SADLER
SPORTS & RECREATION INSURANCE

# MARTIAL ARTS/SELF DEFENSE INSTRUCTOR
## Insurance Program and Enrollment Form
This brochure is valid for effective dates of 1/1/26 through 12/31/26

## PROGRAM DESCRIPTION

This program has been designed for U.S.-based martial arts and/or self defense instructors who work on an independent contractor basis training individuals in martial arts and/or self defense. This could include self defense instructors, law enforcement/security defense tactic instructors or martial arts instructors. Coverage provided under this program includes important commercial general liability protection for the instructor for liability claims arising out of their operations while training.

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

**This program does not provide coverage for the operation, ownership or maintenance of a martial arts and/or self defense facility. For information regarding coverage for a facility, please call us.**

## INELIGIBLE OPERATIONS

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

- The sport of boxing (contact/sparring)
- Certified athletic trainers
- Coaching of organized competitive athletic teams
- Firearms training
- Instructors under the age of 18
- Military/paramilitary combat training
- Tournaments or competitions
- Your employment as an exempt or non-exempt employee of a school, college or university
- 100% virtual operations/training

### EASY WAYS TO ENROLL FOR COVERAGE

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

OR

Submit this enrollment form, with payment, to us.

***FAX*** 1-803-256-4017

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

### SERVICE REQUESTS/QUESTIONS ONLY

***E-MAIL*** sport3@sadlersports.com

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

## ELIGIBLE OPERATIONS

A U.S.-based instructor age 18 or older conducting private or group instruction in any of the following is eligible to enroll in this program.

- Self defense instruction
- Law enforcement/security defense tactic instruction
- Martial arts instruction of:

| | | |
|---|---|---|
| Aikido | Judo | Savate |
| Brazilian jiu jitsu | Jiu jitsu | Sayoc kali |
| Capoeria | Kali | Taekwondo |
| Chi kun | Karate | Tai chi |
| Dim mak | Kenjitsu | Tang soo do |
| Escrima | Krav maga | Thai boxing |
| Goju-ryu | Kung fu | |
| Haganah | Mixed martial arts | |
| Hapkido | or ultimate fighting | |
| Jeet kune do | Muay thai | |

## 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 ineligibles
- Amusement devices (e.g.: rides, slides, inflatables, bungees, climbing walls, dunk tanks)
- Animals
- Communicable disease
- Cryogenic chambers/therapy
- Cyber incident, data compromise and violation of statutes related to personal data
- Cycling (other than stationary)
- Employment-related practices
- Fireworks
- Instruction/activity being held on or in open water (e.g.: lakes, ponds, ocean)
- Medical, therapy or health care services
- Operation, ownership or management of any facility
- Physicals/stress testing
- Physical therapy, massage or salon services
- Sale or distribution of herbal, medicinal and/or nutritional products
- Use of projectile weapons including, but not limited to, firearms and tasers, and defense sprays
- Use of sharpened weapons

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 us.

MASS MERCH MA INST SADLER 1610-MK 2/2026

## COVERAGES AND LIMITS

| Coverages | Option 1 | Option 2 | Option 3 | Option 4 | Option 5 |
|---|---|---|---|---|---|
| **Commercial General Liability (CGL)** | **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 |
| Bodily Injury to Participants Liability | $ 1,000,000 | $ 2,000,000 | $ 3,000,000 | $ 4,000,000 | $ 5,000,000 |
| Professional Liability | $ 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 (other than participants) | $ 5,000 | $ 5,000 | $ 5,000 | $ 5,000 | $ 5,000 |
| **Single Event Coverage** (not required if purchasing annual coverage) | | | | | |
| **Training Session only** - per instructor (training session must be 3 days or less) | $ 132.00 | $ 188.00 | $ 438.00 | $ 688.00 | $ 938.00 |
| **Annual Coverage** | | | | | |
| **Traditional Martial Arts Instructor (**per instructor) | $ 375.00 | $ 553.00 | $ 803.00 | $ 1,053.00 | $ 1,303.00 |
| **Self Defense/Law Enforcement/ Security Instructor (**per instructor) | $ 582.00 | $ 863.00 | $ 1,113.00 | $ 1,363.00 | $ 1,613.00 |

*The costs above include premium as well as a $20 risk purchasing group administration fee

Coverage provided under this program includes:

**Commercial General Liability with Enhancement Endorsement** – coverage which protects the insured against liability claims for bodily injury and property damage arising out of premises, operations and products and completed operations.

