

SADLER

SPORTS & RECREATION INSURANCE

P. O. Box 5866, Columbia, SC 29250-5866
 Phone: (800) 622-7370 Fax: (803) 256-4017

CONCESSIONAIRES, EXHIBITORS & VENDORS

Insurance Program and Enrollment Form

*This brochure is valid for effective dates from
02-01-2019 to 02-01-2020*

PROGRAM DESCRIPTION

This insurance program has been designed for the concessionaires, vendors and exhibitors who are selling, displaying, demonstrating or promoting their products or services, on a short term basis at special events, malls, shopping centers, tradeshows, consumer shows or a location that is away from any owned or long term leased premises. The insured operations can be conducted from a kiosk, booth, cart, trailer, tent or an outdoor area. This insurance does not cover loss or damage to your property, stock or inventory.

Coverage is provided by a carrier rated A+ (Superior) by A.M. Best Company,

ELIGIBLE OPERATIONS

<ul style="list-style-type: none"> • Antiques & Collectibles • Apparel & Accessories • Arts & Crafts • Auto / Vehicle Accessories (non-mechanical) • Candles • Caterer (single event option only) • Celebrity, Mascot, or Character Appearances • Cleaning Accessories & Products • Exercise Equipment 	<ul style="list-style-type: none"> • Floral • Food, Drink or Produce Sales • Game Trailers or Booths • Gift Wrap Booths • Hardware Sales • Health & Beauty Products • Home-based Wedding Vendors (Caterers, DJs, Florists, Ice Sculptors, Decorators, Photographers / Videographers – single event option only) • Vehicle / Boat Display – Static Display 	<ul style="list-style-type: none"> • Kitchen or Cookware Accessories or Appliances • Lawn & Garden Equipment • Literature Distribution • Micro Reality Race Tracks • Motorized Equipment – Static Display • Product Demonstrations • Product or Service Displays • Souvenir Sales • Sports or Camping Equipment • Toys (For Ages 5 & Over)
---	---	--

INELIGIBLE OPERATIONS

Operations not eligible for this program include, but are not limited to, the following:

<ul style="list-style-type: none"> • Alcoholic Beverages-Selling or Furnishing • Animals • Art displays over 10 feet or occupying more than 100 square feet (unless approved by us) • Auto Parts (mechanical) • Body Piercing or Permanent Tattooing • Christmas Tree Retail Lots • Contractors (lighting, stage, sound, etc) • E-commerce Selling • Fire Safety Equipment • Fireworks Sales & Displays 	<ul style="list-style-type: none"> • Haunted Attractions • Paintball equipment/accessories • Hot Wax Impressions • Leasing/rental operations • Mazes (corn, hay, fence) • Medical Testing • Motorsports Activities • Nutritional or Health Supplements (Selling) • On-site Installation, Service or Repair of Products • On-site Equipment Sales & Rentals • Weight-loss Plans or Products (Selling) • Cryogenic chambers/therapy 	<ul style="list-style-type: none"> • Oxygen or Aromatherapy Bars • Photographers (unless for a single event home-based photographer) • Protective Equipment or Apparel • Storefront Operations • Tobacco Products (including e-cigarettes/vapor products) • Toys (for ages 4 & under) • Vehicles in Motion • Watercraft Exhibits on Water • Weapon Sales • Wholesale Business Operations • Unmanned aircraft systems (e.g. drones, RC aircrafts)
---	---	---

This brochure is for illustrative purposes only, and is not a contract of insurance. You must refer to the actual coverage document 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 by submitting a written request to Sadler & Company, Inc.

EXCLUSIONS

The following represent only some of the exclusions contained in this policy.

- | | |
|--|--|
| <ul style="list-style-type: none"> Abuse, Molestation, Harassment or Sexual Conduct All operations listed as ineligible Amusement devices (eg: rides, slides, inflatables, bungees, climbing walls, dunk tanks- does not apply to structures that are not designed to bounce on, slide on, ride on or tunnel through) Asbestos | <ul style="list-style-type: none"> Employment-related Practices Fireworks Fungi or Bacteria Lead Nuclear Energy Liability Animals (injury or death to an animal or injury, death, or property damage cause by your animal) |
|--|--|

