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## 2018 Amateur Sports Teams, Leagues & Associations Insurance Program and Enrollment Form

Valid for effective dates from 04/01/2018 through 02/28/2019

**Apply online at [www.sadlersports.com/amateur](http://www.sadlersports.com/amateur) for instant proof of coverage!**

### PROGRAM DESCRIPTION

This program has been designed for U.S.-based teams, leagues, clubs and associations conducting youth or adult amateur sports activities. Coverage provided includes important liability protection for the organization, including its employees and volunteers, for liability claims arising out of its operations. For eligible sports and age groups reported to Sadler & Co, covered operations consist of your scheduled, sanctioned, approved, organized and supervised practices, try-outs, clinics, games, playoffs and tournaments in which you participate or you host. Coverage is also provided for your registrations, meetings, concession stand operations, parades in which you participate, picnics, award banquets and ceremonies and incidental fund-raising activities involving the sale of products, coupons, raffle tickets and services, such as: car washes, bake sales and coin drops, for those sports and age groups reported to us. Coverage is provided by a Carrier rated A+ (Superior) by A.M. Best Company.

### ELIGIBLE OPERATIONS

Organizations providing instruction, practice, and competition in the following sports and age groups are eligible for this program, with coverage to be provided based on Class A, Class B, or Class C classifications.

1. If your sport is not listed, contact Sadler & Co at 1-800-622-7370 for proper classification.
2. If you have Class A, Class B and/or Class C participants on the same team, you must use the Class A rate for all participants.
3. Some sports listed under ELIGIBLE OPERATIONS do not show a rate on the rate chart; please call us for the rate.

#### CLASS A SPORTS

Box Lacrosse Broomball Diving Dodgeball Gymnastics Ice Hockey In-line Hockey Inline Skating (speed) Lacrosse (age 20 & over) Roller Hockey (inline) Umpire/Referee Association for Class A Sports Water Hockey (age 20 & over) Water Polo (age 20 & over) Weightlifting (age 20 & over) Wrestling (age 20 & over)

#### CLASS B SPORTS (Low Risk Brain Injury Sports)

Archery Badminton Baseball/TBall Basketball Baton Twirling Billiards Bocce Ball Bowling Cricket Croquet Cross Country Ski Curling Dance Team (age 19 & under) Disabled Sports Drill Team (age 19 & under) Fencing Figure Skating Flag & Touch Football Frisbee/Frisbee Golf Golf Handball (Team) Kickball Pickleball Softball Swimming Tennis Track & Field Ultimate Frisbee Volleyball Water Polo (age 19 & under) Weightlifting (age 19 & under) Umpire/Referee Association for Class B Sports

#### CLASS C SPORTS (High Risk Brain Injury Sports)

Cheerleading (age 19 & under) Deck/floor/street Hockey Field Hockey Lacrosse (age 19 & under) Roller Hockey (quad) Soccer (age 19 & under) Tackle & Contact Football (age 19 & under) Water Hockey (age 19 & under) Wrestling (age 19 & under) Umpire/Referee Association for Class C Sports

### INELIGIBLE OPERATIONS

The following sport operations and affiliates are not eligible for this program. This is not a complete listing of ineligible operations.

BMX/stunt cycling	Gymnastics, martial arts, cheer & dance studios**	Shooting Sports
Boating activities/sports	Inline extreme/stunt/aggressive/free-style skating	Skateboarding
Boxing	Intercollegiate and Interscholastic teams, leagues and associations	Skiing (water or snow)
Cheerleading (age 20 & over)	Mixed martial arts	Strength and conditioning
Cycling	Open water activities/sports	Surfing
Drill team (age 20 & over)	Rugby	Tackle and Contact Football (age 20 & over)**
Equestrian	Dance (20 & Over)	Soccer (20 & Over)

\*\* These are not eligible for this program. They may be eligible for other programs we offer. Call us for additional information.

**Sports groups that are affiliated with the following organizations are NOT eligible for this program**

American Amateur Baseball Congress	Dixie Boys Baseball	Soccer Association for Youth, USA (SAY Soccer)
American Youth Football & Cheer	Dixie Softball	U. S. Youth Soccer Association
Babe Ruth Softball	Dixie Youth Baseball	World Adult Kickball Association (WAKA®)
Babe Ruth / Cal Ripken Baseball	Dizzy Dean Baseball & Softball	Pop Warner

**EXCLUSIONS - The following represent only some of the exclusions contained in the policy**

<ul style="list-style-type: none"> <li>• 24-hour premises liability.</li> <li>• Abuse, molestation, harassment or sexual conduct</li> <li>• All operations listed as ineligible</li> <li>• Amusement devices (e.g.; rides, slides, inflatables, bungee, climbing walls, dunk tanks)</li> <li>• Asbestos</li> <li>• Babysitting/child care services</li> <li>• Carnivals/festivals</li> <li>• Concerts</li> <li>• Cryogenic Chambers/therapy</li> <li>• Employment-related practices</li> </ul>	<ul style="list-style-type: none"> <li>• Events involving gambling (eg: bingo, casino nights, poker, Texas hold'em tournaments)</li> <li>• Events where alcohol is furnished or served</li> <li>• Fireworks</li> <li>• Fungi or bacteria</li> <li>• Haunted attractions</li> <li>• Lead</li> <li>• Non-rostered participants at tournaments hosted by the insured.</li> <li>• Transportation of participants</li> </ul>	<ul style="list-style-type: none"> <li>• Operation, ownership or management of any athletic facility or field, other than while being used for covered activities.</li> <li>• Outside concessionaires and vendors in conjunction with your organization</li> <li>• Sports events/activities involving participants in sports other than those reported and for whom a premium has been paid.</li> <li>• Violation of statutes that govern e-mails, faxes, phone-calls or other methods of sending material or information.</li> </ul>
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**COVERAGES AND LIMITS – Coverage provided under this program includes:**

