

PROGRAM DESCRIPTION

This program has been designed for U.S.-based owners and operators of exercise studios and circuit training facilities that offer personal/individual training and exercise in scheduled fitness/exercise programs that are under the direct supervision of a fitness professional such as a personal trainer or exercise instructor or in a structured/sequential order for an individual. Coverage provided includes important liability protection for the studio/facility, including its employees for liability claims arising out of the operations of the studio/facility at a designated location. Note: coverage does not extend to your independent contractors unless the optional coverage available with this program is purchased.

Optional coverages available under this program include professional liability for independent contractors, coverage for equipment and contents of the studio/facility, medical payments for participants (members) of the studio/facility, and off-site operations.

ELIGIBLE OPERATIONS

U.S. based exercise studios / circuit training facilities with 3,000 square feet or less of leased or owned space per location

NOTE: An insured with multiple locations is eligible for this program as long as each location's square footage is 3,000 square feet or less. For operations with locations over 3,000 square feet, contact us for information on other programs available.

INELIGIBLE OPERATIONS

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

Childcare Services/Facilities	Salon Services or Indoor Tanning
Climbing Walls	CrossFit Affiliate Owners* Saunas or Steam Rooms
Dance, Gymnastics, Cheer and Martial Arts Schools/Studios*	Sports Medicine
Facilities Outside of the U.S.	Sports Rehabilitation Services/Therapy
Ice Skating, Roller Skating or Skating Treadmills	Sports Skills Instructional Facilities, Academies, Schools or Programs
Medical, Therapy or Health Care Services	
Open Access to Members to Utilize Facility on a Self Directed Basis Outside of a Structured Program	Swimming Pools, Hot Tubs, Whirlpools, Jacuzzis, or Cold Plunge
Physical Therapy	Unattended/unstaffed 24 hour key card/key pad/key code access operations or unattended/unstaffed operations
Physicals or Stress Testing	

*For information regarding eligibility for dance, gymnastics, cheer, martial arts schools/studios and **CrossFit Affiliate Owners**, contact Sadler, 800-622-7370*

EXCLUSIONS

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

- Abuse, molestation, harassment or sexual conduct
- Acupuncture
- Amusement devices (e.g.: rides, slides, inflatables, bungees, climbing walls, dunk tanks)
- Asbestos
- Athletic competitions held / sponsored by the insured or in which the insured's members participate
- Boxing (contact/sparring)
- Cycling (other than stationary)
- Employment-related practices
- Fungi or Bacteria
- Instruction/activity held on or in open waters (i.e. lakes, ponds, oceans)
- Massage therapy
- Nuclear energy liability
- Operations listed as ineligible
- Cryogenic Chambers/Therapy
- Events, competitions, tournaments, camps/clinics conducted or sponsored by, or on behalf of the insured, unless reported and approved by us.
- Lead
- Sale or distribution of herbal, medicinal and/or nutritional products
- Training programs for law enforcement, public safety and military personnel
- Transportation of participants/members
- Violation of statutes that govern e-mails, faxes, phone-calls or other methods of sending material or information
- Wrestling

COMMERCIAL GENERAL LIABILITY COVERAGES AND LIMITS

Select one of the following options that best fits your business needs.

On-site Coverage: Applies to the instruction activities of you and your employees and the business operations at your insured premises only.

On-site & Off-site Coverage: Applies to the instruction activities of you and your employees and the business operations at your insured premises and also extends to locations away from your insured premises (ie: training or class instruction at other locations)

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 per owned location	\$5,000,000 per owned location	\$5,000,000 per owned location	\$5,000,000 per owned location	\$5,000,000 per owned location
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
Legal Liability to Participants	\$1,000,000	\$2,000,000	\$3,000,000	\$4,000,000	\$5,000,000
Professional Liability	\$1,000,000	\$2,000,000	\$3,000,000	\$4,000,000	\$5,000,000
Damage to Premises Rented to You (Fire Legal Liability)	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000
Hired Auto and Employers' Nonownership (not provided while in Hawaii)	\$1,000,000	\$2,000,000	\$3,000,000	\$4,000,000	\$5,000,000

RATES (per owned/operated location, per square feet)