LIABILITY COVERAGES AND LIMITS

COVERAGES:	OPTION 1	OPTION 2	OPTION 3	OPTION 4	OPTION 5
Commercial General Liability	Limits:	Limits:	Limits:	Limits:	Limits:
Each Occurrence	\$1,000,000	\$2,000,000	\$3,000,000	\$4,000,000	\$5,000,000
General Aggregate (Other than Products-Completed Operations)	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
Products-Completed Operations Aggregate	\$1,000,000	\$2,000,000	\$3,000,000	\$4,000,000	\$5,000,000
Personal and Advertising Injury	\$1,000,000	\$2,000,000	\$3,000,000	\$4,000,000	\$5,000,000
Damage to Premises Rented to You (Fire Legal Liability)	\$ 300,000	\$ 300,000	\$ 300,000	\$ 300,000	\$ 300,000
Medical Expense	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000

PREMIUMS – Based on single unit or 100 sq. ft. space

See Enrollment Form for additional options available for multiple units or space exceeding 100 sq. ft.

Single Event Coverage (event must be one month or less)	\$ 173.00	\$ 252.00	\$ 502.00	\$ 752.00	\$1,002.00
3 Consecutive Months Coverage	\$ 410.00	\$ 608.00	\$ 858.00	\$1,108.00	\$1,358.00
6 Consecutive Months Coverage	\$ 643.00	\$ 957.00	\$1,207.00	\$1,457.00	\$1,707.00
Annual Coverage	\$1,093.00	\$1,632.00	\$1,902.00	\$2,152.00	\$2,402.00

***Cost includes premium and a \$15 risk purchasing annual administration fee.**

Commercial General Liability 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.

FREQUENTLY ASKED QUESTIONS

- 1. Can I apply for coverage over the phone?** No, unfortunately, we are not able to take your information over the phone. Please see “How to Obtain Coverage” on the last page of the application for additional information.
- 2. What is a General Aggregate?** This is the maximum amount to be paid out in any policy period for all losses.
- 3. I have been asked by the event where I am exhibiting to add them as an “additional insured” to my policy. What does that mean and how do I do that?** An additional insured is an entity, which has an insurable interest for claims arising out of your negligence as the named insured. Such possible entities are a landlord or sponsor. By providing an entity additional insured status they are now entitled to defense and indemnity (if policy limits have not been exhausted) under your policy with no responsibility for premium payments. You can add an entity as an additional insured under the certificate request section of the enrollment form.
- 4. What is a Risk Purchasing Group?** A Risk Purchasing Group (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 for each application. A \$15 RPG Fee is required by the insurance carrier for this application.

NOTE TO ALL AGENTS & BROKERS: There are no commissions included in this program. Premiums are NET and may not be altered on the enrollment form. In addition, proof of coverage will be sent direct to the organization and will not be sent to an agent. Agents do not have authority to issue binders or a certificate of insurance on behalf of this program.

SADLER

SPORTS & RECREATION INSURANCE

P. O. Box 5866, Columbia, SC 29250-5866

Phone: (800) 622-7370 Fax: (803) 256-4017

CONCESSIONAIRES, EXHIBITORS & VENDORS

Insurance Enrollment Form

Valid for effective dates from 02-01-2019 to 02-01-2020

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

I AM A NEW ACCOUNT

I AM RENEWING MY COVERAGE

Full Legal Name of Business: (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: _____ **Cell:** _____ **Fax:** _____

Email: _____ **Website:** _____

(By listing an email address, you are giving us permission to contact you by email about your policy. Refer to page 4 of the application for Electronic Disclosure and Consent.)

Effective Date: Coverage will begin the day after the completed enrollment form and premium are received and approved by us, or on a later date you specify: Start my coverage on this date: ____/____/____

BUSINESS INFORMATION

1. Check all that apply regarding your operations:

Selling products/services

Describe products/services: _____

Distribution of literature and/or display only

Describe product/service being displayed/information being provided: _____

Is your display over 10 feet or does it occupy more than 100 sq. feet? Yes No

(please note: Art displays over 10 feet or more than 100 sq. feet are ineligible for coverage under this program, unless reviewed and approved by the program administrator)

2. Do all of your operations take place in the United States? Yes No

3. Please select the coverage period desired: Single Event 3 Months 6 Months Annual

• If seeking annual coverage, do you own/operate/manage a storefront/brick and mortar business or have a long-term lease at a single location for your operations? Yes No

(Storefront/brick and mortar operations or those with long-term leases are not eligible for annual coverage. Coverage is only available for a single event (lasting one month or less), 3 months or 6-month policy periods for those exposures that occur away from any of your owned or long term leased premises).

4. Select one of the following that best describes your business operations:

Customers can walk up to your booth exhibit, tent, trailer, etc.