**Commercial General Liability (CGL) with Broadening Endorsement** – coverage which protects the insured against liability claims for bodily injury and property damage arising out of premises, operations, products and completed operations and personal and advertising injury. Additional or broadening coverages added with the broadening endorsement are: Expected or intended injury resulting from the use of reasonable force to protect persons or property; Non-owned watercraft – extended to 58 feet; Supplementary payments - \$2,500 bail bonds, \$500 a day loss of earnings; Knowledge or Notice of Occurrence; Waiver of right of recovery; Bodily injury definition expanded to include mental anguish, mental injury, shock, fright, humiliation, emotional distress or death resulting from bodily injury, sickness or disease; Damage to Premises Rented to You – the term fire is replaced with fire, lightning, explosion, smoke and leaks from sprinklers; Additional coverages: Emergency Real Estate Consultant Fee - \$25,000; Identity Theft Exposure (for directors and officers) - \$25,000; Key Individual Replacement Cost - \$50,000; Lease Cancellation Moving Expense - \$2,500; Temporary Meeting Place - \$25,000; Terrorism Travel Reimbursement (for directors and officers) - \$25,000; Workplace Violence Counseling - \$25,000.

**Legal Liability to Participants (LLP)** – coverage which offers protection against bodily injury liability claims brought by persons participating in covered sports activities. Available for Class B and Class C sports only (see limits below.)

**Professional Liability** – provides protection against claims that arise out of the rendering, or failure to render: instruction, demonstration, direction and/or advice relating to the sports activity. Available for Class B and Class C sports only.

**Medical Payments for Participants** – coverage which pays the medical and dental expenses incurred by a participant when an accidental injury occurs while participating in your covered sports activities. The coverage is provided on an excess basis, responding after all other medical coverage available to the participant has been exhausted. If no other medical coverage exists, the coverage becomes primary. A \$100 deductible applies to each claim and the benefit period is two years from the date of the accident. Available for Class B and Class C sports only.

**Hired Auto and Employers' Nonownership Liability** (not provided while in Hawaii)– coverage which protects the insured against liability claims arising out of the maintenance or use of motor vehicles hired or borrowed by the insured on a short-term basis, as well as coverage for those autos your organization does not own, lease, hire, rent or borrow that are used in conjunction with your operations. Coverage does not extend to the transporting of participants or to those vehicles that are rented, hired or borrowed on a long-term basis.

**CLASS A, CLASS B & CLASS C SPORTS INCLUDE:** (Higher limits are available online at [www.sadlersports.com/amateur](http://www.sadlersports.com/amateur))

<b>Commercial General Liability (CGL)</b>	<b>\$1,000,000</b>	<b>\$2,000,000</b>
Each Occurrence	\$ 1,000,000	\$ 2,000,000
General Aggregate (other than Products-completed Operations)	\$ 5,000,000	\$ 5,000,000
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 (Fire Legal Liability)	\$ 1,000,000	\$ 1,000,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000
Hired Auto and Employers' Nonownership Liability (not provided while in Hawaii)	\$ 1,000,000	\$ 2,000,000

**CLASS B & C SPORTS ALSO INCLUDE:**

Professional Liability	\$ 1,000,000	\$ 2,000,000
Legal Liability to Participants (LLP)	\$ 1,000,000	\$ 2,000,000
<b>Medical Payments for Participants (excess)</b> depending on limit requested- \$100 deductible	\$ 25,000 / \$ 100,000 / \$250,000	

**CLASS C SPORTS ONLY**

Brain Injury Limit/Aggregate Limit	\$ 1,000,000	\$ 1,000,000
Loss Adjustment Expense Limit/Aggregate Limit	\$ 1,000,000	\$ 1,000,000

“Brain injury” means concussion, chronic traumatic encephalopathy or any other injury to the brain and any symptoms, conditions, disorders and diseases, including death, resulting therefrom but only if such injury occurs as a result of specific events occurring during the policy period.

**HIGHER LIMITS AVAILABLE-** For liability limits of \$3,000,000, \$4,000,000, and \$5,000,000 please contact us for a quote.