On-site Coverage					
1 – 1,000 square feet	\$ 470	\$ 705	\$ 955	\$1,205	\$1,455
1,001 – 2,000 square feet	\$ 940	\$1,410	\$1,660	\$1,910	\$2,160
2,001 – 3,000 square feet	\$1,410	\$2,115	\$2,467.50	\$2,717.50	\$2,967.50
On-site and Off-site Coverage					
1 – 1,000 square feet	\$ 520	\$ 780	\$1,030	\$1,280	\$1,530
1,001 – 2,000 square feet	\$1,040	\$1,560	\$1,820	\$2,070	\$2,320
2,001 – 3,000 square feet	\$1,560	\$2,340	\$2,730	\$2,980	\$3,230

COVERAGE PROVIDED UNDER THIS PROGRAM INCLUDES

Commercial General Liability with Broadening Endorsement – coverage that 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
 - Key Individual Replacement Cost - \$50,000
 - Temporary Meeting Place - \$25,000
 - Terrorism Travel Reimbursement (for directors or officers) - \$25,000
 - Identity Theft Exposure (for directors or officers) - \$25,000
 - Lease Cancellation Moving Expense - \$2,500
 - Workplace Violence Counseling - \$25,000

Legal Liability to Participants – coverage which offers protection against bodily injury liability claims brought by persons participating in fitness/exercise activities under the direction of the insured.

Professional Liability – provides protection against wrongful acts (breach of duty, neglect, error, omission, misstatement or a misleading statement in the discharge of fitness/exercise activities) that occur under the operations of the insured.

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.

OPTIONAL COVERAGES AVAILABLE

EQUIPMENT AND CONTENTS COVERAGE (INLAND MARINE)

This provides coverage for direct loss or damage to your supplies and equipment, furnishings, improvements and betterments, signs and non-structural glass due to fire, theft, vandalism or other covered causes (subject to actual policy terms and conditions). You must insure the full replacement cost of all of your equipment and contents to avoid a co-insurance penalty at the time of loss. Should you add additional equipment or contents to your inventory, please contact us to have your insured value amended to avoid a co-insurance penalty.

Additional coverages automatically included in the coverage form are:

- Business Income with Extra Expense – Actual Loss Sustained (up to \$50,000)
- Money and Securities Coverage - \$10,000 any one occurrence
- Valuable Papers and Records Coverage - \$10,000 at premises/\$2,500 away from premises
- Account Receivable Coverage - \$10,000 at premises/\$2,500 away from premises
- Employee Dishonesty - \$5,000 any one occurrence
- Forgery or Alteration - \$10,000 for any loss
- Robbery or Safe Burglary of Other Property - \$10,000 inside premises/\$10,000 outside the premises

Coverage conditions:

1. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your studio or organization with our Exercise/Circuit/Personal Training Studio RPG Insurance Program.
2. Coverage will be effective the day after we receive the proper completed enrollment form with premium and will expire on the expiration date of your Exercise/Circuit/Personal Training Studio RPG Insurance Program.
3. Receipt of purchase is required at the time of loss to show verification of purchase for improvements or betterments.

RATES			
Total Value Per Location	Rate	Deductible	Minimum Premium
\$ 1 - \$ 10,000	\$.03	\$ 250	\$100.00
\$ 10,001 - \$100,000	\$.026	\$1,000	\$100.00
\$100,001 +	\$.026	\$2,500	\$100.00

LIABILITY FOR INDEPENDENT CONTRACTORS (NON-EMPLOYEES)

This coverage option allows you to purchase liability for those independent contractor (non-employee) instructors or trainers while conducting instruction activities on behalf of your studio/facility operations. Coverage can apply to your reported location(s) only or can be extended to include any off-site operations you may have.

Coverage conditions:

1. You must have commercial general liability coverage for your studio/facility with our Exercise/Personal Training Studio RPG Insurance program and coverage must follow the same limit option purchased for your location(s).
2. Coverage will be effective the day after we receive the request with premium and will expire on the expiration date of your Exercise/Personal Training Studio RPG Insurance Program.
3. A U.S.-based instructor age 18 or older conducting private or group instruction on your behalf for any of the following is eligible for this coverage.