Examples:

- You are a food trailer and customers walk up to your window to obtain their food and they walk way, you do not provide seating
- You are a game trailer and you open up the side of the trailer and customers play a game while standing outside of your trailer

a. **Provide your # of units (e.g. trailer, push cart, table):** _____

Customers are able to walk in, through and around your booth, exhibit, tent, trailer, etc.

Examples:

- You are a food vendor that also provides seating for your customer
- You are a game trailer and customers enter your trailer to play the games

a. **Provide your total square footage:** _____

Micro reality race tracks

a. **Provide your # of tracks:** _____

Home-based wedding vendor. Available only for a single event coverage period-use 1 unit rating

PREMIUM -- Please check the coverage period and premium that is applicable

OPTION 1 - \$1,000,000 COMMERCIAL GENERAL LIABILITY LIMIT

	1 Unit or up to 100 Sq. Ft	2 Units or 101 - 200 Sq. Ft	3 Units or 201 - 300 Sq. Ft	4 Units or 301 - 400 Sq. Ft	5 Units or 401 - 500 Sq. Ft	6 Units or 501 - 600 Sq. Ft
Single Event	<input type="checkbox"/> \$ 173	<input type="checkbox"/> \$ 252	<input type="checkbox"/> \$ 292	<input type="checkbox"/> \$ 332	<input type="checkbox"/> \$ 372	<input type="checkbox"/> \$ 412
3 Months	<input type="checkbox"/> \$ 410	<input type="checkbox"/> \$ 608	<input type="checkbox"/> \$ 707	<input type="checkbox"/> \$ 806	<input type="checkbox"/> \$ 905	<input type="checkbox"/> \$1,004
6 Months	<input type="checkbox"/> \$ 643	<input type="checkbox"/> \$ 957	<input type="checkbox"/> \$1,114	<input type="checkbox"/> \$1,271	<input type="checkbox"/> \$1,428	<input type="checkbox"/> \$1,585
Annual	<input type="checkbox"/> \$1,093	<input type="checkbox"/> \$1,632	<input type="checkbox"/> \$1,902	<input type="checkbox"/> \$2,172	<input type="checkbox"/> \$2,442	<input type="checkbox"/> \$2,712

OPTION 2 - \$2,000,000 COMMERCIAL GENERAL LIABILITY LIMIT

	1 Unit or up to 100 Sq. Ft	2 Units or 101 - 200 Sq. Ft	3 Units or 201 - 300 Sq. Ft	4 Units or 301 - 400 Sq. Ft	5 Units or 401 - 500 Sq. Ft	6 Units or 501 - 600 Sq. Ft
Single Event	<input type="checkbox"/> \$ 252	<input type="checkbox"/> \$ 371	<input type="checkbox"/> \$ 431	<input type="checkbox"/> \$ 491	<input type="checkbox"/> \$ 551	<input type="checkbox"/> \$ 611
3 Months	<input type="checkbox"/> \$ 608	<input type="checkbox"/> \$ 905	<input type="checkbox"/> \$1,054	<input type="checkbox"/> \$1,203	<input type="checkbox"/> \$1,352	<input type="checkbox"/> \$1,501
6 Months	<input type="checkbox"/> \$ 957	<input type="checkbox"/> \$1,428	<input type="checkbox"/> \$1,664	<input type="checkbox"/> \$1,900	<input type="checkbox"/> \$2,136	<input type="checkbox"/> \$2,372
Annual	<input type="checkbox"/> \$1,632	<input type="checkbox"/> \$2,441	<input type="checkbox"/> \$2,846	<input type="checkbox"/> \$3,251	<input type="checkbox"/> \$3,656	<input type="checkbox"/> \$4,061

OPTION 3 - \$3,000,000 COMMERCIAL GENERAL LIABILITY LIMIT

	1 Unit or up to 100 Sq. Ft	2 Units or 101 - 200 Sq. Ft	3 Units or 201 - 300 Sq. Ft	4 Units or 301 - 400 Sq. Ft	5 Units or 401 - 500 Sq. Ft	6 Units or 501 - 600 Sq. Ft
Single Event	<input type="checkbox"/> \$ 502	<input type="checkbox"/> \$ 621	<input type="checkbox"/> \$ 681	<input type="checkbox"/> \$ 741	<input type="checkbox"/> \$ 801	<input type="checkbox"/> \$ 861
3 Months	<input type="checkbox"/> \$ 858	<input type="checkbox"/> \$1,155	<input type="checkbox"/> \$1,304	<input type="checkbox"/> \$1,453	<input type="checkbox"/> \$1,602	<input type="checkbox"/> \$1,751
6 Months	<input type="checkbox"/> \$1,207	<input type="checkbox"/> \$1,678	<input type="checkbox"/> \$1,939	<input type="checkbox"/> \$2,214	<input type="checkbox"/> \$2,489	<input type="checkbox"/> \$2,764
Annual	<input type="checkbox"/> \$1,902	<input type="checkbox"/> \$2,845	<input type="checkbox"/> \$3,318	<input type="checkbox"/> \$3,791	<input type="checkbox"/> \$4,264	<input type="checkbox"/> \$4,737