**PROGRAM RATES AND MINIMUM PREMIUMS**

**GENERAL LIABILITY - \$1,000,000 per occurrence / \$5,000,000 Aggregate - MINIMUM PREMIUM \$300**

**CLASS A SPORTS**

**\$3.57 per participant per sport**

**Rates (per participant, per sport)**

CLASS B Low Risk Brain Injury Sports	\$25,000 Medical Payment				\$100,000 Medical Payment				\$250,000 Medical Payment			
	12 & Under	13-15	16-19	20 & Over	12 & Under	13-15	16-19	20 & Over	12 & Under	13-15	16-19	20 & Over
Ages												
Baseball, t-ball	\$ 6.28	\$10.45	\$16.67	\$30.45	\$ 7.01	\$12.63	\$17.51	\$37.25	\$ 7.72	\$14.53	\$20.32	\$44.02
Basketball, Racquetball, Ultimate Frisbee, Flag & touch football, team handball	\$ 6.04	\$ 7.22	\$15.09	\$20.33	\$ 6.70	\$ 8.44	\$17.99	\$24.56	\$ 7.40	\$ 9.44	\$20.93	\$29.17
Baton twirling, Golf, Frisbee, Kickball, Swimming, Tennis, Track & Field, Pickleball	\$ 5.75	\$ 5.75	\$ 5.75	\$ 5.75	\$ 6.32	\$ 6.32	\$ 6.32	\$ 6.32	\$ 7.35	\$ 7.35	\$ 7.35	\$ 7.35
Drill team, Dance Team	\$ 6.43	\$ 7.80	\$16.93	N/A	\$ 7.20	\$ 9.21	\$20.30	N/A	\$ 8.01	\$10.38	\$23.71	N/A
Cricket, Squash	\$ 5.90	\$ 9.50	\$14.87	\$26.74	\$ 6.83	\$11.38	\$15.59	\$32.60	\$ 7.15	\$13.02	\$18.01	\$38.44
Disabled Sports	\$ 6.04	\$ 7.22	\$15.09	\$20.33	\$ 6.70	\$ 8.44	\$17.99	\$24.56	\$ 7.40	\$ 9.44	\$20.93	\$29.17
Water polo	\$ 7.40	\$ 8.50	\$10.27	Class A	\$ 8.82	\$10.67	\$11.99	Class A	\$ 9.44	\$11.45	\$13.72	Class A
Weightlifting	\$17.05	\$17.05	\$17.05	Class A	\$21.01	\$21.01	\$21.01	Class A	\$24.54	\$24.54	\$24.54	Class A
Softball	\$ 5.93	\$ 7.10	\$16.67	\$30.45	\$ 6.54	\$ 8.23	\$17.51	\$37.25	\$ 7.21	\$ 9.21	\$20.32	\$44.02
Umpire & referee associations for the above Low Risk Brain Injury Sports	\$ 8.77	\$ 8.77	\$ 8.77	\$ 8.77	\$ 9.91	\$ 9.91	\$ 9.91	\$ 9.91	\$11.49	\$11.49	\$11.49	\$11.49
Volleyball, Archery	\$ 6.10	\$ 6.10	\$ 6.10	\$ 6.10	\$ 6.77	\$ 6.77	\$ 6.77	\$ 6.77	\$ 7.95	\$ 7.95	\$ 7.95	\$ 7.95
CLASS C High Risk Brain Injury Sports	\$25,000 Medical Payment				\$100,000 Medical Payment				\$250,000 Medical Payment			
Deck/floor/field/street hockey, Roller Hockey (quad)	\$ 6.75	\$ 7.93	\$15.80	\$21.04	\$ 7.41	\$ 9.15	\$18.70	\$25.27	\$ 8.11	\$10.15	\$21.64	\$29.88
Cheerleading	\$ 7.14	\$ 8.51	\$17.65	N/A	\$ 7.91	\$ 9.92	\$21.01	N/A	\$ 8.72	\$11.09	\$24.42	N/A
Lacrosse, Water Hockey	\$ 8.11	\$ 9.21	\$10.98	Class A	\$ 9.53	\$11.38	\$12.70	Class A	\$10.15	\$12.16	\$14.43	Class A
Soccer	\$ 8.72	\$10	\$12.05	N/A	\$10.37	\$12.52	\$14.06	N/A	\$11.09	\$13.43	\$16.06	N/A
Tackle and contact football	\$23.84	\$42.09	\$56.19	N/A	\$27.68	\$52.66	\$68.86	N/A	\$31.58	\$61.52	\$80.97	N/A
Wrestling	\$17.76	\$17.76	\$17.76	Class A	\$21.72	\$21.72	\$21.72	Class A	\$25.25	\$25.25	\$25.25	Class A
Umpire & referee associations for the above High Risk Brain Injury Sports	\$ 9.48	\$ 9.48	\$ 9.48	\$ 9.48	\$10.62	\$10.62	\$10.62	\$10.62	\$12.20	\$12.20	\$12.20	\$12.20

*High Risk Brain Injury Sports have the option to exclude coverage for brain injuries in order to receive premium credits. In order to receive credits, you must contact Sadler & Company directly at sport3@sadlersports.com.*

**OPTIONAL COVERAGE – Sexual Abuse or Sexual Molestation Liability or Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement**

This program includes two options for coverage for claims arising out of sexual abuse or sexual molestation. **Option 1:** \$1,000,000 of liability coverage for sums the insured becomes legally obligated to pay as damages because of loss arising out of any actual or threatened sexual abuse or molestation. This limit is part of, not in addition to, the general liability limit selected. **Option 2:** \$100,000 of coverage for reimbursement of defense costs only resulting from claims arising out of abuse, molestation, harassment or sexual conduct. See application for conditions and rates.

**OPTIONAL COVERAGE – Hosted Tournament Coverage (available for Class B and Class C sports only)**

Hosted tournaments are those you organize and operate that include participants who are not members of your club or team. Coverage excludes non-rostered participants that participate in tournaments you host unless this optional coverage is purchased. The named insured and their rostered members are automatically covered for participation in tournaments conducted by others without purchasing this additional coverage. See application more information.

