



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

Fitness Instructor

Insurance Program and Enrollment Form

This brochure is valid for effective dates
 from 01/01/2019 through 12/31/2019

Apply Online for INSTANT Proof of Coverage
www.sadlersports.com/personaltrainerinsurance

PROGRAM DESCRIPTION

This insurance program has been specifically designed to meet the unique needs of a U.S.-based instructors age 18 or older personal training, exercise, aerobic or yoga/pilates instructor directly supervising an individual or group engaged in fitness and exercise activities.

ELIGIBLE OPERATIONS

A U.S.-based instructor age 18 or older conducting private or group instruction for any of the following is eligible to enroll in this program:

Acro dance	Dance	Qigong
Acrobatic/partner yoga	Exercise	Spinning
Aerial/anti-gravity/suspended yoga (certified instructors only)	Fitness Bootcamp	Strength
Aerobics	GYROTONIC®	Tai Chi
Aquatic Exercise	Hoop Fitness	Yoga
Cardio Kickboxing	Personal Training	ZUMBA®
Children's Fitness Programs	Pilates	
	Tumbling (floor only, no gymnastic apparatus)	

COVERAGES:	OPTION 1 Limits:	OPTION 2 Limits:	OPTION 3 Limits:	OPTION 4 Limits:	OPTION 5 Limits:	OPTION 6 Limits:
Commercial General Liability						
Each Occurrence	\$ 500,000	\$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	\$5,000,000
Products-Completed Operations Aggregate	\$ 500,000	\$1,000,000	\$2,000,000	\$3,000,000	\$4,000,000	\$5,000,000
Personal and Advertising Injury	\$ 500,000	\$1,000,000	\$2,000,000	\$3,000,000	\$4,000,000	\$5,000,000
Legal Liability to Participants	\$ 500,000	\$1,000,000	\$2,000,000	\$3,000,000	\$4,000,000	\$5,000,000
Professional Liability	\$ 500,000	\$1,000,000	\$2,000,000	\$3,000,000	\$4,000,000	\$5,000,000
Damage to Premises Rented to You (Fire Legal Liability)	\$ 500,000	\$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	\$ 5,000
Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement	\$ 100,000	\$ 100,000	\$ 100,000	\$ 100,000	\$ 100,000	\$ 100,000
PREMIUMS:						
Certified Instructor – 1 year	\$ 160.00	\$ 179.00	\$ 269.00	\$ 519.00	\$ 769.00	\$1,019.00
Certified Instructor – 2 years	\$ 288.00	\$ 323.00	\$ 484.50	NOT AVAILABLE		
Non-Certified Instructor – 1 year	\$ 184.00	\$ 230.00	\$ 345.00	\$ 595.00	\$ 845.00	\$1,095.00
Non-Certified Instructor – 2 year	\$ 331.00	\$ 414.00	\$ 621.00	NOT AVAILABLE		

COSTS ARE 100% 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.

LIABILITY COVERAGES AND LIMITS continued

Coverage provided under this program includes:

Commercial General Liability with Broadening Endorsement coverage protects the insured against liability claims for bodily injury and property damage arising out of the premises, operations, products and completed operations and personal and advertising injury.

Legal liability to participants 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.

Abuse, Molestation, Harassment, or Sexual Conduct Defense Cost Reimbursement Although claims arising out of abuse, molestation, harassment or sexual conduct are excluded under this policy, this coverage (subject to the specific terms of this endorsement) reimburses you for up to \$100,000 for defense costs resulting from abuse or molestation claims.

INELIGIBLE OPERATIONS

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

Certified Athletic Trainers	Instructors under the Age of 18
Coaching of Organized Competitive Athletic Teams	Instruction of Sports Skills Activities
Instructor's Employment as an Exempt or Non-Exempt Employee of a School, University or College	

*This program does not provide coverage for the operation, ownership, or maintenance of a fitness, sports or dance facility.
For information regarding coverage for a facility, please call us.*

EXCLUSIONS

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

Amusement devices (ex: rides, slides, inflatables, bungees, climbing walls, dunk tanks)	
Abuse, molestation, harassment or sexual conduct	Physicals/stress testing
Violation of statutes that govern e-mails, faxes, phone calls or other methods of sending materials or information.	Physical therapy, massage or salon services
Employment related practices	Operations listed as ineligible
Medical, therapy or health care services	Cycling (other than stationary)
Operation, ownership or management of a fitness, dance or sports facility	Sale or distribution of herbal, medicinal and/or nutritional products
Instruction/activity being held on or in open water (e.g.: lakes, ponds, ocean)	Training programs for law enforcement, public safety and military personnel
	Cryogenic chambers/therapy

CARRIER INFORMATION

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

FREQUENTLY ASKED QUESTIONS

- 1. Can I apply for coverage over the phone?** No. You may apply for coverage online or by completing the paper enrollment form and submitting it to Sadler & Company via email, fax or mail.
- 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 facility that I instruct at 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 now are 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 or issue the certificate instantly as you apply online.
- 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.