- | | | | |
|---|-------------------------------|---------------------|---|
| • Aerobics | • Cardio Kickboxing | • GYROTONIC® | • Spinning |
| • Acrobatic/partner yoga | • Children’s Fitness Programs | • Fitness Bootcamp | • Tai Chi |
| • Acro dance | • Dance | • Hoop Fitness | • Tumbling (flooring only, no gymnastics apparatus) |
| • Aerial/Anti-gravity/suspended yoga (certified instructors only) | • Exercise | • Personal Training | • Yoga |
| | | • Pilates | • ZUMBA® |

4. Ineligible instructors or those offering the following operations that are not eligible for this coverage are:

• Certified athletic trainers	• Instructor’s employment as an exempt or non-exempt employee of a school, university or college	• Instruction of sport skills activities
• Coaching of organized competitive athletic teams		• Instructors under the age of 18

5. This coverage is 100% fully earned at inception.

RATES (Per Instructor)	Option 1 \$1,000,000 CGL Limit	Option 2 \$2,000,000 CGL Limit	Option 3 \$3,000,000 CGL Limit	Option 4 \$4,000,000 CGL Limit	Option 5 \$5,000,000 CGL Limit
On-site Coverage Only	\$155.00	\$232.50	\$482.50	\$732.50	\$982.50
On-site & Off-site Coverage	\$170.00	\$255.00	\$505.00	\$755.00	\$1,005.00

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 period to the next.

You may request a copy of the full policy by submitting a written request to Sadler & Company Inc.

MEDICAL PAYMENTS FOR PARTICIPANTS COVERAGE

This coverage pays the medical and dental expenses incurred by a “participant” when an accidental injury occurs while participating in fitness or exercise activities at the insured’s owned/operated locations. “Participant” means any person practicing, instructing or participating in any physical exercises or games, sports or athletic contests. Participant does not include any compensated member of your staff, including employees or independent contractors. 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 corridor deductible applies to each claim and the benefit period is two years from the date of the accident.

Coverage conditions:

1. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your studio(s) with our Exercise/Personal Training Studio RPG Insurance Program.
2. This coverage does not extend to off-site operations.

Limit	Deductible	Rate	Minimum Premium
\$5,000 (per claim)	\$100 (corridor deductible)	\$10.00 (per participant)	\$1,000.00

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 sexual molestation. This limit is part of, and not in addition to the general liability section.

Option 2: \$100,000 of coverage for reimbursement of defense costs only resulting from claims arising out of abuse, molestation, harassment or sexual conduct.

Coverage conditions:

1. Coverage is contingent upon completion, as well as review and approval from us, of the underwriting questions found on page 8.
2. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your studio with our Exercise/Circuit/Personal Training Studio RPG Insurance Program.
3. Only one option may be purchased.
4. This coverage is 100% fully earned at inception.

Options	Rates
Option 1 - \$1,000,000 Sexual Abuse or Sexual Molestation Liability	See page 8 for rates (\$150.00 minimum premium)
Option 2 - \$100,000 Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement	\$100.00 (flat rate)

FREQUENTLY ASKED QUESTIONS

1. **Does this policy provide coverage for the owner(s) of the studio and any of its employees?** Yes, this program provides commercial general liability as well as legal liability to participants and professional liability for the insured’s owned/operated location(s) and any employees of the named insured while working on their behalf.
2. **Is coverage under this policy extended to independent contractors (non-employees) working on behalf of the studio?** Independent contractors (non-employees) are covered only if the optional coverage available with this program is purchased. If this optional coverage is not purchased, as a studio/facility owner, you need to require that all independent contractors (non-employees) working at your location(s) obtain liability coverage and name your business as an additional insured to their instructor policy and submit proof of this coverage to you.
3. **I have been asked by my landlord to add them as an additional insured to my policy. What does this 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 the 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. Please provide their complete name, address and relationship to you. Requests must be in writing.
4. **What is a 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 for each application. A \$15 RPG Fee is required by the insurance carrier for this application.

SADLER

SPORTS & RECREATION INSURANCE

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

Exercise/Circuit/Personal Training Studio

Enrollment Form

Rates shown are effective 01-01-2019 to 12-31-2019

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.

GENERAL INFORMATION

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 name or DBA)

MAILING ADDRESS:

CITY:	STATE:	ZIP:
CONTACT NAME:	PHONE:	
CELL:	FAX:	
EMAIL ADDRESS:	WEBSITE:	

(By listing an email address, you are giving us permission to contact you by email about your policy. Refer to page 11 of the application for Electronic Disclosure and Consent.)

