



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

Martial Arts/Self Defense Instructor

Insurance Program and Enrollment Form

This brochure is valid for effective dates from
January 1, 2019 through December 31, 2019

If you wish to pay using a credit card, coverage may be purchased instantly online at www.sadlersports.com/martialartsinstructor.

PROGRAM DESCRIPTION

This program has been designed for U.S.-based martial arts and/or self-defense instructors who work on an independent contractor basis training individuals in martial arts and/or self-defense. This could include self-defense instructors, law enforcement/security defense tactic instructors or martial arts instructors. Coverage provided under this program includes commercial general liability protection for the instructor for liability claims arising out of their operations while training.

ELIGIBLE OPERATIONS

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

Self Defense Instruction		Law Enforcement / Security Defense Tactic Instruction			
<u>Martial Arts instruction of:</u>					
Aikido	Escrima	Judo	Jiu-jitsu	Kung fu	Sayoc kali
Brazilian jiu jitsu	Goju-ryu	Kali		Mixed martial arts or	Taekwondo
Capoeria	Haganah	Karate		ultimate fighting	Tai chi
Chi kun	Hapkido	Kenjitsu		Muay thai	Tang soo do
Dim mak	Jeet kune do	Krav maga		Savate	Thai boxing

LIABILITY COVERAGES AND LIMITS

COVERAGES:	OPTION 1 Limits:	OPTION 2 Limits:	OPTION 3 Limits:	OPTION 4 Limits:	OPTION 5 Limits:
Commercial General Liability					
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
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
SINGLE EVENT COVERAGE (Not required if purchasing annual coverage)					
Training Session Only – per instructor (training session must be 3 days or less)	\$ 109.00	\$ 164.00	\$ 414.00	\$ 664.00	\$ 914.00
ANNUAL COVERAGE					
Traditional Martial Arts Instructor (per instructor)	\$ 345.00	\$ 518.00	\$ 768.00	\$1,018.00	\$1,268.00
Self Defense/Law Enforcement Security Instructor (per instructor)	\$ 546.00	\$ 819.00	\$1,069.00	\$1,319.00	\$1,569.00

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.

CARRIER

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

LIABILITY COVERAGES AND LIMITS

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 covered 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 covered activities or operations) that occur as a result of your instruction.

This program does not provide coverage for the operation, ownership or maintenance of a martial arts and/or self-defense facility.

For information regarding coverage for a facility, please call Sadler & Company Inc at 1-800-622-7370

INELIGIBLE OPERATIONS

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

Boxing (contact/sparring)	Firearms Training	Tournaments or competitions
Certified athletic trainers	Instructors under the age of 18	Your employment as an exempt or non-exempt employee of a school, college, or university
Coaching of organized competitive athletic teams	Military/paramilitary combat training	

EXCLUSIONS

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

Abuse, Molestation, Harassment or Sexual Conduct	Animals	Medical, Therapy or Health Care Services	Physical Therapy, Massage or Salon Services
	Fireworks	Physicals/Stress Testing	
All Operations listed as Ineligible	Employment Related Practices	Operation, Ownership or Management of any Facility	Sale or Distribution of Herbal, Medicinal and/or Nutritional Products
Amusement Devices (ex: dunk tanks, rides, slides, inflatables, bungees, climbing walls)	Use of projectile weapons including, but not limited to, firearms and tasers, and defense sprays.		Use of Sharpened/Bladed Weapons
	Violation of statutes that govern e-mails, faxes, phone-calls or other methods of sending material or information.		Cryogenics chambers/therapy
Instruction/Activity being held on or in open water (e.g. lakes, ponds, ocean)			Cycling (Other than stationary)

FREQUENTLY ASKED QUESTIONS

- How soon does coverage start? When will we receive proof of coverage?** Coverage can be bound the date after we receive a completed enrollment form and the appropriate premium. Please allow adequate time for us to process your enrollment form and issue certificates.
- If I need to request a certificate of insurance for a training location that I am using, how do I do this?** A written request is required from you, the individual instructor. Please contact Sadler at 1-800-622-7370 for a form.
- What is a Risk Purchasing Group (RPG)?** 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.

HOW TO OBTAIN COVERAGE

- Apply Instantly Online, <http://www.sadlersports.com/martialartsinstructor>.
- If you wish to purchase coverage via mail or fax, Complete and sign the three-page enrollment form provided with this brochure
- Return the completed and signed enrollment form and corresponding premium payment to Sadler & Company
 - Via fax: 1-803-256-4017; Via email: instructor@sadlersports.com; or Via mail: Sadler & Company Inc, PO Box 5866, Columbia, SC 29250-5866
- If your enrollment is accepted, Sadler & Company, Inc. will email your coverage documents to you.
- 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
- Please allow 6 business days for processing
- 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

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.

