

DIRECTORS & OFFICERS LIABILITY

APPLICATION FOR NON-PROFIT SPORT ORGANIZATIONS

Carrier: A+ rated by AM Best Company

IMPORTANT: All questions MUST BE ANSWERED and the questionnaire SIGNED BY PRESIDENT, EXECUTIVE DIRECTOR, OR TREASURER, ACTING AS AN AUTHORIZED AGENT OF THE ORGANIZATION.

FILL IN BOXES BELOW – Please Print or Type – Use Black Ink

Organization Name:

Authorized Representative:

County:

Mailing Address:

City:

State:

Zip:

Home Phone: ()

Daytime Phone: ()

Fax #: ()

Email:

Website:

I AM A NEW ACCOUNT I AM RENEWING MY COVERAGE

Did your League purchase a D&O Policy LAST YEAR from an insurance agency OTHER THAN Sadler & Company?

YES NO (If YES, enclose a copy of the policy with this application.)

Annual Revenue: _____ Number of Employees: _____ Number of Volunteers: _____

IMPORTANT NOTE: THE POLICY FOR WHICH APPLICATION IS MADE, IF ISSUED, WILL BE ON A CLAIMS MADE BASIS. THIS POLICY IS SUBJECT TO THE DECLARATIONS, INSURING AGREEMENTS, TERMS, CONDITIONS, LIMITATIONS AND AMENDMENTS. APPLIES ONLY TO CLAIMS THAT ARE FIRST MADE DURING THE POLICY PERIOD OR THE DISCOVERY PERIOD IF EXERCISED.

TWO OPTIONS: CHOOSE THE LIMIT OF COVERAGE YOU WISH TO PURCHASE:

\$1,000,000 Limit Per loss/Per policy year \$1,000 Deductible Per Claim \$300 premium (+\$5 NSLPA fee)

\$2,000,000 Limit Per loss/Per policy year \$1,000 Deductible Per Claim \$450 premium (+\$5 NSLPA fee)

Would you like to increase the limit of Cyber Privacy & Client Identity Theft? Yes No (Include \$60)

- Network Remediation - \$25,000
- Loss or theft of client personal information - \$25,000 per person with \$100,000 aggregate

Policy period: Effective only upon underwriting and acceptance by the insurance company.

Coverage expires 12:01 am on the Expiration Date

PREMIUM CALCULATION

\$300 / \$450 (Circle) + \$5 NSLPA fee + \$60 Increase of Cyber Privacy/Client Identity Theft (if applicable) = _____ DUE

WITHIN THE SCOPE OF THIS PROPOSED INSURANCE:

a) There has not been any claim made, or is there any now pending, against any corporation or persons proposed for this insurance, except as follows:

Check here if none / If yes, give complete details on separate sheet of paper.

b) No claim that would fall within the scope of the proposed insurance has been made against any person or entity proposed for this insurance (including without limitation any claim against such person or entity for any employment practice, as described in the proposed insurance, or any complain any such person or entity before the Equal Employment Opportunity Commission or any similar state or local authority), except as follows (include the loss payment and defense cost)

Check here if none / If yes, give complete details on separate sheet of paper.

c) No person or entity proposed for this insurance is cognizant of any fact, circumstance or situation (including without limitation any suspected or threatened claim against any such person or entity for employment practice, as described in the proposed insurance, or any suspected or threatened complaint against any such person or entity before the Equal Employment Opportunity Commission or any similar state or local authority) which might afford grounds for any claim that would fall within the scope of the proposed insurance.

Check here if none / If yes, give complete details on separate sheet of paper.

If Purchaser's Coverage Is Non-Renewed, The Carrier Shall Endeavor, But Shall Not Be Required, To Provide Purchaser With Prior Notice Of Non-Renewal Equal To The Time Allotted By Purchaser's Domiciliary State. By Signing The Application, Purchaser Acknowledged: (1) That This Evidence Of Insurance (Hereinafter "EOI") Shall Be Non-Renewed Effective The Expiration Date; And, (2) That, Upon The Expiration Of Purchaser's EOI, The Carrier May Offer A Renewal, But Reserves The Rights, Because Of Aforesaid Non-Renewal, To Change The Terms & Conditions Of Coverage As Compared With The Expiring Coverage.

Date: _____ Signature: _____ Title: _____

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: _____

DIRECTORS & OFFICERS LIABILITY - For Non-Profit Sports Organizations

PLAN DESCRIPTION

(The Accident/General Liability Policy Must Be Purchased From Sadler & Company To Qualify For These Coverages)

NEEDED PROTECTION:

Leagues should consider a D&O POLICY IN ADDITION TO THE GENERAL LIABILITY policy because many types of lawsuits are not covered by the General Liability policy. The General Liability policy only covers lawsuits that arise out of "bodily injury" or "property damage" whereas a D&O Policy covers certain lawsuits that arise out of actual or alleged wrongful acts in the running of a league.

WHO IS COVERED:

The local sports organization itself, Directors, Officers, and other volunteers including Coaches, Managers, Umpires/Referees, Scorekeepers, and Committee Personnel while operating on behalf of the covered organization.

COVERAGE:

Coverage is provided for "Wrongful Acts" or "Errors and Omissions" that result in legal liability lawsuits including the cost of defense and settlement.

Examples of potentially covered lawsuits include:

- | | |
|--|---|
| *Discrimination (age, race, sex, handicap) | *Failure to enforce rules or bylaws |
| *Failure to deliver services | *Violation of State and Federal Laws (Anti Trust, IRS, EEOC) |
| *Failure to properly manage league financial affairs | *Suppression of First Amendment Rights (speech, expression, etc.) |

LIMIT OF COVERAGE OPTIONS:	\$1,000,000 Limit Per Loss / per policy year DEDUCTIBLE: \$1,000 per claim \$300 per year	\$2,000,000 Limit Per loss / per policy year DEDUCTIBLE: \$1,000 per claim \$450 per year
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Directors & Officers Liability - Enhancements

Publishers Injury

- Includes Electronic Media Liability for content on website and social media.
- \$100,000 sublimit.

Cyber Privacy and Client Identity Theft included:

- Network Remediation - \$5,000
- Loss or theft of client personal information- \$2,500 per person with \$25,000 aggregate.

**NOTE: Higher limits are available for an additional premium of \$60.*

- Network Remediation - \$25,000
- Loss or theft of client personal information - \$10,000 per person with \$100,000 aggregate.

Only one charge is required when a single league entity operating under the same articles/bylaws, oversees multiple organizations.


PLEASE NOTE: Premium is fully earned at inception, and there are no provisions for refunds.

You must enclose a \$5.00 annual membership fee (in addition to above insurance premiums) to join the National Sports Lawsuit Protection Association (NSLPA). THIS FEE MUST BE PAID BEFORE COVERAGE CAN BE EFFECTIVE.

NOTE: THIS PROTECTION IS IN ADDITION TO AND DOES NOT REPLACE THE BODILY INJURY OR PROPERTY DAMAGE LIABILITY COVERAGE THAT IS AVAILABLE IN A GENERAL LIABILITY POLICY.

If Purchaser's Coverage Is Non-Renewed, The Carrier Shall Endeavor, But Shall Not Be Required, To Provide Purchaser With Prior Notice Of Non-Renewal Equal To The Time Allotted By Purchaser's Domiciliary State. By Signing The Application, Purchaser Acknowledged: (1) That This Evidence Of Insurance (Hereinafter "EOI") Shall Be Non-Renewed Effective The Expiration Date; And, (2) That, Upon The Expiration Of Purchaser's EOI, The Carrier May Offer A Renewal, But Reserves The Rights, Because Of Aforesaid Non-Renewal, To Change The Terms & Conditions Of Coverage As Compared With The Expiring Coverage.

SUBMIT PAYMENT WITH COMPLETE/SIGNED APPLICATION

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

This brochure is not a solicitation but only a description of this insurance program. The precise coverage afforded is subject to the terms, conditions and exclusions of the policies as issued. Refer all questions to Sadler & Company, Inc. (803)-254-6311 OR Toll-Free (800)-622-7370.

EQUIPMENT INSURANCE APPLICATION

FOR NON-PROFIT SPORT ORGANIZATIONS

Carrier: A+ rated by AM Best Company

IMPORTANT: All questions MUST BE ANSWERED / FILL IN BOXES BELOW – Please Print or Type– Use Black Ink

