

For Faster Service – Apply Online - [www.sadlersports.com/specialeventinsurance](http://www.sadlersports.com/specialeventinsurance)

**PROGRAM DESCRIPTION**

This insurance program has been specifically designed for organizers of short term special events that meet the following criteria:

- Total attendance is 12,000 or less (contact us if your event is more than 12,000 in total attendance)
- Maximum number of consecutive event days is 10 (not including set-up or tear down)
- Event is held at a single location
- Event must take place in the United States

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

**LIST OF ELIGIBLE EVENTS**

The following event operations are eligible for this program. Please note, this is not a complete listing.

If you do not see your event operation listed, please contact us for eligibility.

- |  |  |  |
|--|--|--|
| <ul style="list-style-type: none"> <li>• After prom parties (school-sponsored event only)</li> <li>• Auctions</li> <li>• Award Presentations</li> <li>• Ball/dances</li> <li>• Bazaars</li> <li>• Book signings</li> <li>• Car/motorcycle/RV/boat shows- static display only</li> <li>• Celebrations (holiday, New Year's)</li> <li>• Chess Events</li> <li>• Concerts- other than rap, hip hop, heavy metal/screamo, or electronic/techno music (call for approval)</li> <li>• Dinners, luncheons or showers</li> <li>• Farmers' markets</li> <li>• Flea markets or swap meets</li> <li>• Lectures/Seminars</li> <li>• Workshops</li> <li>• Pageants</li> <li>• Proms</li> <li>• Reunions</li> <li>• School carnivals (no rides/inflatables)</li> <li>• Shows (animals-arena setting only, antique, art, baby, business, collector, consumer, craft, fashion, flower, garden, home, stage, wedding )</li> </ul> | <ul style="list-style-type: none"> <li>• Banquets</li> <li>• Benefits</li> <li>• Bingo games (for charity/fundraising only)</li> <li>• Car washes (for charity/fundraising only)</li> <li>• Chamber of Commerce business events/mixers</li> <li>• Christmas caroling (single location)</li> <li>• Conventions</li> <li>• Direct selling consultant parties</li> <li>• Festivals</li> <li>• Food cooking contests</li> <li>• Meetings</li> <li>• Parties</li> <li>• Poet or poetry readings</li> <li>• Quinceañeras</li> <li>• Sales (bake, charity, consignment, estate, garage)</li> <li>• Social gatherings or receptions</li> <li>• Speaking engagements</li> <li>• Tailgating (subject to underwriting approval.)</li> <li>• Talent searches/shows-children only</li> <li>• Theatrical performances or musicals</li> </ul> | <ul style="list-style-type: none"> <li>• Bar Mitzvah or Bat Mitzvah</li> <li>• Billiard Events/Tournaments</li> <li>• Card games/events (for charity/fundraising only)</li> <li>• Casino events (for charity/fundraising only)</li> <li>• Charity Events</li> <li>• Christmas lighting ceremony</li> <li>• Debuts or debutante balls</li> <li>• Easter egg hunts</li> <li>• Film screening or showings</li> <li>• Graduation ceremonies</li> <li>• Job Fairs</li> <li>• Memorial services</li> <li>• Picnics (no in or on water activities)</li> <li>• Recitals (dance, music)</li> <li>• Religious Events</li> <li>• School band or drill team competitions</li> <li>• Showers (baby, bridal, wedding)</li> <li>• Telethons</li> <li>• Walking Tours (garden, holiday, parade of homes, historical sites)-single location</li> <li>• Wedding activities (rehearsal, ceremony or reception)</li> </ul> |
|--|--|--|

**INELIGIBLE EVENTS**

Certain event types are not eligible for coverage by this program. We reserve the right to decline any request for coverage.

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

- |   |   |   |
|---|---|---|
| <ul style="list-style-type: none"> <li>• Activist rallies/marches/protests</li> <li>• Cinematography or photography events for commercial use</li> <li>• Any events held on airport premises</li> <li>• Food eating contests</li> <li>• Haunted attractions/events</li> <li>• Any events involving in or on water activities</li> <li>• Any events providing overnight accommodations</li> <li>• Pumpkin chuckin events</li> <li>• Rodeos</li> <li>• Séances</li> <li>• Tractor Pulls</li> <li>• Dance competition</li> </ul> | <ul style="list-style-type: none"> <li>• Animal obedience training</li> <li>• Bonfires</li> <li>• Circuses</li> <li>• Any events and/or concerts-involving rap, hip-hop, heavy metal/screamo or electronic/techno music</li> <li>• Fraternity or sorority events (except alumni association off-site events that have been approved by us.)</li> <li>• Geocaching events</li> <li>• Health fairs/expositions</li> <li>• Mazes (corn, hay, or fence)</li> <li>• Parades (or any event involving a parade)</li> <li>• Union Meetings</li> <li>• Battle reenactments</li> <li>• Cannabis related events</li> </ul> | <ul style="list-style-type: none"> <li>• Any events involving organized athletic events and competitions</li> <li>• Air shows/events</li> <li>• Color party, foam party or raves</li> <li>• Any events honoring national and/or local celebrities or professional athletes</li> <li>• Gun and/or knife shows</li> <li>• Political Events (except private fundraising auctions, benefits, dances, dinners)</li> <li>• Tailgating Events (unless reported to and approved by us.)</li> <li>• Walks/running events</li> <li>• Christmas tree sales/lots</li> <li>• Balloon festival</li> </ul> |
|---|---|---|