**OPTIONAL COVERAGE – Premises Liability for Sports Fields**

If you are a not-for-profit organization and you own, operate or are responsible for a sports field(s) on a 24 hour basis and do not rent, donate or lease the field(s) out to other organizations, this coverage provides you with the premises liability for the field(s). The use of the field(s) can only be for those sports and age groups that you have purchased commercial general liability coverage for under the Amateur Sports RPG Insurance Program. See application for conditions and rates.

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 term to the next. You may request a copy of the full policy.

**PROGRAM RATES AND MINIMUM PREMIUMS**

**GENERAL LIABILITY - \$2,000,000 per occurrence / \$5,000,000 Aggregate - MINIMUM PREMIUM \$400**

**CLASS A SPORTS**

**\$5.36 per participant per sport**

**Rates (per participant, per sport)**

CLASS B Low Risk Brain Injury Sports	\$25,000 Medical Payment				\$100,000 Medical Payment				\$250,000 Medical Payment			
	12 & Under	13-15	16-19	20 & Over	12 & Under	13-15	16-19	20 & Over	12 & Under	13-15	16-19	20 & Over
Ages												
Baseball, t-ball	\$ 8.07	\$12.24	\$18.46	\$32.24	\$ 8.80	\$14.42	\$19.30	\$39.04	\$ 9.51	\$16.32	\$22.11	\$45.81
Basketball, Racquetball, Ultimate Frisbee, Flag & touch football, team handball	\$7.83	\$ 9.01	\$16.88	\$22.12	\$ 8.49	\$10.23	\$19.78	\$26.35	\$ 9.19	\$11.23	\$22.72	\$30.96
Baton twirling, Golf, Frisbee, Kickball, Swimming, Tennis, Track & Field, Pickleball	\$ 7.54	\$ 7.54	\$ 7.54	\$ 7.54	\$ 8.11	\$ 8.11	\$ 8.11	\$ 8.11	\$ 9.14	\$ 9.14	\$ 9.14	\$ 9.14
Drill team, Dance Team	\$ 8.22	\$ 9.59	\$18.73	N/A	\$ 8.99	\$11.00	\$22.09	N/A	\$ 9.80	\$12.17	\$25.50	N/A
Cricket, Squash	\$ 7.69	\$11.29	\$16.66	\$28.53	\$ 8.62	\$13.17	\$17.38	\$34.39	\$ 8.94	\$14.81	\$19.80	\$40.23
Disabled Sports	\$ 7.83	\$ 9.01	\$16.88	\$22.12	\$ 8.49	\$10.23	\$19.78	\$26.35	\$ 9.19	\$11.23	\$22.72	\$30.96
Water polo	\$ 9.19	\$10.29	\$12.06	Class A	\$10.61	\$12.46	\$13.78	Class A	\$11.23	\$13.24	\$15.51	Class A
Weightlifting	\$18.84	\$18.84	\$18.84	Class A	\$22.80	\$22.80	\$22.80	Class A	\$26.33	\$26.33	\$26.33	Class A
Softball	\$ 7.72	\$ 8.89	\$18.46	\$32.24	\$ 8.33	\$10.02	\$19.30	\$39.04	\$ 9.00	\$11.00	\$22.11	\$45.81
Volleyball, Archery	\$ 7.89	\$ 7.89	\$ 7.89	\$ 7.89	\$ 8.56	\$ 8.56	\$ 8.56	\$ 8.56	\$ 9.74	\$ 9.74	\$ 9.74	\$ 9.74
Umpire & referee associations for the above Low Risk Brain Injury Sports	\$10.56	\$10.56	\$10.56	\$10.56	\$11.70	\$11.70	\$11.70	\$11.70	\$13.28	\$13.28	\$13.28	\$13.28
<b>CLASS C High Risk Brain Injury Sports</b>	<b>\$25,000 Medical Payment</b>				<b>\$100,000 Medical Payment</b>				<b>\$250,000 Medical Payment</b>			
Ages	12 & Under	13-15	16-19	20 & Over	12 & Under	13-15	16-19	20 & Over	12 & Under	13-15	16-19	20 & Over
Deck/floor/field/street hockey, Roller hockey (quad)	\$ 8.89	\$10.07	\$17.94	\$23.18	\$ 9.55	\$11.29	\$20.84	\$27.41	\$10.25	\$12.29	\$23.78	\$32.02
Cheerleading	\$ 9.28	\$10.65	\$19.79	N/A	\$10.05	\$12.06	\$23.15	N/A	\$10.86	\$13.23	\$26.56	N/A
Lacrosse, Water Hockey	\$10.25	\$11.35	\$13.12	Class A	\$11.67	\$13.52	\$14.84	Class A	\$12.29	\$14.30	\$16.57	Class A
Soccer	\$10.86	\$12.14	\$14.19	N/A	\$12.51	\$14.66	\$16.20	N/A	\$13.23	\$15.57	\$18.20	N/A
Tackle & Contact Football	\$28.13	\$46.38	\$60.48	N/A	\$31.97	\$56.95	\$73.15	N/A	\$35.87	\$65.81	\$85.26	N/A
Wrestling	\$19.90	\$19.90	\$19.90	Class A	\$23.86	\$23.86	\$23.86	Class A	\$27.39	\$27.39	\$27.39	Class A
Umpire & referee associations for the above High Risk Brain Injury Sports	\$11.62	\$11.62	\$11.62	\$11.62	\$12.76	\$12.76	\$12.76	\$12.76	\$14.34	\$14.34	\$14.34	\$14.34

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*In order to receive credits, you must contact Sadler & Company directly at sport3@sadlersports.com.*

**OPTIONAL COVERAGE – Sexual Abuse or Sexual Molestation Liability or Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement**

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**OPTIONAL COVERAGE – Hosted Tournament Coverage (available for Class B and Class C sports only)**

Hosted tournaments are those you organize and operate that include participants who are not members of your club or team. Coverage excludes non-rostered participants that participate in tournaments you host unless this optional coverage is purchased. The named insured and their rostered members are automatically covered for participation in tournaments conducted by others without purchasing this additional coverage. See application for more information.