FORM OF BUSINESS:

Corporation Sole Proprietorship Limited Liability Co Partnership Other: _____

Please list locations you own or operate on a 24 hour basis, if different than mailing location above.

(Note: Temporary leased mobile spaces or mobile program sites should not be listed here, only your owned/operated location sites. You can add temporary/mobile locations on the certificate request section if evidence of coverage or additional insured status is needed.)

	STREET ADDRESS	CITY	STATE	ZIP
LOCATION 1				
LOCATION 2				

DESIRED EFFECTIVE DATE

Annual 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 below. (If renewing coverage, please provide expiration date of your current policy.)

Start my coverage on this date: ____/____/____

FOR NEW ACCOUNTS ONLY, Please Complete the Following:

(If not a new account, please skip these three questions and proceed to the next section)

1. What is the name of your current insurance carrier(s) and the expiration date(s) of coverage?
Name(s): _____ Expiration Date(s): _____
2. Is your current carrier non-renewing your coverage? Yes No If yes, why? _____
3. Please provide current loss runs with at least 4 year of loss history, including your current year. In addition, please describe any liability or medical claims over \$5,000 that have been paid under your insurance coverage for those years. _____

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: 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): _____		

BUSINESS INFORMATION

- Are patrons under the direct supervision of an instructor or trainer at all times during the activities and/or are operations exclusively circuit training? Yes No
- Is a representative of your business on-site during your business hours? Yes No
- Do you have locations outside of the U.S.? Yes No
- Is your studio/facility a dance, gymnastics, cheer or martial arts school/studio? Yes No

Does your studio/facility have any of the following features or services?

Childcare services <input type="checkbox"/> Yes <input type="checkbox"/> No	Salon services or indoor tanning <input type="checkbox"/> Yes <input type="checkbox"/> No
Climbing walls <input type="checkbox"/> Yes <input type="checkbox"/> No	Sports medicine <input type="checkbox"/> Yes <input type="checkbox"/> No
Ice Skating, roller skating or skating treadmills <input type="checkbox"/> Yes <input type="checkbox"/> No	Sports rehabilitation services/therapy <input type="checkbox"/> Yes <input type="checkbox"/> No
Medical, therapy or health care services <input type="checkbox"/> Yes <input type="checkbox"/> No	Sports skills instructional programs <input type="checkbox"/> Yes <input type="checkbox"/> No
Physical therapy, physicals or stress testing <input type="checkbox"/> Yes <input type="checkbox"/> No	Swimming pools, saunas, steam rooms, hot tubs, whirlpools, Jacuzzis or cold plunge <input type="checkbox"/> Yes <input type="checkbox"/> No
CrossFit licensed services <input type="checkbox"/> Yes <input type="checkbox"/> No	

****The exposure/activities listed above are not eligible under this program. If you have answered yes to any of the questions, please contact our office to determine if other coverage/program options are available.****

You and your employees are covered automatically for liability. Please list all individuals who are independent contractors (non-employees) working at your studio/facility. (If additional space is needed please attach a separate list to this enrollment form.)

Name(s) of Independent Contractors at Your Studio/Facility	Do They Carry Their Own Professional Liability Insurance?
	<input type="checkbox"/> Yes, their limit of coverage is \$ _____ <input type="checkbox"/> No, purchasing the optional coverage available (on page 9)
	<input type="checkbox"/> Yes, their limit of coverage is \$ _____ <input type="checkbox"/> No, purchasing the optional coverage available (on page 9)
	<input type="checkbox"/> Yes, their limit of coverage is \$ _____ <input type="checkbox"/> No, purchasing the optional coverage available (on page 9)
	<input type="checkbox"/> Yes, their limit of coverage is \$ _____ <input type="checkbox"/> No, purchasing the optional coverage available (on page 9)

How did you hear about Sadler & Company?

- Already doing business with us
 Facebook
 Friend
 Google
 Yahoo
 Other: _____

PROGRAM PREMIUM COMPUTATION

Select the applicable option and then complete the premium chart. NOTE: If you have more than one location, you must select the same limit and coverage option for all locations.

