



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

2019 Amateur Sports HOSTED Tournaments & Events Supplemental to Annual Team/League Policy

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

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

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:** _____

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 and Class C 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 \$100,000 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 4 \$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 5 \$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 6 \$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

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.

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

ENTITY NAME :		
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 (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.) <input type="checkbox"/> Form CG2026 <input type="checkbox"/> Primary Endorsement <input type="checkbox"/> Waiver of Subrogation <input type="checkbox"/> Other (please explain): _____		

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:
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. A fee may be separately charged, subject to state insurance regulations. Fees cannot be included in the payment remitted to us. I understand that agents do not have authority to issue binders on a certificate of insurance on behalf of this program.		
Agent Signature: _____		Date: _____