**OPTIONAL COVERAGE – Premises Liability for Sports Fields**

If you are a not-for-profit organization and you own, operate or are responsible for a sports field(s) on a 24 hour basis and do not rent, donate or lease the field(s) out to other organizations, this coverage provides you with the premises liability for the field(s). The use of the field(s) can only be for those sports and age groups that you have purchased commercial general liability coverage for under the Amateur Sports RPG Insurance Program. See application for conditions and rates.

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## 2018 Amateur Sports Teams, Leagues & Associations

### Enrollment Form

Valid for effective dates from 04/01/2018 through 02/28/2019

**Apply online at [www.sadlersports.com/amateur](http://www.sadlersports.com/amateur) for instant proof of coverage!**

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group (RPG). An RPG provides group purchasing power for similar risks resulting in potential advantageous coverage terms, competitive rates, risk management bulletins, and rewards for favorable group loss experience. An RPG administration fee may be charged. The submission of this enrollment form and/or 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.

#### GENERAL INFORMATION

I AM A NEW ACCOUNT

I AM RENEWING MY COVERAGE

**FULL LEGAL NAME OF ORGANIZATION:** \_\_\_\_\_

Note: This is the name that will appear on your Certificate of Insurance. If your company is a Sole Proprietorship, then this will be your personal name or DBA.

**APPLICANT IS A:**

Sole Proprietorship  Limited Liability Co.  Corporation  Partnership  Other(describe): \_\_\_\_\_

**MAILING ADDRESS:**

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**CONTACT NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**WEBSITE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

#### EFFECTIVE DATE

Coverage will begin the date and time 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 expiration date of your current policy.)

Start my coverage on this date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### BUSINESS INFORMATION

1. Form of business:  Not-for-profit organization  For-profit organization

2. Type of organization:  
 Individual team  
 League or club (an entity organized to provide regulated competition for multiple teams participating in a specific sport)  
 Association (an entity, usually not-for-profit, that exists to further a particular sport, to protect the public interest and the interests of the participants of that sport. A fee is typically charged to become a member and formal rules/regulations are usually required and enforced)

3. Are you seeking coverage for all participants within your organization?  Yes  No

4. Do any of your teams include both youth athletes (Class B or Class C sports) and adult athletes (Class A sports) participating together on the same team? If yes, you must use the Class A rate for all participants when rating your premium. Class A coverage will apply.  Yes  No

5. Are you a member of any of the following organizations?  Yes  No  
 American Amateur Baseball Congress  Dixie Boys Baseball  Dizzy Dean Softball  Pop Warner  
 American Youth Football & Cheer  Dixie Softball  Soccer Association for Youth, USA (SAY Soccer)  
 Babe Ruth / Cal Ripken Baseball  Dixie Youth Baseball  U. S. Youth Soccer Association  
 Babe Ruth Softball  Dizzy Dean Baseball  World Adult Kickball Association (WAKA®)

6. Is there any form of player compensation or prize money awarded for participation?  Yes  No

7. Are you a school sanctioned sports team or league?  Yes  No

8. Are you a gymnastics, martial arts, cheer or dance school?  Yes  No

9. Are you a municipality or a park and recreation division?  Yes  No

10. Are any of your activities held on private residential property?  Yes  No

11. Does the named insured own or operate any pools?  Yes  No

12. Does the named insured own or have 24 hour responsibility of a facility or a field?  Yes  No

The exposures/activities listed above and on the next page may or may not be covered by this program and any resulting claims could be denied. If you wish to cover any of these activities, please contact us to determine if other coverage options are available.

**BUSINESS INFORMATION Continued on Next Page**

**BUSINESS INFORMATION (Continued)**

13. If you suspect an athlete has a concussion, do you have a 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
- 
14. Does your operation involve tackle or contact football?  Yes  No
- If yes, Do you maintain a system for your tackle/contact 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

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

**NOTE: (Class C-High Brain Injury Sports) -** For Deck/Floor/Street Hockey, Field Hockey, Roller Hockey (quad), Cheerleading (age 19 & under); Lacrosse (age 19 & under); Tackle and contact football (age 19 & under), Soccer (age 19 & under), Water Hockey (age 19 & under), Wrestling (age 19 & under), and Umpire/Referee Associations for the above High Risk Concussion Sports will be limited to Brain Injury Limit/Aggregate Limit of \$1,000,000 and Loss Adjustment Expense Limit/Aggregate Limit of \$1,000,000.

**PROGRAM RATES AND MINIMUM PREMIUMS**

Premium is determined by applying the appropriate rate for the coverage option selected to each individual participant in each sport and age group, and is subject to the minimum premium. Please select only one limit option to apply for all sports and age groups. All of your participants are required to be reported in the premium calculation, and a roster may be required as verification.