## NOTABLE EXCLUSIONS

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

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Abuse, Molestation, Harassment or Sexual Conduct</li> <li>• All operations listed as ineligible</li> <li>• Amusement Devices (e.g.: rides, slides, inflatables, bungees, climbing walls, dunk tanks - does not apply to structures that are not designed to bounce on, slide on, ride on or tunnel through)</li> <li>• Animals (injury or death to any animal or injury, death or property damage caused by your animal)</li> <li>• Violation of statutes that govern emails, faxes, phone calls or other methods of sending materials or information</li> </ul> | <ul style="list-style-type: none"> <li>• Events held at multiple locations (except for weddings)</li> <li>• Events with over 12,000 in attendance</li> <li>• Fireworks</li> <li>• Operations of concessionaires, exhibitors and/or vendors at your event*</li> <li>• Petting Zoos</li> <li>• E-commerce consulting</li> <li>• Employment-related practices</li> <li>• Saddle Animals</li> <li>• Room and board liability/overnight camping</li> </ul> |
|---|---|

\***Coverage note:** Liability coverage for concessionaires, exhibitors and/or vendors is available through the Concessionaires/Exhibitors and Vendors Program. Please call 1-800-622-7370 for more information, or visit our website at [www.sadlersports.com](http://www.sadlersports.com).

## LIABILITY COVERAGES AND LIMITS

COMMERICAL GENERAL LIABILITY COVERAGE	OPTION 1	OPTION 2	OPTION 3	OPTION 4	OPTION 5
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 & Advertising Injury	\$1,000,000	\$2,000,000	\$3,000,000	\$4,000,000	\$5,000,000
Damage to Premises Rented to You (Fire Legal Liability)	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Medical Expense	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000
<b>Costs* - Invitation Only Event (single coverage day)</b>					
Attendance of 1 – 200 (private events only) <b>Without Host Liquor</b>	\$ 135	\$ 195	\$ 445	\$ 695	\$ 945
Attendance of 1 – 200 (private events only) <b>With Host Liquor</b>	\$ 185	\$ 270	\$ 520	\$ 770	\$ 1,020
Attendance of 201 – 500 (private events only) <b>Without Host Liquor</b>	\$ 225	\$ 330	\$ 580	\$ 830	\$ 1,080
Attendance of 201 – 500 (private events only) <b>With Host Liquor</b>	\$ 275	\$ 405	\$ 655	\$ 905	\$ 1,155
<b>Costs* - Open-to-the-Public/Ticketed Event (one or more coverage days)</b>					
Attendance of 1 – 1,500	\$ 410	\$ 608	\$ 858	\$ 1,108	\$ 1,358
Attendance of 1,501 – 3,000	\$ 625	\$ 930	\$ 1,180	\$ 1,430	\$ 1,680
Attendance of 3,001 – 6,000	\$ 1,235	\$ 1,845	\$ 2,150	\$ 2,400	\$ 2,650
Attendance of 6,001 – 12,000	\$ 2,120	\$ 3,173	\$ 3,699	\$ 4,015	\$ 4,265

\*Costs include premium and a \$15 risk purchasing group administration fee.

**Commercial General Liability with Broadening Endorsement**– coverage that protects the insured against liability claims for bodily injury and property damage arising out of their operations.

**Note: Host Liquor Liability-** (as provided by CG 00 01 04/13) is included but only if the insured is not in the business of manufacturing, distributing, selling, serving or furnishing alcoholic beverages

## OPTIONAL COVERAGES AVAILABLE

### LIQUOR LIABILITY

Liquor liability coverage pays those sums that the insured becomes legally obligated to pay as damages because of bodily injury or property damage imposed on the insured by reason of the selling, serving or furnishing of any alcoholic beverage.