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

**Professional Liability** – coverage which pays for wrongful acts (neglient act, error, omission or breach of duty or a misleading statement in the discharge of covered activities or operations) that occur as a result of your instruction.

## FREQUENTLY ASKED QUESTIONS

1. **How soon does coverage start? When will we receive proof of coverage?**

   Coverage can be bound the date after we receive a completed enrollment form and the appropriate premium. Please allow adequate time for us to process your enrollment form and issue certificates.

2. **When should I make my coverage effective?**

   The effective date is the date you need your insurance to start. For many, this is the first day you begin instructing lessons. All coverages expire one year from the effective date.

3. **If I need to request another certificate of insurance for a training location that I am using, how do I do this?**

   A written request is required from you, the individual instructor. The form may be acquired by contacting us.

4. **Will I 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.

SADLER
SPORTS & RECREATION INSURANCE

# Enrollment Form - Martial Arts/Self Defense Instructor

This brochure is valid for effective dates of 1/1/26 through 12/31/26

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, PLEASE:**

**1. Complete all sections (print legibly)**

**2. Sign and date where required**

**3. Remit completed enrollment form (pages 3 - 8) with payment (page 9 )**

## INFORMATION

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

Instructor's name (as it should appear on the policy):_____

First name Last name

Doing business as (DBA): _____

(Additional name(s) under which the named insured operates. Note coverage only applies to the individual and not to the business.)

Mailing address: _____

City: _____ State: _____ Zip:_____

Insured contact name: _____ Insured phone: (_____) _____

Insured cell: (_____) _____ Insured e-mail: _____

Website:_____

(By listing an email address, you are giving us permission to contact you by email about your policy. Refer to page 6 for Consent for Electronic Transactions.)

## DATES

Coverage will begin the day after the completed enrollment form and premium are received and approved by us, or on a later date you specify below. (If renewing coverage, please provide the expiration date of your current policy).

❍ Start my coverage on this date: _____ / _____ / _____

## BUSINESS INFORMATION

1. Are you age 18 or older? ❍ Yes ❍ No
2. Do you use weapons as part of your instruction? ❍ Yes ❍ No

   If YES, please complete the following questions:

   Are they sharpened? ❍ Yes ❍ No

   Are the weapons replicas? ❍ Yes ❍ No

   Do they contain ammunition? ❍ Yes ❍ No

   Do you use tasers or defense sprays? ❍ Yes ❍ No
3. Do you own or operate your own facility and/or have employees/volunteers? ❍ Yes ❍ No

   If yes, this program only provides coverage for your operations as an instructor. It does not extend to your employees or anyone performing instruction or training on your behalf, nor does it apply to the operation of a studio/facility.
4. Do you teach any self-defense* classes or classes designed specifically for law enforcement or security? ❍ Yes ❍ No

   *Self-defense is a defense class that is more about defending yourself physically and verbally against an attacker for security and emergencies (not a specific style of martial arts training)
5. What are the type(s) of martial arts style(s) you teach? _____

## PROGRAM COST CALCULATION

**Please select one option based upon the desired coverage period, type of instructor and limit needed. The costs below include premium as well as a $20 risk purchasing group administration fee.**

### ❍ Annual Coverage Option

| Type of Instructor | Options | Limit of Liability (CGL) | Annual Cost |
|---|---|---|---|
| Martial Arts Instructor | Option 1 | $ 1,000,000 | ❍ $ 375.00 |
| | Option 2 | $ 2,000,000 | ❍ $ 553.00 |
| | Option 3 | $ 3,000,000 | ❍ $ 803.00 |
| | Option 4 | $ 4,000,000 | ❍ $ 1,053.00 |
| | Option 5 | $ 5,000,000 | ❍ $ 1,303.00 |

| Type of Instructor | Options | Limit of Liability (CGL) | Annual Cost |
|---|---|---|---|
| Self Defense/Law Enforcement/Security Instructor | Option 1 | $ 1,000,000 | ❍ $ 582.00 |
| | Option 2 | $ 2,000,000 | ❍ $ 863.00 |
| | Option 3 | $ 3,000,000 | ❍ $ 1,113.00 |
| | Option 4 | $ 4,000,000 | ❍ $ 1,363.00 |
| | Option 5 | $ 5,000,000 | ❍ $ 1,613.00 |

### ❍ Single Event Coverage Option: 1-3 day training session (days do not need to be consecutive)

| Cost | 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 |
|---|---|---|---|---|---|
| **Training Session only** - per instructor (training session must be 3 days or less) | ❍ $ 132.00 | ❍ $ 188.00 | ❍ $ 438.00 | ❍ $ 688.00 | ❍ $ 938.00 |

Should you have more than "1" single event, please provide event information, as requested below, for each event on a separate piece of paper and attach with this enrollment form. Separate policies will be issued for each event.