<b>CLASS A SPORTS</b>
Box Lacrosse    Broomball    Diving    Dodgeball    Gymnastics    Ice Hockey    In-line Hockey    Inline Skating (speed)    Lacrosse (age 20 & over)    Roller Hockey (inline)    Umpire/Referee Association for Class A Sports    Water Hockey (age 20 & over)    Water Polo (age 20 & over)    Weightlifting (age 20 & over)    Wrestling (age 20 & over)
<b>CLASS B SPORTS (Low Risk Brain Injury Sports)</b>
Archery    Badminton    Baseball/TBall    Basketball    Baton Twirling    Billiards    Bocce Ball    Bowling    Cricket    Croquet    Cross Country Ski    Curling    Dance Team (age 19 & under)    Disabled Sports    Drill Team (age 19 & under)    Fencing    Figure Skating    Flag & Touch Football    Frisbee/Frisbee Golf    Golf    Handball (Team)    Kickball    Pickleball    Softball    Swimming    Tennis    Track & Field    Ultimate Frisbee    Volleyball    Water Polo (age 19 & under)    Weightlifting (age 19 & under)    Umpire/Referee Association for Class B Sports
<b>CLASS C SPORTS (High Risk Brain Injury Sports)</b>
Cheerleading (age 19 & under)    Deck/floor/street Hockey    Field Hockey    Lacrosse (age 19 & under)    Roller Hockey (quad)    Soccer (age 19 & under)    Tackle & Contact Football (age 19 & under)    Water Hockey (age 19 & under)    Wrestling (age 19 & under)    Umpire/Referee Association for Class C Sports

- Class A Sports –**  
**Please Choose the limit of liability you wish to purchase:**  
 \$1,000,000 per occurrence (\$300 Minimum Premium)  
 \$2,000,000 per occurrence (\$400 Minimum Premium)

- Please choose the limit of liability you wish to purchase:**  
 \$1,000,000 per occurrence (\$300 Minimum Premium)  
 \$2,000,000 per occurrence (\$400 Minimum Premium)  
**Please choose the limit of Medical Payments for Participants you wish to purchase:**  
 \$25,000     \$100,000     \$250,000

- Class B or Class C Sports –**  
 Would you like a quote for higher general liability limits?  Yes     No / What Limit?     \$3,000,000     \$4,000,000     \$5,000,000  
*Note: Once this application is complete and submitted with premium, an agent will contact you within 1 business day to provide a quote for higher liability limits. Your application will be released pending the acceptance or declination of the higher liability quote provided.*

Based on the coverage limits chosen above, please complete the information below. Rates can be found on Page 3(\$1M GL) or Page 4 (\$2M GL.)

Sport	Class A, B or C	Age Group	# of Participants	X	Rate	=	Premium
				X	\$	=	\$
				X	\$	=	\$
				X	\$	=	\$
<b>Team, League or Association Total Premium</b> (add all lines above)						=	\$
<b>Team, League or Association Minimum Premium:</b> \$1,000,000 GL - \$300 / \$2,000,000 GL - \$400 Please enter your minimum premium						\$	
<b>Team, League or Association Total Premium Due:</b> If the total calculated premium is less than the minimum premium, the total premium due is the minimum premium						\$	<b>(A)</b>

**OPTIONAL COVERAGE: SEXUAL ABUSE OR SEXUAL MOLESTATION LIABILITY OR ABUSE, MOLESTATION, HARASSMENT OR SEXUAL CONDUCT DEFENSE COST REIMBURSEMENT**

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

Coverage conditions:

- Coverage is contingent upon completion, as well as review and approval from us, of the following questionnaire.
- Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your team, league or association with our Amateur Sports RPG Insurance Program.

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Does your organization currently have employees, volunteers or require the presence of at least two adults when minors are present?
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Have any claims, allegations or charges of abuse, molestation or sexual misconduct been made against you or your organization or anyone working on behalf of your organization?
<input type="checkbox"/> Yes <input type="checkbox"/> No	2a. Are you aware of any occurrences that could lead to a claim? If yes to 2 or 2a, please explain: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Do you, your organization or sanctioning/governing body have written procedures in place regarding the prevention or mitigation of abuse, molestation or sexual misconduct?
<input type="checkbox"/> Yes <input type="checkbox"/> No	3a. Do the procedures require that known or suspected abuse incidents must be reported to law enforcement?
<input type="checkbox"/> Yes <input type="checkbox"/> No	3b. Are written procedures provided or available to each employee, volunteer or sanctioning/governing body member?
<input type="checkbox"/> Yes <input type="checkbox"/> No	3c. Do the written procedures establish and require adherence to the "three person rule"? ("Three person rule" prohibits one adult from being alone with one youth. A second adult must be present, or there must be two or more youths with an adult.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, do the procedures establish if and when exceptions to the "three person rule" are permissible as part of your operations/activities?

4. Please complete the following questions regarding employee and volunteer screening controls used by your organization.
- Check here and skip the chart below if you have no employees or volunteers, but always require the presence of at least two adults whenever minors are present.