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 us.

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 named insured and will not be sent to an agent.



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

Fitness Instructor Insurance

Enrollment Form

Valid for effective dates from
 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 (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. The submission of this enrollment form and/or the 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

INSTRUCTORS NAME: (First & Last Name)		
DOING BUSINESS AS: (additional name(s) under which the named insured operates)		
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
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 3 of the application for Electronic Disclosure and Consent.)

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: ____/____/____

BUSINESS INFORMATION

Type of Instructor (check all that apply):		
<input type="checkbox"/> Acro dance	<input type="checkbox"/> Dance	<input type="checkbox"/> Qigong
<input type="checkbox"/> Aerial/anti-gravity/suspended yoga (certified instructors only)	<input type="checkbox"/> Exercise	<input type="checkbox"/> Spinning®
<input type="checkbox"/> Aerobics	<input type="checkbox"/> Fitness Bootcamp	<input type="checkbox"/> Strength
<input type="checkbox"/> Aquatic Exercise	<input type="checkbox"/> GYROTONIC®	<input type="checkbox"/> Tai Chi
<input type="checkbox"/> Acrobatic/partner yoga	<input type="checkbox"/> Hoop Fitness	<input type="checkbox"/> Tumbling (floor only, no gymnastics apparatus)
<input type="checkbox"/> Cardio Kickboxing	<input type="checkbox"/> Personal Training	<input type="checkbox"/> Yoga
<input type="checkbox"/> Children's Fitness Programs	<input type="checkbox"/> Pilates	<input type="checkbox"/> Other (subject to approval): _____
Are you age 18 or older?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own or operate your own fitness or dance studio? (If yes, this program only provides coverage for your operations as an instructor. It does not extend to your employees or anyone performing instruction or training on your behalf, nor does it apply to the operation of a studio/facility.)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own a business in which other instructors (employees or sub-contractors) are sent by, or work under, the name of your company? (Please email instructor@sadlersports.com or call 800-622-7370 & request the Health & Wellness Division in order to make sure the coverage you are purchasing is correct)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you provide instruction of sports skills? (For example, teach someone how to play a specific sport such as basketball or baseball.) (Sports skills instructors should apply for coverage through Sadler & Company's Sports Instructor Insurance Program.)		<input type="checkbox"/> Yes <input type="checkbox"/> No
How did you hear about Sadler & Company Inc?		
<input type="checkbox"/> Already doing business with us <input type="checkbox"/> Facebook <input type="checkbox"/> Friend <input type="checkbox"/> Google <input type="checkbox"/> Yahoo <input type="checkbox"/> Other: _____		
If renewing, which type of communication that you received best prompted you to renew your coverage?		
<input type="checkbox"/> Letter <input type="checkbox"/> Email <input type="checkbox"/> Postcard <input type="checkbox"/> Other: _____		

COVERAGE SELECTION
PLEASE CHECK THE APPROPRIATE PROGRAM AND OPTION:

I am a Certified instructor (certification information must be provided)

Certification Organization: _____

Certification number and expiration date: _____

PREMIUM CERTIFIED	OPTIONS	LIMITS OF LIABILITY	1 – YEAR PREMIUM	2 – YEARS PREMIUM
	Option 1	\$ 500,000	<input type="checkbox"/> \$ 160.00	<input type="checkbox"/> \$ 288.00
	Option 2	\$1,000,000	<input type="checkbox"/> \$ 179.00	<input type="checkbox"/> \$ 323.00
	Option 3	\$2,000,000	<input type="checkbox"/> \$ 269.00	<input type="checkbox"/> \$ 484.50
	Option 4	\$3,000,000	<input type="checkbox"/> \$ 519.00	Not Available
	Option 5	\$4,000,000	<input type="checkbox"/> \$ 769.00	Not Available
	Option 6	\$5,000,000	<input type="checkbox"/> \$1,019.00	Not Available

I am a Non-certified instructor

PREMIUM NON-CERTIFIED	OPTIONS	LIMITS OF LIABILITY	1 – YEAR PREMIUM	2 – YEARS PREMIUM
	Option 1	\$ 500,000	<input type="checkbox"/> \$ 184.00	<input type="checkbox"/> \$ 331.00
	Option 2	\$1,000,000	<input type="checkbox"/> \$ 230.00	<input type="checkbox"/> \$ 414.00
	Option 3	\$2,000,000	<input type="checkbox"/> \$ 345.00	<input type="checkbox"/> \$ 621.00
	Option 4	\$3,000,000	<input type="checkbox"/> \$ 595.00	Not Available
	Option 5	\$4,000,000	<input type="checkbox"/> \$ 845.00	Not Available
	Option 6	\$5,000,000	<input type="checkbox"/> \$1,095.00	Not Available

- Complete the Total Cost Summary section on the following page to determine total amount due
- **COSTS ARE 100% NON-REFUNDABLE/NON-TRANSFERRABLE ONCE COVERAGE BEGINS**
- Coverage is contingent upon receipt of payment and fully completed enrollment form.
- No coverage will be deemed in effect until the accurate payment is received by the company or their representatives.
- 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? <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 additional certificates of insurance are needed, please attach additional piece of paper with requested information.

