000	$ 1,295	$ 1,935	$ 2,255	$ 2,505	$ 2,755
Attendance of 6,001 - 12,000	$ 2,225	$ 3,330	$ 3,883	$ 4,214	$ 4,464

*Costs include premium and a $15 risk purchasing group administration fee.

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

NOTE: Host Liquor Liability – (as provided by CG 00 01 04/13) is included, but only if the insured is not in the business of manufacturing, distributing, selling, serving or furnishing alcoholic beverages.

OPTIONAL COVERAGES AVAILABLE

Medical Expense

This option allows you to purchase additional limits above the $5,000 of medical expense already included. Medical expense coverage includes payments for injuries sustained by the event attendees caused by an accident that takes place on the event premises. Injuries must be reported within one year of the accident. Premiums are based upon each $5,000 increment up to an additional $20,000

Attendance	1-1,500	1,501-3,000	3,001-6,000	6,001-12,000
Premium per $5,000 Increment	$ 75	$ 150	$ 300	$ 600

OPTIONAL COVERAGES CONTINUED

Liquor Liability

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

Coverage conditions:

1. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your business organization with our Short Term Special Events RPG Insurance Program.
2. Coverage will be effective the day after we receive the proper completed enrollment form with premium and will expire on the expiration date of your Short Term Special Event Insurance Program.
3. Coverage is not available for events in: Alaska, Hawaii, Iowa, or Michigan.

Attendance	Location of Event	Option 1 $500,000 Limit	Option 2 $1,000,000 Limit
1 - 1,500	All states other than AK, HI, IA, or MI	$ 445	$ 529
1,501 - 3,000	All states other than AK, HI, IA, or MI	$ 534	$ 635
3,001 - 6,000	All states other than AK, HI, IA, or MI	$ 748	$ 889
6,001 - 12,000	All states other than AK, HI, IA, or MI	Referral to Company	Referral to Company

FREQUENTLY ASKED QUESTIONS

1. Who should be listed as the named insured?

The named insured should be the organization or the individual who is the organizer of the event. This would be the legal name of the organization or, if no legal entity exists, the name under which the organization operates (such as the name listed on marketing material or contracts). If an individual is hosting, please provide the individual's first and last name.

2. Am I able to buy this coverage if I am having an event at my own location/home?

Yes, as long as you meet eligibility requirements you may purchase coverage under this program. Please note that the purchasing of this policy may not eliminate any claims being presented/paid under any other policies. This policy could share losses with other applicable policies.

3. I have been asked by the facility that I am using for the event to add them as an additional insured to my policy. What does this mean and how do I do that?

An additional insured is a person or organization not automatically included as an insured under an insurance policy, but who is included or added as an insured under the policy at the request of the named insured. By providing an entity additional insured status, it now is entitled to defense and indemnity (if policy limits have not been exhausted) under your policy with no responsibility for premium payments.

You can add an entity as an additional insured under the certificate request section of the enrollment form. Please provide their complete name, address, and relationship to you. All requests must be made in writing.

4. Will we receive a policy after submitting the enrollment form?

No. You will receive a certificate of insurance as proof of coverage. By applying for this insurance, you are applying for membership in the Sports, Leisure and Entertainment Risk Purchasing Group (RPG), a group formed and operating pursuant to the Liability Risk Retention Act of 1986 (15 USC 3901 et seq.). Coverage is offered exclusively through the Sports, Leisure and Entertainment Risk Purchasing Group (RPG). The RPG receives a master policy from the insurance company. Submission of this enrollment form confirms your desire to receive coverage through the RPG. Each member receives their own certificate of insurance as evidence of coverage. The limits of insurance apply individually to each insured member organization - there are no shared limits of liability with any other members. For a copy of the RPG master policy, please submit your request in writing to: Sadler & Company Inc., PO Box 5866, Columbia, SC 29250 or events@sadlersports.com.

EASY WAYS TO ENROLL FOR COVERAGE

WEB For information and applications,visit us on-line at **www.sadlersports.com/specialeventinsurance/**

OR

Submit this enrollment form, with payment, to us.