OPTION 4 - \$4,000,000 COMMERCIAL GENERAL LIABILITY LIMIT

	1 Unit or up to 100 Sq. Ft	2 Units or 101 - 200 Sq. Ft	3 Units or 201 - 300 Sq. Ft	4 Units or 301 - 400 Sq. Ft	5 Units or 401 - 500 Sq. Ft	6 Units or 501 - 600 Sq. Ft
Single Event	<input type="checkbox"/> \$ 752	<input type="checkbox"/> \$ 871	<input type="checkbox"/> \$ 931	<input type="checkbox"/> \$ 991	<input type="checkbox"/> \$1,051	<input type="checkbox"/> \$1,111
3 Months	<input type="checkbox"/> \$1,108	<input type="checkbox"/> \$1,405	<input type="checkbox"/> \$1,554	<input type="checkbox"/> \$1,703	<input type="checkbox"/> \$1,852	<input type="checkbox"/> \$2,001
6 Months	<input type="checkbox"/> \$1,457	<input type="checkbox"/> \$1,928	<input type="checkbox"/> \$2,189	<input type="checkbox"/> \$2,464	<input type="checkbox"/> \$2,739	<input type="checkbox"/> \$3,014
Annual	<input type="checkbox"/> \$2,152	<input type="checkbox"/> \$3,095	<input type="checkbox"/> \$3,600	<input type="checkbox"/> \$4,113	<input type="checkbox"/> \$4,626	<input type="checkbox"/> \$5,139

OPTION 5 - \$5,000,000 COMMERCIAL GENERAL LIABILITY LIMIT

	1 Unit or up to 100 Sq. Ft	2 Units or 101 - 200 Sq. Ft	3 Units or 201 - 300 Sq. Ft	4 Units or 301 - 400 Sq. Ft	5 Units or 401 - 500 Sq. Ft	6 Units or 501 - 600 Sq. Ft
Single Event	<input type="checkbox"/> \$1,002	<input type="checkbox"/> \$1,121	<input type="checkbox"/> \$1,181	<input type="checkbox"/> \$1,241	<input type="checkbox"/> \$1,301	<input type="checkbox"/> \$1,361
3 Months	<input type="checkbox"/> \$1,358	<input type="checkbox"/> \$1,655	<input type="checkbox"/> \$1,804	<input type="checkbox"/> \$1,953	<input type="checkbox"/> \$2,102	<input type="checkbox"/> \$2,251
6 Months	<input type="checkbox"/> \$1,707	<input type="checkbox"/> \$2,178	<input type="checkbox"/> \$2,439	<input type="checkbox"/> \$2,714	<input type="checkbox"/> \$2,989	<input type="checkbox"/> \$3,264
Annual	<input type="checkbox"/> \$2,402	<input type="checkbox"/> \$3,345	<input type="checkbox"/> \$3,850	<input type="checkbox"/> \$4,363	<input type="checkbox"/> \$4,894	<input type="checkbox"/> \$5,437

Contact Sadler & Company for operations with more than 6 units or 600 sq. ft.

NOTE: This commercial general liability coverage applies only while you are operating as a concessionaire, exhibitor or vendor. This program does not provide commercial automobile coverage.

If Applying for Single Event Coverage (One Month or Less), Please Provide the Following Information:

Name of Event: _____

Date(s) of Event (including set-up & tear-down days): ____/____/____ to ____/____/____

Hours of Event: ____:____ AM or PM TO ____:____ AM or PM

Location of Event (Venue Name): _____

Street Address: _____ City: _____ State: _____ Zip: _____

PREMIUM SUMMARY

Program Premium (from chart) = Subtotal	\$ _____ (A)
--	----------------------------