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; 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); Asbestos; Commercial general liability standard exclusions (CG0001 04/13 edition); Employment-related practices; Cryogenic chambers/Therapy; Cycling (other than stationary); Fitness/exercise operations related in whole or in part, to performance as an exotic dancer or any similar occupation in the adult industry; 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. Fireworks; Fungi or bacteria; Haunted attractions; Instruction/activity being held on or in open water (e.g.: lakes, ponds, ocean); Lead; Medical, therapy or health care services; Nuclear energy liability; Operation, ownership or management of a fitness, dance or sports facility; Performers; Physicals/stress testing; Physical therapy, massage or salon services; Rodeos; Saddle animals; Sale or distribution of medicinal, herbal and/or nutritional products; Snowmobile; Training programs for law enforcement, public safety and military personnel; Violation of statutes that govern e-mails, faxes, phone calls or other methods of sending material or information. Those operations listed as ineligible: Certified athletic trainers, Coaching of organized competitive athletic teams, Instructors under the age of 18, Instruction of sports skills activities, Instructors employment as an exempt or non-exempt employee of a school, university or college.

Electronic Disclosure and Consent
PLEASE READ, COMPLETE #9 BELOW, AND SIGN ON PAGE 4

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: _____

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.

NOTE: Any requests to amend or change coverage or the information reported on the enrollment form must be submitted in writing to Sadler & Company, Inc.

TOTAL COST SUMMARY

Program Premium (option selected on page 2 of 3)	\$
Risk Purchasing Group Administration Fee (required)	\$ 15.00
TOTAL COST DUE NOW	\$

PLEASE 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 afterwards. 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 operation for which coverage is not provided.

I understand that this enrollment provides the option for me to select General Liability. However, Sadler offers other types of insurance policies that are not available on this online enrollment such as Medical Expense, Workers' Compensation, Excess Liability, Property (building and contents), Equipment, 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.

Applicant Signature: _____ Date: _____

Printed Name: _____ Title: _____

HOW TO OBTAIN COVERAGE


1. For instant proof of coverage - APPLY ONLINE at <http://www.sadlersports.com/personaltrainerinsurance>
2. If you do not apply online, remit the completed and signed enrollment form, corresponding premium payment, and a copy of your current certification, if any, to:
Sadler & Company, Inc. Phone: 1-803-254-6311 or 1-800-622-7370
PO Box 5866 Fax: 1-803-256-4017
Columbia, SC 29250-5866 Email: instructor@sadlersports.com
3. 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.
4. 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.**
5. If your enrollment is accepted, Sadler & Company, Inc will issue your coverage documents and a verification of coverage **email** will be sent to the email address provided on the application.
6. 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.
7. Coverage is provided on a one-year or two-year basis depending upon which option you purchase.
8. Please allow 6 business days for processing – we CANNOT rush your proof of coverage. If you need faster processing, apply online and you will have your coverage documents instantly.

HOW TO SEND A CHECK VIA FAX

1. Make the check payable to Sadler & Company Inc.
2. Make check out for the correct dollar amount, "TOTAL COST DUE NOW" shown on page 4 of 4 of the application.
3. Sign and date the check.
4. Make a photocopy of the completed check.
5. On the photocopied page, please write in the following information:
 - Transit Number – these are the small numbers with the “-“ and/or “/” in it; usually found somewhere near the check number and place for the date in the upper right hand corner
 - Name and address of your bank as it appears on your check – please do not look up the address in the phone book, we only need the information exactly as it appears on your check
6. Fax the photocopied page of your check with your completed application to 803-256-4017 or scan/email it to instructor@sadlersports.com.

IMPORTANT NOTES:

- Do NOT void the check.
- Keep the original check in case we need you to forward it to us at a later time.
- This check may be processed as an EFT / ACH {electronic funds transfer}, which may cause your check to clear immediately.
- Do NOT fax cash, money orders, starter checks, cashier checks, counter checks, purchase orders, warrants or checks that require two signatures. These items must be mailed with the application to our office for processing.
- Due to the high volume of faxes and emails we receive on a daily basis, we do not send confirmations acknowledging receipt of transmissions.

Sadler & Company Inc. PO Box 5866 Columbia SC 29250 Agent: John Sadler (P) 800-622-7370 (F) 803-256-4017 Email: instructor@sadlersports.com	
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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 & Company Insurance Agency, Inc. in UT (Lic. #105192), Sadler and Company Inc. in TX (License #19495).