Type of Instructor: ❍ Martial Arts Instructor ❍ Self Defense/Law Enforcement/Security Instructor

Name of event/activity: _____

Type of event/activity: _____

Date(s) of event/activity: _____

Location of event/activity: _____
Venue name Street address City State Zip

Limit requested: $_____

Premium calculation: $_____ x _____ = $_____
Rate from above # of Events Premium Due

**FOR NEW ACCOUNTS ONLY**

Do you have current coverage in place? ❍ Yes ❍ No

If no, please check/explain:

❍ New business operation ❍ 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 more than $5,000 in claims? ❍ 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.

## 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; Cryogenic chambers/therapy; Cyber incident, data compromise, and violation of statutes related to personal data; Cycling (other than stationary); Employment related practices; Fireworks; Fungi or bacteria; Instruction/activities held on or in open water (e.g.: lakes, ponds, ocean); Lead; Medical, therapy or health care services; Nuclear energy liability; Operation, ownership or management of any facility; Physicals/stress testing; Physical therapy, massage or salon services; Sale or distribution of medicinal, herbal and/or nutritional products; 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 to any device that is specifically designed for the the training or instruction of an activity for which you are enrolled; Animal; Bungee; Dunk tank; Haunted attraction; Performer (injury or death to any performer or entertainer during any activity, event or exhibition including but not limited to any stunt, concert, show or theatrical event. This exclusion does not apply to participants in any activity, event or exhibition that are part of the designated operations for which you are enrolled); Rodeo; Saddle animal; Snowmobile; Total pollution with a building heating, cooling & dehumidifying equipment exception and hostile fire exception; Use of projectile weapons including, but not limited to, firearms and tasers, and defense sprays; Use of sharpened weapons; Unmanned aircraft; Those operations listed as ineligible: The sport of boxing (contact/sparring); Certified athletic trainers; Coaching of organized competitive athletic teams; Firearms training; Instructors under the age of 18; Military/paramilitary combat training; Tournaments or competitions; Your operations related, in whole or in part, to your employment as an exempt or non-exempt employee of a public or private school, college or university; 100% virtual operations/training.

**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.**

## PLEASE READ AND COMPLETE THE BELOW
## if you do not wish to receive documents via email and prefer another method of delivery

**Consent for Electronic Transactions**

The Electronic Signatures in Global and National Commerce Act 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.

As part of your participation in this program you will receive all documentation, including but not limited to, the insurance quotes, policies, certificates, endorsements, and invoices (if applicable), by electronic means. If permitted by your state, you may also receive conditional renewal notices, cancellation, or non-renewal notices via electronic delivery.

To obtain, download, and view all policy documentation electronically you must have the following hardware or software in place.

- A personal computer capable of receiving, accessing, and displaying or printing or storing communications and documents received in an electronic form.
- Adobe PDF Reader version
- System requirements: OC: Windows 7 or higher, Internet Explorer v11 or higher, Firefox v45.7 or higher, Chrome v40 or higher; OS: Mac OS x 10.9 or higher, Safari 9.0 or higher, Firefox v45.7 or higher, Chrome v40 or higher.

By agreeing to receive documents electronically, you are affirming that your computer system meets the hardware and software requirements for receiving all related documents. If documents are provided through a website or portal, you should download and store all such documents. For persons who receive electronic documents via email, these documents will be delivered to the email address on file. Upon receipt of your emailed documentation please save a copy on your own device.

You agree to notify us promptly if your mailing address, e-mail address or other delivery information changes by calling 800-622-7370 or mailing us Sadler & Company, Inc., P.O. Box 5866, Columbia, SC 29250. We will endeavor to provide a notice to you in the event of any changes regarding hardware or software requirements necessary to receive documents and other related documents electronically. However, it is your duty to notify us if you are unable to access the documentation made electronically available to you.