Please Complete All Questions The term "Volunteers/Independent Contractors" in the following questions means someone who exerts control over or supervises participants	Employees (Check Here if No Employees <input type="checkbox"/> )	Volunteers/Independent Contractors (Check Here if No Volunteers/Independent Contractors <input type="checkbox"/> )
Are written applications required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, does the application include questions about whether the individual has ever been convicted for any crime involving physical violence or sex related offenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes and applicant checks yes, do you reject the applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are background checks provided by a third party vendor/service?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, do you reject an applicant with any history of physical violence or sex related offenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please explain any NO responses to questions asked in #4: \_\_\_\_\_

<input type="checkbox"/> <b>Option 1: \$1,000,000 Sexual Abuse or Sexual Molestation Liability</b>				
Rate (per participant)	X	Total # of Participants (from previous page)	=	Premium
\$0.71	X		=	\$ _____
<b>Option 1 Total Premium (add all lines above)</b>				<b>(B)</b>
Insert premium total from above or \$150.00 minimum premium. The higher amount applies.				(\$150 min. premium)
<input type="checkbox"/> <b>Option 2: \$100,000 Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement</b>				<b>\$ 100.00 (B)</b>

**OPTIONAL COVERAGE: HOSTED TOURNAMENT COVERAGE**  
(available for Class B or Class C sports only)

- Check here if and skip this section if you do not want this coverage option.
- Check here if wish to receive a quote for an event. Please complete the event information below. *Note: Once this application is complete and submitted with premium for the team/league general liability, an agent will contact you within 1 business day to provide a quote for hosted tournament coverage. Your application will be released pending the acceptance or declination of the hosted tournament coverage quote provided.*

**Coverage conditions:**

- Hosted tournaments are those you organize and operate that include participants who are not members of your club or team. Hosted tournaments must be 7 days or less in duration.
- Coverage must follow the same commercial general liability coverage option purchased for your team, league or association.

Event Name: \_\_\_\_\_

Event Date(s): \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Event hours: \_\_\_\_ am/pm to \_\_\_\_ am/pm

Location: \_\_\_\_\_

Sport Type: \_\_\_\_\_ Age Group: \_\_\_\_\_ Total Spectator Attendance: \_\_\_\_\_

**OPTIONAL COVERAGE: PREMISES LIABILITY FOR SPORTS FIELDS**

Check here if and skip this section if you do not want this coverage option.  
 Coverage must follow the same commercial general liability coverage option purchased for your team, league or association.

**Please provide the following information:**

Are you a not-for-profit organization?  Yes  No  
 Do you rent, donate or lease the field(s) to other organizations?  Yes  No

Physical address for sport field(s): \_\_\_\_\_  
 Address City State Zip

OPTIONS	PREMISES LIABILITY RATES/PREMIUM CALCULATION			
Option 1 \$1,000,000 CGL Limit	\$ 12.71	X	_____	= \$ _____
			Acreage	\$ _____ (D)
	\$ 50.00	X	_____	= \$ _____
		# of Fields		Premium = greater of two totals
Option 2 \$2,000,000 CGL Limit	\$ 19.06	X	_____	= \$ _____
			Acreage	\$ _____ (D)
	\$ 75.00	X	_____	= \$ _____
		# of Fields		Premium = greater of two totals

**TOTAL COST SUMMARY**

Program Premium (Required Coverage)	(A)
Sexual Abuse/Sexual Molestation Premium (Optional Coverage) <input type="checkbox"/> \$1,000,000 Liability Limit OR <input type="checkbox"/> \$100,000 Defense Reimbursement Only	(B)
Premises Liability for Field Owners (Optional Coverage)	(C)
<b>Premium Due - Subtotal (add lines A-C above)</b>	<b>(D)</b>

**ADDITIONAL CERTIFICATES – Complete this section to request additional certificates.**

*Note: Additional insureds are not automatically provided/issued per previous policy terms. You will need to request Additional Insureds that are needed for this policy term below.*

Type of certificate you are requesting:  Additional Insured  Evidence of Coverage  
 Relationship to you:  Owner/Lessor of Premises  Sponsor  Co Promoter

<b>ENTITY NAME :</b>		
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
Other than being named on the certificate as an additional insured or certificate holder, does the person or organization require any special wording or endorsements? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check all that apply ( <i>Check your request carefully before submitting. The most common delay in certificate processing is caused by providing a partial or incorrect name and/or instructions.</i> ) <input type="checkbox"/> Form CG2026 <input type="checkbox"/> Primary Endorsement <input type="checkbox"/> Waiver of Subrogation <input type="checkbox"/> Other (please explain): _____		

Type of certificate you are requesting:  Additional Insured  Evidence of Coverage  
 Relationship to you:  Owner/Lessor of Premises  Sponsor  Co Promoter

<b>ENTITY NAME :</b>		
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
Other than being named on the certificate as an additional insured or certificate holder, does the person or organization require any special wording or endorsements? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check all that apply ( <i>Check your request carefully before submitting. The most common delay in certificate processing is caused by providing a partial or incorrect name and/or instructions.</i> ) <input type="checkbox"/> Form CG2026 <input type="checkbox"/> Primary Endorsement <input type="checkbox"/> Waiver of Subrogation <input type="checkbox"/> Other (please explain): _____		



## GENERAL FRAUD STATEMENT

**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 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 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 prepared with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written 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 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.

