



PO Box 5866, Columbia, SC 29250-5866
 Phone (800)622-7370 Fax (803)256-4017
 Email amateur@sadlersports.com

2015 Amateur Sports HOSTED Tournaments & Events

Supplemental to Annual Team/League Policy
 Valid for policies with original effective dates from
 3/01/2015 through 2/29/2016

Hosted tournaments are those you organize and operate that include participants who are NOT members of your team, league, or association. Hosted tournaments must be 7 days or less in duration.

GENERAL INFORMATION

NAMED INSURED: (as it should appear on the policy, legal name of the business/organization)		
DOING BUSINESS AS: (additional name(s) under which the named insured operates)		
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
CONTACT NAME:	PHONE:	
EMAIL ADDRESS:	CELL PHONE:	
WEBSITE:	FAX:	

EVENT/TOURNAMENT INFORMATION

Please provide information on your event(s):

- You must submit this request form prior to the effective date needed
- Coverage will be made effective the day after this request form and payment are received by us, or on a later date that you may specify
- Coverage must follow the same coverage commercial general liability options purchased for your team, league or association and sport and age group. (If you do not know this information, please email us at sport3@sadlersports.com to verify the coverage option.)
- Hosted Tournament coverage is only available for Class B sports
- **COSTS ARE 100% FULLY EARNED AND NON-REFUNDABLE ONCE COVERAGE BEGINS. CANCELLATIONS OR CHANGES MUST BE REPORTED PRIOR TO YOUR SCHEDULED START DATE.**

Name of Event:
Type of competition/sport(s):
Dates of event (include set-up and tear-down): ____/____/____ to ____/____/____
Hours of event (include set-up and tear-down): ____ A.M./P.M. to ____ A.M./P.M.
Event Location(s) (street, city, state, zip):
Age group of athletes: _____ Total spectator attendance: _____

Options	Hosted Tournament Rates/Premium Calculation per Tournament			
Option 1 \$1,000,000 CGL \$25,000 Med Pay	<input type="checkbox"/> \$2.31	X	_____	= \$ _____
			# of non-rostered participants	Hosted Tournament Premium (\$200 minimum premium applies)
Option 2 \$2,000,000 CGL \$25,000 Med Pay	<input type="checkbox"/> \$4.39	X	_____	= \$ _____
			# of non-rostered participants	Hosted Tournament Premium (\$275 minimum premium applies)
Option 3 \$2,000,000 CGL \$250,000 Med Pay	<input type="checkbox"/> \$4.73	X	_____	= \$ _____
			# of non-rostered participants	Hosted Tournament Premium (\$300 minimum premium applies)
Option 1 \$3,000,000 CGL \$250,000 Med Pay	<input type="checkbox"/> \$5.02	X	_____	= \$ _____
			# of non-rostered participants	Hosted Tournament Premium (\$325 minimum premium applies)
Option 1 \$4,000,000 CGL \$250,000 Med Pay	<input type="checkbox"/> \$5.19	X	_____	= \$ _____
			# of non-rostered participants	Hosted Tournament Premium (\$340 minimum premium applies)
Option 1 \$5,000,000 CGL \$250,000 Med Pay	<input type="checkbox"/> \$5.32	X	_____	= \$ _____
			# of non-rostered participants	Hosted Tournament Premium (\$351 minimum premium applies)

UNDERWRITING QUESTIONS

PLEASE ANSWER THE FOLLOWING:

1. If you suspect an athlete has a concussion, do you have an action plan that includes:
 - a. Immediately removing the athlete from play or practice? Yes No
 - b. Keeping the athlete out of play or practice until they provide written clearance from a licensed physician? Yes No
2. Does your operation involve football? Yes No
If yes,
Do you maintain a system for your football activities that includes communication (in written or electronic form) of education materials to participants, parents and coaches about the nature of risk of concussions, including but not limited to information such as: focusing on prevention and preparedness to keep athletes safe; understanding concussions and potential consequences of the injury; recognizing concussion symptoms and how to respond; and learning about steps for returning to play after a suspected concussion? Yes No

Note: The Center for Disease Control and Prevention offers free information, as well as a free online concussion training course for coaches on their website: www.cdc.gov/concussion/HeadsUp/youth.html

NOTE: For Football, Cheerleading, Gymnastics, Ice Hockey, Inline Hockey, Lacrosse, Soccer and Wrestling, the LLP limit will be limited to \$1,000,000 regardless of general liability occurrence limits purchased.

TOTAL COST SUMMARY

Total Premium Due	\$
COVERAGE IS CONTINGENT UPON RECEIPT OF PAYMENT. NO COVERAGE WILL BE DEEMED IN EFFECT	

Submit this completed form by doing one of the following:

- Fax everything to 803-256-4017 (keep the originals for your records)
- Scan and email everything to amateur@sadlersports.com (keep the originals for your records)
- How do you wish to pay the additional premium? These changes will only take effect once all information AND full payment is received. Check/Copy of Check Enclosed made payable to Sadler & Company Please send a credit card link to the email address above. (You will receive a link within 1-2 Business Days)

ADDITIONAL CERTIFICATES – Complete this section to request additional certificates.

- Additional Insured Evidence of Coverage

ENTITY NAME:			
MAILING ADDRESS:			
CITY:		STATE:	ZIP:
EVENT # from prior page associated with certificate holder: _____			
<input type="checkbox"/> Owner/Lessor of Premises	<input type="checkbox"/> Sponsor	<input type="checkbox"/> Co Promoter	<input type="checkbox"/> Other: _____
Endorsement(s) Required: <input type="checkbox"/> CG 2011 <input type="checkbox"/> CG 2026 <input type="checkbox"/> Waiver of Subrogation			

If you need additional certificates please include another piece of paper with your submission that includes the additional requests with all of the required information from above.

If Applicable - SUBMITTING AGENT:

NOTE: Agents do not have authority to bind coverage, issue binders or certificates of insurance on behalf of this program.

Agency Name:		
Contact Person:		
Mailing Address:		
City:	State:	Zip:
Email:	Phone:	Fax: