



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

2019 Amateur Sports Teams, Leagues & Associations

Sexual Abuse or Sexual Molestation Liability OR
 Abuse, Molestation, Harassment or Sexual Conduct Defense Cost
 Reimbursement – ADD-ON

Valid for effective dates from 03/01/2019 through 02/28/2020

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group (RPG). 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

NAMED INSURED: (as it appears on the current policy)

DOING BUSINESS AS: (additional name(s) under which the named insured operates)

MAILING ADDRESS:

CITY:

STATE:

ZIP:

CONTACT NAME:

PHONE:

EMAIL ADDRESS:

CELL PHONE:

SEXUAL ABUSE OR SEXUAL MOLESTATION LIABILITY OR ABUSE, MOLESTATION, HARASSMENT OR SEXUAL CONDUCT DEFENSE COST REIMBURSEMENT

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

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

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.


Applicant Signature: _____ Date: _____

Printed Name: _____ Title: _____

Named Insured (from pg 1): _____

TO APPLY FOR COVERAGE:

Complete pages 1-3 & return them to Sadler & Company with your premium payment.
You may fax to: 803-256-4017 OR mail to: Sadler & Co. Inc, PO Box 5866, Columbia SC 29250

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

ONLY 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:	
<p>I represent and warrant as an insurance producer that I currently maintain, and will maintain, all individual, corporate or agency licenses or permits to conduct insurance business in the state coverage for this insured is being written. I further represent and warrant that I currently maintain errors and omissions insurance with a minimum limit of \$1,000,000 for myself, my officers, and employees. If requested by Sadler & Company, Inc., I will provide Sadler & Company, Inc. with reasonably satisfactory evidence of all of the above mentioned items.</p> <p>A fee may be separately charged, subject to state insurance regulations. Fees cannot be included in the payment remitted to us.</p> <p>I understand that agents do not have authority to issue binders on a certificate of insurance on behalf of this program.</p>			
Agent Signature: _____			Date: _____