FAX 1-260-459-5502

MAIL Sadler & Company Inc.
PO Box 5866
Columbia, SC 29250

SERVICE REQUESTS/QUESTIONS ONLY

E-MAIL events@sadlersports.com

QUESTIONS Call **1-800-622-7370**

SADLER SPORTS & RECREATION INSURANCE

Enrollment Form - Short Term Special Events

This brochure is valid for effective dates of 1/1/25 through 12/31/25

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group, a group formed and operating pursuant to the Liability Risk Retention Act of 1986 (15 USC 3901 et seq.). A risk purchasing group (RPG) provides group purchasing power for similar risks resulting in potential advantageous coverage terms, and competitive rates for favorable group loss experience. An RPG administration fee may be charged. 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. We reserve the right to decline any request for coverage.

TO AVOID PROCESSING DELAYS: 1. Complete all sections (print legibly)
2. Sign and date where required
3. Remit completed enrollment form (pages 4-12) with payment

GENERAL INFORMATION

❍ I am a new account ❍ I am renewing my coverage

Name of organization/individual hosting event: _____

DBA: _____

Applicant is a: ❍ Sole Proprietorship ❍ Limited Liability Co. ❍ Corporation ❍ Partnership
❍ Other (describe): _____

Form of business: ❍ Not-for-profit ❍ For-profit

Mailing address: _____

City: _____ State: _____ Zip: _____

Contact name: _____ Phone: (_____) _____

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

E-mail: _____ Website: _____

(By listing an email address, you are giving us permission to contact you by email about your policy. Refer to page 9 of the application for Electronic Disclosure and Consent)

BUSINESS INFORMATION

1. Are overnight accommodations or camping facilities part of the event? ❍ Yes ❍ No
   * If yes, is each attendee responsible for booking and paying for their own accommodations? ❍ Yes ❍ No ❍ N/A

2. Will this event feature any of the following activities? ❍ Yes ❍ No
   - Rides, amusement devices or inflatable recreational devices
   - Petting zoos or animals • Fireworks or pyrotechnics • Concessionaires, exhibitors or vendors

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. If any of these activities are provided by a third party, you should require evidence of liability coverage (certificate of insurance) from the entity/organization naming you as an additional insured.

3. Alcoholic beverages:

❍ Will not be allowed or available at the event.

❍ None provided by named insured and/or only attendees allowed to bring their own alcoholic beverages (BYOB).

❍ Will be sold at the event. (e.g.: individual drinks are offered for sale for cash or with pre-purchased tickets)
If sold, who holds the liquor license or permit?
❍ Insured ❍ Caterer or vendor ❍ Facility ❍ Sponsor

❍ Will be furnished without a charge at the event. (e.g.: wine and beer are served for free; or event has $10 admission fee and wine is served with dinner for free)
If furnished, is the insured required to obtain a liquor license?
❍ Yes ❍ No

❍ Will be both sold and furnished at the event. (e.g.: providing wine and beer for free, but also having a cash bar)
If sold and furnished, who holds the liquor license or permit?
❍ Insured ❍ Caterer or vendor ❍ Facility ❍ Sponsor

BUSINESS INFORMATION CONTINUED

4. Is this event held at multiple locations? ❍ Yes ❍ No
5. Is this event held annually? ❍ Yes ❍ No
6. Is there a musical or entertainment performance at the event? ❍ Yes ❍ No
   If yes, please indicate the type of performer(s):_____
   If a musical performer/DJ, please provide the type of music performed/provided: _____

FOR EVENTS WITH MORE THAN 3,000 IN TOTAL ATTENDANCE, PLEASE COMPLETE THE FOLLOWING:

1. Who provides security for this event?
   ❍ City ❍ County ❍ State ❍ Employees ❍ Private Agency ❍ Private ❍ No Security in place

   If security is provided:
   a. Who contracts the security? ❍ Insured ❍ Facility
   b. Is the security personnel for the event armed? ❍ Yes ❍ No
   c. If a private agency, do they provide you with a Certificate of Insurance naming you as an additional insured? ❍ Yes ❍ No

2. Do you have any medical personnel onsite? ❍ Yes ❍ No
   If no: Distance to the nearest hospital: _____ Response time in minutes:_____