	<input type="checkbox"/> Option 1 \$1,000,000 CGL Limit	<input type="checkbox"/> Option 2 \$2,000,000 CGL Limit	<input type="checkbox"/> Option 3 \$3,000,000 CGL Limit	<input type="checkbox"/> Option 4 \$4,000,000 CGL Limit	<input type="checkbox"/> Option 5 \$5,000,000 CGL Limit
On-site Coverage Coverage only applies to the operations of the studio at their own insured location(s)					
1 – 1,000 square feet	\$ 470	\$ 705	\$ 955	\$1,205	\$1,455
1,001 – 2,000 square feet	\$ 940	\$1,410	\$1,660	\$1,910	\$2,160
2,001 – 3,000 square feet	\$1,410	\$2,115	\$2,467.50	\$2,717.50	\$2,967.50
On-site & Off-site Coverage Coverage applies to the operations of the studio at their own insured location(s) and also extends to their operations conducted at locations owned/operated by others					
1– 1,000 square feet	\$ 520	\$ 780	\$1,030	\$1,280	\$1,530
1,001 – 2,000 square feet	\$1,040	\$1,560	\$1,820	\$2,070	\$2,320
2,001 – 3,000 square feet	\$1,560	\$2,340	\$2,730	\$2,980	\$3,230

PREMIUM CHART

Location # as per page 5	What is your Square Footage? (of your location)	Premium (from chart above based on option chose)
Location #1		\$
Location #2		\$
TOTAL PREMIUM		\$ (A)

**OPTIONAL COVERAGE: EQUIPMENT & CONTENTS (INLAND MARINE)
PREMIUM COMPUTATION**

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

TO AVOID A CO-INSURANCE PENALTY, YOU MUST INSURE 100% OF THE REPLACEMENT COST OF YOUR EQUIPMENT AND CONTENTS FOR ALL OF YOUR LOCATIONS

Step 1: Fill in the values to determine your total replacement cost amount for ALL locations

Individually list any items with values over \$5,000	VALUE
_____	_____
_____	_____
_____	_____
Provide values for categories below (DO NOT include those values already shown above)	
<u>Supplies & Inventory</u> (office supplies, items held for sale)	_____
<u>Equipment & Contents</u> (athletic equipment, electronics, furniture, non-structural glass, phone/fax system, office contents, etc.)	_____
<u>Improvements & Betterments</u> (items you have installed or altered at your expense, such as flooring, mirrors, ceiling tile, window treatments, lighting, shelving, etc.) Receipt of purchase is required at the time of loss to show verification of purchase	_____
<u>Signs</u> (indoor or outdoor)	_____
<u>Misc. Equipment</u> – Please describe:	_____
_____	_____
TOTAL REPLACEMENT VALUE FOR ALL LOCATION(S) (Add all lines above)	_____

Step 2: Complete ONLY if your replacement cost value is over \$100,000

1. Please describe the type of building your equipment is stored in (e.g. frame or fire resistive warehouse)
2. Do you have a security system in place? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:
3. Is any other equipment, besides your own, or equipment of others stored in the same facility in which you store your equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:
4. Please attach a complete inventory list with values of each item.

Step 3:	Calculate Premium (If total calculated premium is less than the minimum premium, the total premium due is the minimum premium)		
<input type="checkbox"/> My total replacement value is between \$1 - \$10,000 (\$250 deductible will apply)			
\$.03	X	\$ _____ Total Replacement Value	= (B) \$ _____ Equipment & Contents Premium (\$100.00 minimum premium applies)
<input type="checkbox"/> My total replacement value is over \$10,000 (\$1,000 deductible will apply) (\$2,500 deductible will apply if replacement value is over \$100,000)			
\$.026	X	\$ _____ Total Replacement Value	= (B) \$ _____ Equipment & Contents Premium (\$100.00 minimum premium applies)

OPTIONAL COVERAGE: MEDICAL PAYMENTS FOR PARTICIPANTS

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

Premium is determined by applying the rate to your total peak membership count for all owned/operated locations. If the total calculated premium is less than the minimum premium, the total premium due is the minimum premium.