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.



SPORTS & RECREATION INSURANCE

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

Martial Arts/Self Defense Instructor
Insurance Enrollment Form

This enrollment form is valid for effective dates
From January 1, 2019 through December 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.

Instructor's Name: (as it should appear on the policy):
(First & Last Name)

Business Name/Doing Business As (DBA):

Mailing Address:

City:

State:

Zip:

Phone:

Cell:

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 (Check One):

- Start my coverage the day after my enrollment form and payment are received
Start my coverage on this date: ___/___/___

NOTE: Coverage will not be made effective until the day after the enrollment form & payment are received by Sadler & Company. If renewing, which type of communication that you received best prompted you to renew your coverage?

- Letter Email Postcard Other: _____

BUSINESS INFORMATION

Are you age 18 or older?
Do you use weapons as part of your instruction?
If Yes:
a. Are they sharpened/bladed?
b. Are the weapons replicas
c. Do they contain ammunition?
d. Do you use tasers or defense spray?
Do you teach any type of self-defense classes?
Do you own or operate your own facility and/or have employees/volunteers?
Type(s) of martial arts style(s) you teach

HOW DID YOU HEAR ABOUT SADLER & COMPANY?

- Google Referral from a Friend Yahoo
Already doing business with Sadler Other: _____

Please select one option (annual or single event) based upon the desired coverage period, type of instructor and limit needed.

Table with 4 columns: Type of Instructor, Options, Limits of Liability (CGL), Annual Premium. Rows include Martial Arts Instructor and Self Defense/Law Enforcement/Security Instructor.

Single Event Coverage Options: 1-3 day training session (days do not need to be consecutive)

Should you have more than "1" single event, please provide event information, as requested below, for each event on a separate piece of paper and attach with this enrollment form. Separate policies will be issued for each event.

Type of Instructor: **Martial Arts Instructor** **Self Defense/ Law Enforcement/ Security Instructor**

Name of event/activity: _____

Type of event/activity: _____

Date(s) of event/activity: _____

Location of event/activity: _____

Rates	Option 1 \$1,000,000	Option 2 \$2,000,000	Option 3 \$3,000,000	Option 4 \$4,000,000	Option 5 \$5,000,000
Training Session Only – per instructor (training session must be 3 days or less)	<input type="checkbox"/> \$109.00	<input type="checkbox"/> \$164.00	<input type="checkbox"/> \$414.00	<input type="checkbox"/> \$664.00	<input type="checkbox"/> \$914.00

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.

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? 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; 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); Cryogenic Chambers/Therapy; Cycling (other than stationary); Employment-related practices; 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 any facility; Performers (injury or death to any performer or entertainer during any activity, event or exhibition including but not limited to any stunt, concert, show or theatrical event. This exclusion does not apply to participants in any activity, event or exhibition that are part of the designated operations for which you are enrolled); Physicals/stress testing; Physical therapy, massage or salon services; Rodeos; Saddle animals; Sale or distribution of herbal, medicinal and/or nutritional products; Snowmobile; Use of sharpened/bladed weapons; Use of projectile weapons including, but not limited to, firearms and tasers, and defense sprays; Violation of statutes that govern e-mails, faxes, phone-calls or other methods of sending material or information; Those operations listed as ineligible: Boxing (contact/sparring); Certified athletic trainers; Coaching of organized competitive athletic teams; Firearms training; Instructors under the age of 18; Military/Paramilitary combat training; Tournaments or competitions; Your operations related, in whole or in part, to your employment as an exempt or non-exempt employee of a public or private school, college or university.

TOTAL COST SUMMARY

Program Premium (option selected on page 1 or page 2)	\$
Risk Purchasing Group Administration Fee (required)	\$ 15.00
TOTAL COST DUE NOW	\$

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 29205DBA/ 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)

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.

READ & 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 enrollment such as Medical Expense, Workers' Compensation, Excess Liability, Property (building and contents), Equipment, Event Cancellation, Cyber Risk, Business Auto, Professional Liability, etc. If you are 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: _____

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. A fee may be separately charged, subject to state insurance regulations. In addition, proof of coverage will be sent direct to the named insured and will not be sent to the agent.