## EXCLUSIONS

The following exclusions are contained in the commercial general liability coverage provided by this program: 24-hour premises liability (unless optional coverage is purchased for sports fields); Abuse, molestation, harassment or sexual conduct (unless optional coverage is purchased); Aircraft/hot air balloon; Airport; Amusement devices (The ownership, operation, maintenance or use of: any mechanical or non-mechanical ride, slide, or water slide, any inflatable recreational device, any bungee operation or equipment, any vertical device or equipment used for climbing-either permanently affixed or temporarily erected, or dunk tank. Amusement devices do not include any video or computer games or any device that is specifically designed for the training or instruction of the activity for which you are enrolled.); Animals (injury or death to, or injury, death or property damage caused by any animal owned, rented or hired by you); Asbestos; Athletic or sports participants in: Box lacrosse, Broomball, Diving, Dodgeball, Gymnastics, Hurling, Ice hockey, Inline hockey, Inline skating (speed), Judo, Karate, Lacrosse (age 20 & over), Martial arts, Powerlifting (age 20 & over), Ringette, Roller hockey (inline), Taekwondo, Takraw, Umpire/Referee Association for Class A Sports, Water hockey (age 20 & over), Water polo (age 20 & over), Weightlifting (age 20 & over), Wrestling (age 20 & over); Babysitting/child care services; Carnivals/festivals; Cheer and dance studios; Commercial general liability standard exclusions (CG0001 04/13 edition); Concerts; Cryogenic chambers/therapy; Employment-related practices; Events involving gambling (eg: bingo, casino nights, poker, Texas hold'em tournaments); Events where alcohol is served; Fireworks; Fungi or bacteria; Gymnastics studios; Haunted attractions; Intercollegiate & Interscholastic teams, leagues and associations; Lead; Martial arts studios; Non-rostered participants at tournaments hosted by the enrolled member (unless optional coverage is purchased); Nuclear energy liability; Operation, ownership or management of any athletic facility or field, other than while being used for covered activities; Operations of independent concessionaires/vendors in conjunction with your organization; Performers; Rodeos; Saddle animals; Snowmobile; Sports events/activities involving participants in sports other than those reported and for whom premium has been paid; Transportation of athletes/participants; Violation of statutes that govern e-mails, faxes, phone-calls or other methods of sending material or information. Those operations listed as ineligible: Adventure races, Aerobic exercise, Bandy, Biathlon, BMX/stunt cycling, Boating activities/sports, Bobsled, Body boarding, Boxing, Canoe, Cheerleading (age 20 & over), Climbing, Cycling, Dance team (20 & over), Drill team/majorette (age 20 & over), Equestrian, Fitness – aerobics and exercise, Hammer throw, Hang gliding, Hostelling, Inline (extreme/stunt/aggressive/free-style) skating, Jai alai, Javelin, Kayaking, Kite surfing, Luge (street), Marathon, Mixed martial arts; Modern pentathlon, Mountain biking and/or hiking, Mountain boarding, Open water fishing, Open water activities/sports, Orienteering, Outrigging, Parachute, Parasailing, Physical fitness, Physique (pose) performance, Polo (horse), Rafting, Rodeo, Roller derby, Rowing/Crew, Rugby, Sailing, Scuba diving, Shooting sports and/or hunting, Skateboarding, Skiing (snow or water), Sky diving, Sky surfing, Sled dog racing, Snorkeling, Snow boarding, Snow surfing, Soccer (age 20 & over), Sports parachuting, Strength and conditioning, Streetball, Surfing (including boogie boards), Tackle and contact football (age 20 & over), Trampoline, Trapeze, Triathlon, Unicycling, Wake boarding, Wind surfing, Yachting

**Electronic Disclosure and Consent**  
**PLEASE READ, COMPLETE #9 BELOW, AND SIGN**  
**ON PAGE 11**

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., 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 logging onto this website, or by mailing a written notice to: Sadler & Company, Inc.; PO 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 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](http://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. Please select preferred method for document delivery. Providing an email address in this application will be deemed consent to us to deliver documents and communication to you electronically.

**m** E-mail to: \_\_\_\_\_ attn: \_\_\_\_\_  
**m** Fax to: \_\_\_\_\_ attn: \_\_\_\_\_  
**m** Mail to: \_\_\_\_\_ attn: \_\_\_\_\_

## FINAL COST COMPUTATION

Premium Due (line D from page 8)	\$
Risk Purchasing Group Administration Fee (REQUIRED)	\$ 15.00
<b>TOTAL COST DUE NOW (Total Premium + Required Fees)</b>	<b>\$</b>

**Costs are 100% fully earned and non-refundable once coverage begins. Coverage is contingent upon receipt of payment. No coverage will be deemed in effect until the accurate payment is received by Sadler & Company.**

## WARRANTY STATEMENT – READ & SIGN

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 accurate.


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

I understand that this enrollment provides the option for the organization to select General Liability/Medical Payments, Sexual Abuse & Molestation, Hosted Tournament Coverage and Premises Liability. However, Sadler offers other types of insurance policies that are not available on this online enrollment such as Directors and Office, Crime, Inland Marine, Workers' Compensation, Excess Liability, Property (building and contents), Event Cancellation, Cyber Risk, Business Auto, Professional Liability, etc. If I am interested in a quote for these other types of policies, I will need to inform Sadler in writing, [sport3@sadlersports.com](mailto:sport3@sadlersports.com).

I understand that the premium is calculated per participant/per sport. If at any time during the policy year my organization adds additional players or additional sports, the additions must be reported in order for coverage to extend at the time of a claim?  Yes  No

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Named Insured (from pg 5): \_\_\_\_\_

Sadler & Company Inc. PO Box 5866, Columbia SC 29250 Agent: John Sadler (P) 800-622-7370 (F) 803-256-4017 Email: amateur@sadlersports.com	
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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 #19495) / Sadler and Company-VT (License #577)