3. Do you have a plan for your staff if it becomes necessary to evacuate the event site due to emergency or adverse weather? ❍ Yes ❍ No

4. Are daily inspections/walk throughs of the event premises conducted to address possible trip and fall or other hazardous exposures? ❍ Yes ❍ No

FOR NEW ACCOUNTS ONLY

Do you have current coverage in place or have you had coverage for this event in the past? ❍ Yes ❍ No

If no, please check/explain:

❍ New business event ❍ Other, please explain:_____

If yes:

a) Name(s) of current carrier(s): _____ Expiration date(s):_____
b) Is your current carrier non-renewing your coverage? ❍ Yes ❍ No
   If yes, why?_____
c) In the past 5 years, have you had any losses? ❍ Yes ❍ No
   If yes, please provide current loss runs with at least 5 years of loss history, including your current year. In addition, please describe any liability or medical claims over $5,000 that have been paid under your insurance coverage for those years.

WHERE ALLOWED BY STATE JURISDICTION, COSTS ARE 100% NON-REFUNDABLE/NON-TRANSFERRABLE ONCE COVERAGE BEGINS.

COVERAGE IS CONTINGENT UPON RECEIPT OF PAYMENT AND A FULLY COMPLETED ENROLLMENT FORM. NO COVERAGE WILL BE DEEMED IN EFFECT UNTIL THE ACCURATE PAYMENT IS RECEIVED BY THE COMPANY OR THEIR REPRESENTATIVE.

CANCELLATIONS/CHANGES CAN ONLY BE MADE BY THE NAMED INSURED.

Sadler & Company Inc. PO Box 5866, Columbia, SC 29250 Agent : John Sadler
(P) 800-622-7370 (F) 803-256-4017 Email: events@sadlersports.com
Sadler & Company of SC, Inc. - AR (License #254179) D/B/A Sadler Insurance Agency - CA (License #0B57651 John Sadler Insurance Services - MA Sadler Agency - NY (PC - 532473 and LA - 532473) / Sadler Insurance Agency - OK / Sadler & Company, Inc. - TX (License #194495) Sadler and Company - VT (License #577) Sadler and Company - FL (License #L006784)

PROGRAM COST CALCULATION

1. Name of event: _____

2. Type of event:
   ❍ Auction – Describe:_____ ❍ Ball/Dance – Describe:_____ ❍ Concert – Describe: _____
   ❍ Festival – Describe:_____ ❍ Fundraiser – Describe:_____ ❍ Sale – Describe:_____
   ❍ Show – Describe:_____ ❍ Other – Describe:_____

3. List activities at event:_____

4. Date(s) of coverage (including set-up and tear-down): _____ / _____ / _____ to _____ / _____ / _____

5. Event date(s): _____ / _____ / _____ to _____ / _____ / _____

6. Hours of event (including set-up and tear-down): _____ A.M./P.M. to _____ A.M./P.M.

7. Attendance: Average daily attendance_____ X Number of event days_____ = Total attendance_____

8. Event location Venue name: _____
   Venue address: _____

9. Is your event location:
   a. ❍ Indoors ❍ Outdoors
   b. ❍ Private residence ❍ Convention center ❍ Arena ❍ Stadium ❍ Hotel ❍ Fair grounds
   ❍ Liquor-licensed establishment ❍ Other (please describe): _____

Cost is determined by the total attendance (daily attendance multiplied by the number of event days). Please select an option based upon your total attendance of the event. NOTE: Costs include the premium and a $15 risk purchasing group administration fee.

❍ **Invitation-Only Event (single day coverage)**

Attendance	Option 1 $1,000,000 CGL	Option 2 $2,000,000 CGL	Option 3 $3,000,000 CGL	Option 4 $4,000,000 CGL	Option 5 $5,000,000 CGL
1 - 200 (no liquor at event)	❍ $ 140	❍ $ 203	❍ $ 453	❍ $ 703	❍ $ 953
1 - 200 (liquor at event)	❍ $ 194	❍ $ 284	❍ $ 534	❍ $ 784	❍ $ 1,034
201 - 500 (no liquor at event)	❍ $ 206	❍ $ 302	❍ $ 552	❍ $ 802	❍ $ 1,052
201 - 500 (liquor at event)	❍ $ 288	❍ $ 425	❍ $ 675	❍ $ 925	❍ $ 1,175

❍ **Open-to-the-Public Event/Ticketed Event and/or Multiple Coverage Days**

Attendance	Option 1 $1,000,000 CGL	Option 2 $2,000,000 CGL	Option 3 $3,000,000 CGL	Option 4 $4,000,000 CGL	Option 5 $5,000,000 CGL
1 - 1,500	❍ $ 430	❍ $ 638	❍ $ 888	❍ $ 1,138	❍ $ 1,388
1,501 - 3,000	❍ $ 655	❍ $ 975	❍ $ 1,225	❍ $ 1,475	❍ $ 1,725
3,001 - 6,000	❍ $ 1,295	❍ $ 1,935	❍ $ 2,255	❍ $ 2,505	❍ $ 2,755
6,001 - 12,000	❍ $ 2,225	❍ $ 3,330	❍ $ 3,883	❍ $ 4,214	❍ $ 4,464

OPTIONAL COVERAGES PREMIUM CALCULATION

Liquor Liability (not available for events in: AK, HI, IA, or MI)

❍ **Check here and skip this section if you do not want coverage.**

If liquor liability coverage is desired, please complete the following questions.

1. Is the named insured required to obtain a liquor license or permit? ❍ Yes ❍ No
   If yes: Please provide the name of the liquor license/permit holder: _____
   Please provide relationship to named insured: _____
   Please provide the liquor license/permit number: _____

2. Are alcoholic beverages (please select one):
   ❍ Sold? Provide the dollar value of alcoholic beverage sales _____ and food sales_____ at the event
   ❍ Included as a part of the admission charge?
   ❍ Served or furnished without a charge?

3. What types of alcoholic beverages are being sold/served? (please describe): _____

4. Have you ever been fined or had a liquor license/permit revoked or suspended? ❍ Yes ❍ No

5. Has any insurer cancelled or non-renewed your coverage during the past 3 years? ❍ Yes ❍ No

6. Are patrons allowed to carry alcoholic beverages onto the premises during your event? ❍ Yes ❍ No

7. Are alcoholic sales and consumption contained within a fixed and/or secured area? ❍ Yes ❍ No

8. Has at least one server at this event had formalized alcohol awareness training? ❍ Yes ❍ No
   If yes, please provide the type of training (e.g.: TIPs, TAMs, TABC):_____

9. Are ID's checked at the event? ❍ Yes ❍ No

10. Will alcohol stop being served/sold at least (1) hour prior to the end of the event? ❍ Yes ❍ No

Please select option based upon total attendance of the event and the location of the event.

Attendance	Location of Event	Option 1 $500,000 Limit	Option 2 $1,000,000 Limit
1 - 1,500	All states other than AK, HI, IA, or MI	❍ $ 445	❍ $ 529
1,501 - 3,000	All states other than AK, HI, IA, or MI	❍ $ 534	❍ $ 635
3,001 - 6,000	All states other than AK, HI, IA, or MI	❍ $ 748	❍ $ 889
6,001 - 12,000	All states other than AK, HI, IA, or MI	Referral to Company	Referral to Company

Additional Limits of Medical Expense

❍ **Check here and skip this section if you do not want coverage.**

Please select an option based upon your attendance at the event.

Attendance	Additional $5,000 Limit	Additional $10,000 Limit	Additional $15,000 Limit	Additional $20,000 Limit
1 - 1,500	❍ $ 75	❍ $ 150	❍ $ 225	❍ $ 300
1,501 - 3,000	❍ $ 150	❍ $ 300	❍ $ 450	❍ $ 600
3,001 - 6,000	❍ $ 300	❍ $ 600	❍ $ 900	❍ $ 1,200
6,001 - 12,000	❍ $ 600	❍ $1,200	❍ $ 1,800	❍ $ 2,400

TOTAL COST SUMMARY

Program Cost - Commercial General Liability (Required Coverage) - from page 6	$
Liquor Liability Premium (Optional Coverage) - from page 7	$
Medical Expense Premium (Optional Coverage) - from page 7	$
Total Cost Due - (add lines above)	$

CERTIFICATE REQUESTS

Once your enrollment form is approved, you will receive a Certificate of Insurance as evidence that coverage is bound. **Complete this section if you require additional certificates listing a facility, property owner or similar third-party as an additional insured on your policy. Provide a separate request for each additional certificate needed.**

Note: Please request all additional insureds needed for this policy term. Additional insureds from the expiring policy term will not be automatically renewed.