Organization Name:			
Authorized Representative:			County:
Mailing Address:			
City:		State:	Zip:
Home Phone: ()		Daytime Phone: ()	Fax #: ()
Email:		Website:	
SPORTS EQUIPMENT COVERAGE <input type="checkbox"/> I AM A NEW ACCOUNT <input type="checkbox"/> I AM RENEWING MY COVERAGE			
Policy period: Effective only upon underwriting and acceptance by the insurance company.			
Coverage expires 12:01 am on the Expiration Date		\$500 Deductible Per Loss	
<p>You must cover the replacement cost value of 100% of all your equipment to comply with the policy's 100% coinsurance requirement. You must specifically schedule any equipment with a replacement cost value greater than \$1,000 below. <i>(Itemized Inventory will be required at time of loss.)</i></p>			
PART 1: EQUIPMENT VALUED LESS THAN \$1,000 PER ITEM:			
Please check the type of <u>UNSCHEDULED EQUIPMENT</u> with <u>REPLACEMENT COST VALUES LESS THAN \$1,000 PER ITEM</u> that you will be insuring:			
<input type="checkbox"/> Sports Equipment	<input type="checkbox"/> Uniforms	<input type="checkbox"/> Field / Facility Maintenance Equipment	
<input type="checkbox"/> Concession Equipment	<input type="checkbox"/> Dugouts, Benches, Bleachers	<input type="checkbox"/> Concession Stock (excluding food products)	
<input type="checkbox"/> Small Storage Sheds (valued less than \$1,000)*	<input type="checkbox"/> Fences, Scoreboards, Lights	<input type="checkbox"/> Other:	
*Permanent structures or buildings over 500 sq ft cannot be scheduled to this policy. Please contact us to discuss options.			
Part 1: Total of Unscheduled Equipment valued less than \$1,000 per item:			\$
PART 2: EQUIPMENT VALUED \$1,000 OR MORE PER ITEM MUST BE INDIVIDUALLY LISTED:			
WHEN ITEMIZING EQUIPMENT BE SPECIFIC ON DESCRIPTION OF ITEMS AND VALUE FOR EACH ITEM:			
<i>(Attach separate sheet of paper if necessary)</i>			
<u>Description</u>			<u>Replacement Cost Value</u>
<i>Example: 1990 John Deere Tractor Serial # A439v903</i>			<i>\$8,000.00</i>
			\$
			\$
			\$
Part 2: Total of scheduled Equipment valued \$1,000 or more PER ITEM:			\$
OFF-SEASON STORAGE LOCATION OF EQUIPMENT (GIVE COMPLETE STREET ADDRESS):			
LIST ANY LOSSES/CLAIMS IN THE PAST 3 YEARS. PLEASE INCLUDE DATE & DESCRIPTION OF LOSS AND TOTAL AMOUNT OF LOSS. (Attach a Separate Sheet if Necessary) Note N/A if None			
*PREMIUM / CHARGE COMPUTATION:			
\$ _____ (Part 1 Total)	+ \$ _____ (Part 2 Total)	= \$ _____ 100% Value of Equipment	
100% Value of Equipment: \$ _____	divided by 100: _____	X \$2.00 = \$ _____ (premium)	
TOTAL PREMIUM DUE (for Equipment Coverage): \$ _____			(Note: \$200 minimum premium applies)
PLEASE NOTE: Premium is fully earned at inception, and there are no provisions for refunds.			
<p>If Purchaser's Coverage Is Non-Renewed, The Carrier Shall Endeavor, But Shall Not Be Required, To Provide Purchaser With Prior Notice Of Non-Renewal Equal To The Time Allotted By Purchaser's Domiciliary State. By Signing The Application, Purchaser Acknowledged: (1) That This Evidence Of Insurance (Hereinafter "EOI") Shall Be Non-Renewed Effective The Expiration Date; And, (2) That, Upon The Expiration Of Purchaser's EOI, The Carrier May Offer A Renewal, But Reserves The Rights, Because Of Aforesaid Non-Renewal, To Change The Terms & Conditions Of Coverage As Compared With The Expiring Coverage</p>			
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:

SUBMIT PAYMENT WITH COMPLETED APPLICATION

Sports - Equipment Plan Description For Non-Profit Sport Organizations

Carrier: A+ rated by AM Best Company

(The Accident/General Liability Policy Must Be Purchased From Sadler & Company To Qualify For This Coverage)

DESCRIPTION: Items that can be covered include sports equipment, field maintenance equipment, concession stand equipment, concession stock, or small storage sheds that you own or lease/rent. This coverage is for loss or damage to your equipment due to fire, theft, vandalism, or other specified causes (subject to actual policy terms and conditions.) Payment will be made on a Replacement Cost Basis.

PREMIUM / CHARGE: \$ 2.00 per \$100 of coverage *(subject to a \$200 minimum premium)*

*Example: \$8,500 limit divided by 100 = 85 x \$ 2.00 = \$170.00 total
(\$200 total payment due in order to meet minimum premium.)*

PLEASE NOTE: Premium is fully earned at inception, and there are no provisions for refunds.

CONDITIONS:

- ❖ Policy is subject to a minimum premium of \$200
- ❖ \$500 Deductible (per claim)
- ❖ **You must cover the replacement cost value of 100% of all your equipment to comply with the policy's 100% coinsurance requirement. You must specifically schedule any equipment with a replacement cost value greater than \$1,000 below. (Itemized Inventory will be required at time of loss.)**
- ❖ **You must provide the storage location of your equipment during the off-season.**
- ❖ Coverage will be effective the date that we receive the properly completed enrollment form with the premium. . (NOTE: Certain weather conditions (ex: tropical storms and hurricanes) in your area may prevent us from binding coverage upon receipt of the application and premium payment. If this happens, we will make coverage effective as soon as the insurance company allows us to do so.)

If Purchaser's Coverage Is Non-Renewed, The Carrier Shall Endeavor, But Shall Not Be Required, To Provide Purchaser With Prior Notice Of Non-Renewal Equal To The Time Allotted By Purchaser's Domiciliary State. By Signing The Application, Purchaser Acknowledged: (1) That This Evidence Of Insurance (Hereinafter "EOI") Shall Be Non-Renewed Effective The Expiration Date; And, (2) That, Upon The Expiration Of Purchaser's EOI, The Carrier May Offer A Renewal, But Reserves The Rights, Because Of Aforesaid Non-Renewal, To Change The Terms & Conditions Of Coverage As Compared With The Expiring Coverage



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