



## AMERICAN YOUTH FOOTBALL & AMERICAN YOUTH CHEER INSURANCE PROGRAM 2017-2018 CONFERENCE GENERAL LIABILITY AND EXCESS ACCIDENT INSURANCE APPLICATION

(Available Exclusively For Members of American Youth Football & American Youth Cheer)

Please complete the information below so that we can ensure that your documents are as accurate as possible. If your conference adds teams or associations throughout the year, please also use this to identify which association/teams are being added.

### SECTION 1 - IDENTIFICATION

<b>Name of Conference:</b>			
<b>Contact Name:</b>			
<b>Mailing Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Home Phone:</b>	<b>Cell:</b>	<b>Fax #:</b>	
<b>Email:</b>		<b>Website:</b>	
Do you acknowledge and agree that all Associations in your conference must purchase at least \$1,000,000 General Liability & \$100,000 Excess Accident coverage on behalf of 100% of all football teams and cheer squads in their Association and you will collect and retain evidence of coverage such to verify compliance? (Please note that otherwise your General Liability coverage may be voided under this program)			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

### SECTION 2 –LIMIT OF COVERAGE

Coverage expires 12:01am on June 30, 2018 (CIRCLE OPTIONS CHOOSEN)

Choose Your Limits:	Option #1 \$1,000,000 General Liability \$100,000 Excess Accident*	Option #2 \$2,000,000 General Liability \$100,000 Excess Accident*	Option #3 \$5,000,000 General Liability \$100,000 Excess Accident*
<b>Conference Flat Charge:</b>	<b>\$452.77</b>	<b>\$494.09</b>	<b>\$546.64</b>
<b>Conference All Star Teams:</b>			
<b>Football 9 &amp; Under (Per Team)</b>	<b>\$105.23</b>	<b>\$117.05</b>	<b>\$143.33</b>
<b>Football 12 &amp; Under (Per Team)</b>	<b>\$135.60</b>	<b>\$145.05</b>	<b>\$171.33</b>
<b>Football 15 &amp; Under (Per Team)</b>	<b>\$216.77</b>	<b>\$227.40</b>	<b>\$253.68</b>
<b>Cheer Ages 5-18 (Per Squad)</b>	<b>\$ 46.07</b>	<b>\$ 49.62</b>	<b>\$ 75.90</b>
			<b>TOTAL DUE</b>

\*Please note that the Excess Accident for the conference only covers conference staff and volunteers and if selected, conference all star team players, staff and volunteers. The Deductible Amount on the Excess Accident coverage is \$250.00.

**SECTION 3 - List all member associations and indicate how coverage purchased  
(See page 4 for additional pages.)**

Association Name	Contact Person (if applicable)	# Football Teams	# Cheer Squads	Has the Conference <u>verified</u> that coverage has been purchased for 100% of the teams within the association? Yes or No	Effective Date of Policy	Has the Conference <u>verified</u> that Both Accident and General Liability Coverage has been purchased? Yes or No	Where Coverage Purchased: (Ex: Sadler, Other Insurance Company, etc)
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**SECTION 4 – IMPORTANT INFORMATION**

- **Effective & Expiration Dates** - I/We understand that the coverage begins on the date the completed insurance enrollment form is received and approved by Sadler & Company (concurrent with payment of the entire charges) or June 30, 2017, whichever date is later. Coverage expires on June 30, 2018 regardless of the effective date. I/We understand that charges are fully earned at inception and there are no provisions for cancellation of coverage, except for non-payment of charges due.
- **Risk Purchasing Group** – The completion of this enrollment form confirms our desire to obtain General Liability insurance through the ERS Risk Purchasing Group Association, Inc., domiciled in IL. The charges shown include a risk purchasing group membership fee equal to approximately 9% of total premiums, in addition to our broker commission.

### SECTION 5- ADDITIONAL CERTIFICATE REQUEST SECTION

<b>Type of certificate you are requesting:</b> <input type="checkbox"/> Additional Insured <input type="checkbox"/> Evidence of Coverage		
<b>Relationship to you:</b> <input type="checkbox"/> Owner/Lessor of Premises <input type="checkbox"/> Sponsor <input type="checkbox"/> Other: _____		
<b>ENTITY NAME:</b>		
<b>MAILING ADDRESS:</b>		
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
<input type="checkbox"/> CG 2011 Endorsement	<input type="checkbox"/> CG 2026 Endorsement	<input type="checkbox"/> Waiver of Subrogation

### SECTION 6 - SIGNATURE SECTION

<b>Signature:</b>	
<b>Printed Name:</b>	<b>Date:</b>

**Return this completed application and corresponding payments to Sadler & Company for processing:**

- **Email:** [ayf@sadlersports.com](mailto:ayf@sadlersports.com)
- **Fax:** 803-256-4017
- **Mail:** P.O. Box 5866, Columbia, SC 29250

### PAYMENT INFORMATION

- I would like a Visa/MasterCard Link emailed to me to make payment by Credit Card.
- I have enclosed a check, numbered \_\_\_\_\_ made payable to Sadler And Company for \$ \_\_\_\_\_ (Please let us know if you need instructions on how to fax a check)

## Additional Space for member associations

Association Name	Contact Person (if applicable)	# Football Teams	# Cheer Squads	Has the Conference <u>verified</u> that coverage has been purchased for 100% of the teams within the association? Yes or No	Effective Date of Policy	Has the Conference <u>verified</u> that Both Accident and General Liability Coverage has been purchased? Yes or No	Where Coverage Purchased: (Ex: Sadler, Other Insurance Company, etc)
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