1. When is this certificate needed? : _____/_____/_____

2. What is the additional insured's relationship to you?

❍ Owner/manager/lessor of premises (facility or venue) ❍ Sponsor ❍ Co-promoter

❍ Other (please identify/explain): _____

NOTE: The certificate holder will automatically be an Additional Insured for an Owner/manager/lessor, Sponsor or Co-Promoter relationship

3. Certificate holder/additional insured name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

4. Does the certificate holder/additional insured require any special wording or endorsements? ❍ Yes ❍ No

If yes, check all that apply: ❍ Primary/Noncontributory ❍ Waiver of subrogation

❍ Other (please explain): _____

NOTE: If you are not sure, please attach a copy of the insurance requirements/instructions you've received.

The most common delay in certificate processing is caused by providing partial or incorrect name and/or instructions. Please check your request carefully before submitting.

COVERAGE EXCLUSIONS

The following notable exclusions are contained in the commercial general liability coverage provided by this program (note: state variations may apply). Abuse, molestation, or exploitation; Asbestos; Commercial general liability standard exclusions (CG0001 4/13 edition); Cap on losses from certified acts of terrorism; Communicable disease; Cyber incident, data compromise, and violation of statutes related to personal data; E-commerce consulting; Employment related practices; Any event held outside the U.S.; Any event held at multiple locations (except for weddings); Any event with over 12,000 in attendance; Fireworks; Fungi or bacteria; Lead; Nuclear energy; Operations of concessionaires, exhibitors and/or vendors at your event; Petting zoos; Room and board liability/overnight camping; Sexually transmitted disease; Silica or silica-related dust; Specified recreational vehicles and activities – Aircraft/hot air balloon; Airport; Amusement device: The ownership, operation, maintenance or use of any device or equipment a person rides for enjoyment, including, but not limited to: mechanical or non-mechanical ride, slide, or water slide (including any ski or tow when used in conjunction with a water slide); inflatable recreational device; or vertical device or equipment used for climbing, whether permanently affixed or temporarily erected. This exclusion does not apply to video games or computer games or structures that are not designed to bounce on, slide on, ride on or tunnel through; Animal; Bungee; Dunk tank; Haunted attraction; Parade; Performer; Rodeo; Saddle animal; Snowmobile; Total pollution with a building heating, cooling & dehumidifying equipment exception and hostile fire exception; Unmanned aircraft; Those operations listed as ineligible: Activist rallies/marches/protests; Air shows/events; Animal obedience training; Any events/activities involving motorized vehicles except static vehicle shows/auctions or car washes (for charity fundraising only); Any events involving organized athletic events/competitions; Any events and/or concerts – involving rap, hip-hop, heavy metal/screamo or techno/electronic; Any events held on an airport premises; Any events honoring national and/or local celebrities or professional athletes; Any events involving in or on water activities; Balloon festivals; Battle reenactments; Bonfires; Cannabis related events; Christmas tree sales/lots; Cinematography or photography events for commercial use; Circuses; Color party, foam party or raves; Dance competitions; E-gaming; Food eating contests; Fraternity or sorority events (except alumni association off-site events that have been approved by us); Geocaching events; Gun and/or knife shows; Haunted attractions/events; Health fairs/expositions; Hunting, fishing and hiking events; Mazes (corn, hay or fence); Parades (or any event involving a parade); Political events (except private fundraising auctions, benefits, dances, dinners); Pumpkin chuckin events; Seances; Shooting events/activities (skeet/trap/clay/guns); Tailgating events (unless reported to and approved by us); Tractor pulls; Union meetings; Walks/running events

ATTENTION: AGENTS

AGENTS: YOU MUST COMPLETE THE AGENT WARRANTY SECTION BELOW. Enrollments cannot be accepted unless this section is completed.

Please complete the information below.

Agency name:_____ Agent/contact name: _____

Agency complete mailing address: _____

Address City State Zip

Agency telephone: (_____) _____ Agency fax: (_____) _____

Agent/contact e-mail address: _____ Tax I.D. _____

I represent and warrant as an insurance producer that I currently maintain, and will maintain, all individual, corporate or agency licenses or permits to conduct insurance business in the state coverage for this insured is being written. I further represent and warrant that I currently maintain errors and omissions insurance with a minimum limit of $1,000,000 for myself, my officers, and employees. If requested, I will provide reasonably satisfactory evidence of all of the above mentioned items.

I understand that agents do not have authority to issue binders or a certificate of insurance on behalf of this program.

Agent signature: _____ **Date:** _____

PLEASE READ, COMPLETE #9 BELOW (if you do not wish to receive documents via email), AND SIGN ON PAGE 10

Electronic Signature Disclosure and Consent

The Electronic Signatures in Global and National Commerce Act (15 U.S.C. § 7001, et seq.) provides that a signature, contract or other record may not be denied legal effect, validity or enforceability solely because it is in electronic form or because an electronic signature was used in a transaction.

Sadler & Company, Inc. (Sadler), whether on its own behalf, and/or on behalf of an insurer and/or third parties, may utilize the internet, email, cloud services, digital storage, digital media or similar electronic means to transmit Policy Documents to its clients. This Agreement informs you of your rights when we are delivering and you are receiving such documents from us electronically.

By agreeing to proceed with this transaction, you acknowledge and consent to the following:

1. I hereby voluntarily consent to proceeding with this transaction, and all subsequent actions related to this transaction, electronically.
2. I understand that further documents relating to this insurance purchased through Sadler, including but not limited to correspondence, communications, confirmations, requests for premium payments and policy documents, may, to the extent permitted by law, be transmitted by electronic means to me, including by e-mail sent to the e-mail address I have provided as part of this transaction and/or my on-line registration. I consent to such documents being provided to me electronically.
3. Notwithstanding paragraph 2, any notice of cancellation shall be sent to me by mailing to the address I have provided as part of my registration and/or application for insurance, or to such other address for which I have provided notice pursuant to the terms of the policy.
4. Any change or revision to the e-mail address or other electronic contact information which I have provided as part of this transaction and/or my on-line registration process shall be requested by me by faxing, emailing, or by mailing a written notice to: Sadler & Company, Inc., P.O. Box 5866, Columbia, SC 29250.
5. I understand that I have the right to obtain a paper copy of any electronic record provided to me pursuant to this transaction or any subsequent transaction involving my coverage by mailing a written request to the address provided in paragraph 4.
6. In order to access the electronic records provided, the following hardware and software are required: (a) a personal computer or other device through which Internet access is available, (b) an Internet connection, (c) an e-mail account with an Internet service provider, and (d) Adobe Acrobat Reader.
7. I understand that I have the right and option to withdraw my consent to the receipt of further electronic documents at any time by faxing, emailing, or mailing a written request to the address provided in paragraph 4. By withdrawing my consent to electronic delivery of documents I understand that I will receive a paper copy of future policy documentation.
8. Information relating to this transaction is subject to the terms of our privacy statement, a copy of which is provided at www.sadlersports.com.
9. DOCUMENT DELIVERY. After this enrollment form is approved, you will receive a certificate of insurance showing evidence that coverage has been bound. When submitted through an insurance agent or broker, this coverage document will only be delivered to them. Additional certificate requests will be issued to the same person. Providing an email address in this application will be deemed consent to us to deliver documents and communication to you electronically.

   If you **DO NOT** want to be emailed please check here and select your preferred method of document delivery. ❍

   ❍ Fax to: _____ attn: _____

   ❍ Mail to: _____ attn: _____

PLEASE READ AND SIGN BELOW

Representation Statement

The undersigned authorized officer of the applicant declares that the statements set forth herein are true to the best of his or her knowledge. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant to the insurer to complete the insurance.