\$10.00 x _____ (Number of Members based on total peak membership) = \$ _____

Medical Payments for Participants Premium = \$ _____ (C) (\$1,000.00 minimum premium applies)

**OPTIONAL COVERAGE:
SEXUAL ABUSE OR SEXUAL MOLESTATION LIABILITY COVERAGE
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 is contingent upon underwriting review and approval of the following questionnaire:

<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: _____

Option 1: \$1,000,000 Sexual Abuse or Sexual Molestation Liability

(Choose the same type of coverage/option as purchased on page 6)

Type of Coverage	Rate (based on sq. ft. of each studio)	X	# of Locations	=	Premium
On-site Only	<input type="checkbox"/> 1 – 1,000 sq. ft.: \$ 94.00		_____	=	\$ _____
	<input type="checkbox"/> 1,001 – 2,000 sq. ft.: \$188.00	X	_____	=	\$ _____
	<input type="checkbox"/> 2,001 – 3,000 sq. ft.: \$282.00		_____	=	\$ _____
On-site & Off-site	<input type="checkbox"/> 1 – 1,000 sq. ft.: \$104.00		_____	=	\$ _____
	<input type="checkbox"/> 1,001 – 2,000 sq. ft.: \$208.00	X	_____	=	\$ _____
	<input type="checkbox"/> 2,001 – 3,000 sq. ft.: \$312.00		_____	=	\$ _____

Option 1 Total Premium (add all lines above)

Insert premium total from above or \$150.00 minimum premium. The higher amount applies.

_____ (D)
(\$150 min. premium)

Option 2: \$100,000 Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement

\$ 100.00 (D)

OPTIONAL COVERAGE: LIABILITY FOR INDEPENDENT CONTRACTORS

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

Premium is determined by applying the appropriate rate to the total number of independent contractors (non-employees) which you are seeking coverage for. Coverage for these instructors only applies while conducting activities on behalf of your studio/facility. You must choose the same limit option that was selected for your studio/facility on the prior page.

Name of Instructor	Type of Coverage Needed	
1.	<input type="checkbox"/> On-Site Only	<input type="checkbox"/> On-Site & Off-Site
2.	<input type="checkbox"/> On-Site Only	<input type="checkbox"/> On-Site & Off-Site
3.	<input type="checkbox"/> On-Site Only	<input type="checkbox"/> On-Site & Off-Site
4.	<input type="checkbox"/> On-Site Only	<input type="checkbox"/> On-Site & Off-Site

Please select one coverage option from chart below and then calculate the total premium due for this coverage

Rates (per instructor)	<input type="checkbox"/> Option 1	<input type="checkbox"/> Option 2	<input type="checkbox"/> Option 3	<input type="checkbox"/> Option 4	<input type="checkbox"/> Option 5
	\$1,000,000 CGL Limit	\$2,000,000 CGL Limit	\$3,000,000 CGL Limit	\$4,000,000 CGL Limit	\$5,000,000 CGL Limit
On-site coverage only	\$ 155.00	\$ 232.50	\$ 482.50	\$ 732.50	\$ 982.50
On-site & Off-site coverage	\$ 170.00	\$ 255.00	\$ 505.00	\$ 755.00	\$1,005.00

Option _____ \$ _____ Limit	\$ _____	X	_____	= \$ _____
	Rate		# of Instructors	Total Premium
	(E)			

TOTAL PREMIUM SUMMARY

Program Premium (Required Coverage)	(A)
Equipment and Contents Premium (Optional Coverage)	(B)
Medical Payments for Participants Premium (Optional Coverage)	(C)
Sexual Abuse/Sexual Molestation Premium (Optional Coverage)	(D)
Liability for Independent Contractors Premium (Optional Coverage)	(E)
Premium Due - Subtotal (add lines A-E above)	(F)

Costs are 20% fully earned and non-refundable/non-transferrable once coverage begins*

100% of cost is due in order to bind coverage.

Liability for Independent Contractors and Sexual Abuse/Molestation coverage is 100% fully earned at inception. Coverage is contingent upon receipt of payment. No coverage will be deemed in effect until the accurate payment and a fully completed enrollment form is received by the company or their representative.

Cancellations/changes can only be made by the named insured.

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: _____

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.