- **COSTS ARE 100% FULLY EARNED AND NON-REFUNDABLE/NON-TRANSFERRABLE ONCE COVERAGE BEGINS.**
- **COVERAGE IS CONTINGENT UPON RECEIPT OF PAYMENT AND A FULLY COMPLETED ENROLLMENT FORM.**
- **NO COVERAGE WILL BE DEEMED IN EFFECT UNTIL THE ACCURATE PAYMENT IS RECEIVED BY THE COMPANY OR THEIR REPRESENTATIVE.**
- **CANCELLATIONS/CHANGES CAN ONLY BE MADE BY THE NAMED INSURED.**

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? Yes 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.) Form CG2026 Primary Endorsement

Waiver of Subrogation Other (please explain): _____

COVERAGE EXCLUSIONS

The following exclusions are contained in the commercial general liability coverage provided by this program: Abuse, molestation, harassment or sexual conduct; Aircraft/hot air balloon; Airport (the ownership, operation, maintenance, or use of any airfield or airport facility or premises. This exclusion does not apply to concessionaires, exhibitors, or vendors selling, displaying, demonstrating or promoting their products or services at any airfield or airport facility or premises); Amusement devices (the ownership, operation, maintenance or use of: any mechanical or non-mechanical ride, slide, water slide, any inflatable recreation device, any bungee operation or equipment, any vertical device or equipment used for climbing – either permanently affixed or temporarily erected, or dunk tank. Amusement device does not include any video arcade or computer games or structures that are not designed to bounce on, slide on, ride on or tunnel through); Animals (injury or death to any animal, or injury, death or property damage caused by an animal owned, rented or hired by you); Asbestos, Commercial general liability standard exclusions (CG0001 04/13 edition); Employment-related practices; Fireworks; Fungi or bacteria; Lead; Nuclear energy liability; Performers; Rodeos; Saddle animal; Snowmobile; Violation of statutes that govern emails, faxes, phone calls, or other methods of sending materials or information; Those operations listed as ineligible; Alcoholic beverage sales-selling or furnishing; Animals, Auto parts (mechanical); Body piercing or permanent tattooing; Christmas tree retail lots and displays; Contractors (lighting, stage, sound, etc); E-commerce selling; Fire safety equipment; Fireworks sales and displays; Haunted attractions; Hot wax impressions; Leasing/rental operations; Mazes (corn/hay/fence); Medical testing; Motor sports activities; Nutritional or health supplement products (selling); On-side installations, service or repair of products; On-site equipment sales and rental; Oxygen or aromatherapy bars; Paintball equipment/accessories; Photographers (unless for a single event home-based photographer); Protective equipment or apparel; Storefront operations; Tobacco products (including e-cigarettes/vapor products); Toys (for ages 4 and under); Vehicles in motion; Watercraft exhibits on water; Weapon sales; Weight loss plans or products (selling); Wholesale business operations; Cryogenic chambers/therapy; Unmanned aircraft systems (e.g. drones, RC aircrafts); Art exhibits over 10 feet or occupying more than 100 sq. feet (unless reviewed and approved by the program administrator)

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.

Electronic Disclosure and Consent

PLEASE READ, COMPLETE #9 BELOW, AND SIGN ON PAGE 5

Electronic Signature Disclosure and Consent

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., P.O. Box 5866, Columbia, South Carolina 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
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.

E-mail to: _____ Attn: _____

Fax to: _____ Attn: _____

Mail to: _____ Attn: _____

TOTAL COST DUE

TOTAL COST DUE NOW (See A on Page 2)

\$

READ AND SIGN -- WARRANTY STATEMENT

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 correct.

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

Applicant Signature: _____ Date: _____

Printed Name: _____ Title: _____

SUBMITTING AGENT (If applicable):

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: _____

HOW TO OBTAIN COVERAGE

For Fastest Service, Apply online at <http://www.sadlersports.com/vendorinsurance/>

OR Remit the completed and signed enrollment form and corresponding premium payment to:


Sadler & Company, Inc.

Phone: 1-803-254-6311 or 1-800-622-737

PO Box 5866, Columbia, SC 29250-5866

Fax: 1-803-256-4017

1. You will be notified by Sadler and Company, Inc., if for any reason, your submission to this insurance program is declined or determined to be ineligible for coverage and your premium payment will be returned.
2. If Sadler & Company, Inc., needs additional information or if there are any problems with your submission, an **email will be sent to the email address provided on the application.**
3. If your enrollment is accepted, Sadler & Company, Inc will issue your coverage documents and email them to the email address provided on the application.
4. Coverage will become effective the day after your enrollment form and premium payment are received by Sadler & Company, Inc, or on a later date that you may specify.
5. Please allow 6 business days for processing – we CANNOT rush your proof of coverage.

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

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)