I am aware that accurate reporting is required for premium calculation and that my books and records, as they relate to this coverage, may be examined or audited by the company at any time during the coverage period and up to three years thereafter. I acknowledge that intentional misrepresentation or misreporting may jeopardize coverage and that the company reserves the right to decline/void any ineligible 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.
WHERE ALLOWED BY STATE JURISDICTION, COSTS ARE 100% NON-REFUNDABLE/NON-TRANSFERRABLE ONCE COVERAGE BEGINS.

Organization/host name (from page 4): _____

Applicant or agent signature: _____ **Date:** _____

Printed name: _____ **Title:** _____

If an agent: Check here to acknowledge you are signing on behalf of the named insured ☐

WHERE ALLOWED BY STATE JURISDICTION, COSTS ARE 100% NON-REFUNDABLE/NON-TRANSFERRABLE ONCE COVERAGE BEGINS.

COVERAGE IS CONTINGENT UPON RECEIPT OF PAYMENT AND A FULLY COMPLETED ENROLLMENT FORM.

NO COVERAGE WILL BE DEEMED IN EFFECT UNTIL THE ACCURATE PAYMENT IS RECEIVED BY THE COMPANY OR THEIR REPRESENTATIVE.

CANCELLATIONS/CHANGES CAN ONLY BE MADE BY THE NAMED INSURED.

Copyright © 2024 K&K Insurance Group, Inc. All Rights Reserved.

IMPORTANT INFORMATION. PLEASE READ.

Fair Credit Report Act Notice

Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

Fraud Warning

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD only.

Applicable in CA: For your protection, California law requires that you be advised of the following:
Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in CO: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: 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)*. *Applies in FL only.

Applicable in KS: 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for 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 KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME only.

Applicable in MN: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in VT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Applicable in all other states: Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

PAYMENT OPTIONS

Submit a completed enrollment (including signed Representation Statement) and payment via one of the options below.

Organization/host name: _____ Effective date: _____

PAY BY ACH (Bank Account):

- **E-mail** events@sadlersports.com
  or
- **Fax** 1-803-256-4017

I (we) authorize Sadler & Company, Inc. to initiate a single electronic debit from the account shown below:

Name on Bank Account: _____ Bank Name:_____

Draft Amount : $_____ ❍ Checking, or ❍ Savings

Bank Routing Number*_____ Bank Account Number* _____

*See below for an explanation of where to locate these two sets of numbers on your bank check.

_____ Date: _____

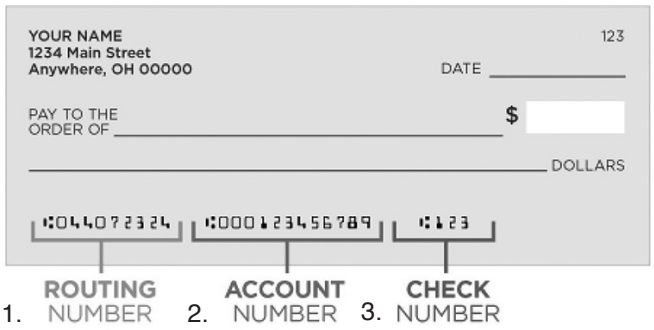
Authorized Signature(s) - (Not required if authorization by phone)

_____ Date: _____

Authorized Signature(s) - (Not required if authorization by phone)

EXPLANATION OF CHECK NUMBERS

1. Bank Routing Number - This is a nine digit number separated by a bar and a colon I: 123456789 I:
2. Account Number - This number may appear as the second, first or third series of numbers. Please read carefully.
3. Check Number - Matches number in the upper right corner of check. NOT REQUIRED FOR ACH.



PAY BY CHECK: (Payable to Sadler & Company, Inc.)

- **Mail** Sadler & Company Inc.
  PO Box 5866
  Columbia, SC 29250

PAY BY CREDIT CARD:

- **Fax only** 1-803-256-4017

❍ VISA ❍ MASTERCARD ❍ DISCOVER ❍ AMERICAN EXPRESS

Card number: _____

CSC # (card security) code: _____ Expiration date: _____

I authorize K&K Insurance Group, Inc. to charge my payment to my credit card in the amount of $_____

Print name (as on card):_____

Cardholder signature: _____

Cardholder phone number: (____)_____

FATCA Notice: Please go to Aon.com/FATCA to obtain appropriate W-9.