COVERAGE EXCLUSIONS

The following exclusions are contained in the commercial general liability coverage provided by this program. Abuse, molestation, harassment or sexual conduct; Acupuncture; 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); Any adult-themed parties/meetings/trips, including, but not limited to parties/meetings/trips during which demonstration of products and/or services used in the adult entertainment industry takes place; Asbestos; Athletic competitions held/sponsored by the insured or in which the insured's members participate; Boxing (contact/sparring); Commercial general liability standard exclusions (CG0001 04/13 edition); Cryogenic Chambers/Therapy; Cycling (other than stationary); Employment-related practices; Events, competitions, tournaments, camps/clinics conducted or sponsored by, or on behalf of the insured, unless reported and approved by us; Fireworks; Fitness/Exercise operations related, in whole or in part, to performance as an exotic dancer or any similar occupation in the adult entertainment industry; Fungi or bacteria; Haunted attractions; Instruction/activity held on or in open water (e.g. lakes, ponds, oceans); Lead; Massage therapy; Nuclear energy liability; Performers; Rodeos; Saddle animals; Sale or distribution of medicinal, herbal and/or nutritional products; Snowmobile; Training programs for law enforcement, public safety and military personnel; Transportation of participants/members; Wrestling; Violation of statutes that govern e-mails, faxes, phone-calls or other methods of sending material or information; Those operations listed as ineligible: Unattended/unstaffed 24 hour key card/key pad/key code access operations, unattended/unstaffed operations, Childcare services/facilities, Climbing walls, CrossFit Affiliate Owners, Dance, gymnastics, cheer & martial arts schools/studios, Facilities outside the U.S., Ice skating, roller skating or skating treadmills, Medical, therapy or health care services, Open access to members to utilize facility on a self directed basis outside of a structured program, Physical therapy, Physicals or stress testing, Salon services or indoor tanning, Saunas or steam rooms, Sports medicine, Sports rehabilitation services/therapy, Sports skills instruction facilities, academies, schools or programs, Swimming pools, hot tubs, whirlpools, Jacuzzis or cold plunge.

Electronic Disclosure and Consent
PLEASE READ, COMPLETE #9 BELOW, AND SIGN ON PAGE 12

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: _____

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 and should my figures exceed my estimates during the coverage term I will make arrangements to pay the additional premium. 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. The information I provided on this enrollment form becomes a part of the insurance contract.

I understand that this enrollment provides the option for me to select General Liability, Medical Payments for Participants, Equipment and Sexual Abuse & Molestation. However, we offer other types of insurance policies that are not available on this enrollment such as Hosted Event Coverage, 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.

I understand that this coverage is fully earned once coverage begins. Coverage is contingent up receipt of payment. No coverage will be deemed in effect until the accurate payment is received by the company or their representative and no portion of the premium can or will be refunded at that point and coverage cannot and will not be cancelled.

Applicant Signature: _____ Date: _____

Printed Name: _____ Title: _____

Named Insured (from pg. 5): _____

FINAL COST COMPUTATION

Total Premium (line F or G from page 9)	\$
Risk Purchasing Group Administration Fee (REQUIRED)	\$ 15.00
TOTAL COST DUE NOW (Total Premium + Administration Fee)	\$

PAYMENT INFORMATION

Check: Please make check payable to Sadler & Company Inc. Enclosed is check # _____ for \$ _____

Credit card: Please enter information below.

VISA

MASTERCARD

DISCOVER

AMERICAN EXPRESS

Card Number: _____

CSC # (card security) code: _____ Expiration Date: _____

I authorize Sadler & Company, Inc.. to charge my payment to my credit card in the amount of \$ _____.

Print Name (as on card): _____


Cardholder Signature: _____

Cardholder Phone Number: () _____

TO APPLY FOR COVERAGE

Complete pages 5-11 & 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: sport3@sadlersports.com	

Sadler & Company, Inc. is an independent insurance agency organized under the laws of the State of South Carolina, U.S.A. Its principal owner, John M. Sadler, is licensed to transact insurance business in all states and the District of Columbia. Sadler & Company, Inc.'s principal place of business is 3014 Devine St., Columbia, SC 29205

DBA/AKA Sadler Insurance Agency in CA License #0B57651, Sadler & Company of SC, Inc. - Arkansas (Lic. #254179), Sadler Agency - New York (PC-532473, LA-532473 and BR-532473), Sadler and Company - Vermont (License #577), DBA S&C Agency, Inc in KY (Lic. #624039) Sadler and Company, Inc. in MN (Lic. #20499566), S&C Agency, Inc. (Sadler & Company, Inc.) in OH (Lic. #33890), Sadler & Co, Inc in TX (Lic. #19495) Sadler & Company Insurance Agency, Inc. in UT (Lic. #105192)