We may at our sole discretion discontinue availability of electronic delivery at any time, without further notice to you. At any time, you may request a paper copy of your documents in lieu of electronic delivery. You may withdraw your consent to receive electronic documentation by sending a request in writing to us at Sadler & Company, Inc., P.O. Box 5866, Columbia, SC 29250. Until receipt of such withdrawal, you will continue to receive all documentation electronically.

This consent is voluntary, by accepting, you signify that you consent to these terms of electronic document delivery via email or other electronic media in connection with your insurance documents, whether such delivery is made on its own behalf and/or on behalf of an organization or other third party. You further represent and warrant that if consenting on behalf of an organization or third party, you have the requisite authority to provide such consent, and that you and the organization have the requisite hardware and software to receive and acknowledge receipt of electronically delivered Documents.

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.

**I AGREE TO RECEIVE ALL MAILINGS AND COMMUNICATIONS ELECTRONICALLY. SUCH ELECTRONIC MAILING OR COMMUNICATIONS MAY EVEN INCLUDE CANCELLATION OR NONRENEWAL NOTICES.**

**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: _____

**Sadler & Company Inc. PO Box 5866, Columbia, SC 29250 Agent: John Sadler**
**(P) 800-622-7370 (F) 803-256-4017 Email: sport3@sadlersports.com**

Sadler & Company of SC, Inc. - AR (License #254179)/dba/aka Sadler Insurance Agency - CA (License #0B57651)/Sadler & Company, Inc. - FL (License #L006784)/dba & S&C Agency, Inc. - KY (License #624039)/Sadler and Company, Inc.- MN (License #20499566)/Sadler Agency - NY (License #PC - 532473 and LB-532473) / Sadler & Co Inc. - OK (License #100103956)/ Sadler & Company, Inc. - TX (License # 19495) / Sadler & Company Insurance Agency, Inc. - UT (License #105192)/ Sadler and Company - VT (License # 577)

# FRAUD WARNING

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 civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, MN, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, VT, WA, and WV) (Insurance benefits may also be denied in LA, ME, TN, and VA.).

**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.

## ATTENTION AGENTS

**Agents, you must complete the warranty section below. Enrollments cannot be accepted unless this section is completed.**

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

*By signing this proposal or application, I represent and warrant I have authority to sign on behalf of the producer and producer represents and warrants it shall not solicit, sell or bind any product unless it maintains, and will maintain, all individual, corporate or agency licenses or permits required to conduct insurance business in the state coverage is being written and to receive commission. Failure to acquire or maintain required licenses can result in forfeiture of commission. I further represent and warrant that the producer currently maintains, and will maintain, errors and omissions insurance with a minimum limit of $1,000,000. If requested, evidence of coverage or licensing will be provided for of all the above-mentioned items.*

**Agent signature**: _____ **Date:** _____

## 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.

**Applicant name** (from page 3): _____

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

*I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.*
*By selecting 'Yes' and typing my name above, I am electronically signing the application and agreeing to the terms and conditions stated in the Sadler Consent for Electronic Transactions. I agree that my electronic signature is the legally binding equivalent to my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.*

❍ Yes ❍ No

**Printed name**: _____ **Title:** _____

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


Copyright © 2026 K&K Insurance Group, Inc. All Rights Reserved.

## PAYMENT OPTIONS

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

Applicant name: _____ Effective date: _____

❍ **PAY BY ACH (Bank Account): THIS OPTION IS ONLY AVAILABLE FOR PURCHASES MADE 15 DAYS OR MORE PRIOR TO THE EFFECTIVE DATE**

- **E-mail** sport3@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: _____

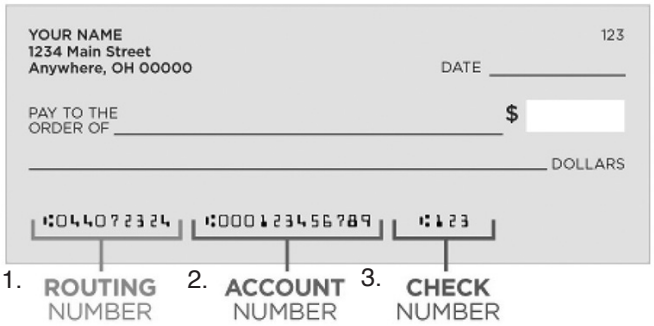
Authorized Signature(s) - (Not required if authorization by phone)

_____ 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.