Coverage conditions:

- (1) Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your business organization with the Short-Term Special Events 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 Short-Term Special Event Insurance Program.
- (3) Coverage is not available for Alabama, Iowa, Michigan or Vermont applicants.

ATTENDANCE	LOCATION OF EVENT	OPTION 1 - \$500,000 LIMIT	OPTION 2 - \$1,000,000 LIMIT
1 – 1,500	All states other than AL, IA, MI or VT	\$ 445	\$ 529
1,501 – 3,000		\$ 534	\$ 635
3,001 – 6,000		\$ 748	\$ 889
6,001 – 12,000		Referral to Company	Referral to Company

### MEDICAL EXPENSE

This option allows you to purchase additional limits above the \$5,000 of medical expense already included. Medical expense coverage includes payments for injuries sustained by the event attendees caused by an accident that takes place on the event premises. Injuries must be reported within one year of the accident. Premiums are based upon each \$5,000 increment up to an additional \$20,000.

Attendance	1-1,500	1,501-3,000	3,001-6,000	6,001-12,000
Premium per increment	\$ 75	\$ 150	\$ 300	\$ 600

## FREQUENTLY ASKED QUESTIONS


1. **Who would be listed as the “named insured”?** The named insured should be the organization or the individual who is the organizer of the event. This would be the legal name of the organization or if no legal entity exists, the name under which the organization operates (such as the name listed on marketing material or contracts).
2. **I have been asked by the facility that I am using for the event 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 that 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 additional insured under the certificate request section of the enrollment form. You must provide their complete name, address and relationship to you.
3. **Will we receive a policy after submitting the enrollment form?** You will receive a certificate of insurance as proof of coverage. Coverage is offered exclusively through the Sports, Leisure and Entertainment Risk Purchasing Group (RPG). The RPG receives a master policy from the company. Submission of this enrollment form confirms your desire to receive coverage through the RPG. Each member receives their own certificate of insurance as their evidence of coverage. The limits of insurance apply individually to each insured member organization – there are no shared limits of liability with any other members. A copy of the RPG master policy can be requested by writing to Sadler & Company, Inc., PO Box 5866, Columbia SC 29250-5866.
4. **Am I able to buy this coverage if I am having an event at my own location/home?** Yes, as long as you meet eligibility requirements you may purchase coverage under this program. Please note that the purchasing of this policy may not eliminate any claims being presented/paid under any other policies. This policy could share losses with other applicable policies.
5. **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.

## ADDITIONAL INFORMATION

- 1) **Event cancellations** must be reported to Sadler & Company in writing on or before the original event start date to be considered for a premium refund or credit.
- 2) Any exposure changes that deviate from the original enrollment form must be reported to Sadler & Company in writing on or before the event start date. Upon review of the exposure changes, we will determine if coverage can still be afforded or declined and the premium refunded.

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

**NOTE TO ALL AGENTS & BROKERS** – there are no commissions included in this program. Premiums are NET and may not be altered on the enrollment form. In addition, proof of coverage will be sent direct to the organization and will not be sent to an agent.

AGENT INFO	Sadler & Company Inc. PO Box 5866, Columbia SC 29250 Agent: John Sadler (P) 800-622-7370 (F) 803-256-4017 Email: events@sadlersports.com	
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Sadler & Company of SC, Inc.-AR (License #254179)      D/B/A Sadler Insurance Agency - CA (License # 0B57651  
John Sadler Insurance Services - MA                      Sadler Agency - NY (PC-532473 and LA-532473)  
Sadler Insurance Agency- OK / Sadler & Company, Inc. – TX (License #19495) / Sadler and Company-VT (License #577)



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

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

Email: events@sadlersports.com

# Short Term Special Events

## Enrollment Form

This brochure is valid for effective dates from  
**January 1, 2019 to December 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 the 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.

PLEASE PRINT OR TYPE IN BLACK INK ONLY

### GENERAL INFORMATION

**Full Legal Name of Business or Event** (NOTE: This is the name that will appear on your certificate of insurance. If your company is a Sole Proprietorship, then this will be your personal name or DBA.)

**Mailing Address:**

**City:**

**State:**

**Zip:**

**Contact Name:**

**Primary:** ( )

**Secondary:** ( )

**Fax:** ( )

**Email:**

**Website:**

(By listing an email address, you are giving us permission to contact you by email about your policy. Refer to page 5 of the application for Electronic Disclosure and Consent.)

**Form of Business:**  Sole Proprietorship  Partnership  Limited Liability Co  Corporation

Other – Please explain:

### BUSINESS INFORMATION – You Must Answer All Questions

1. Are overnight accommodations or camping facilities part of the event?  Yes  No

2. Will this event feature any of the following activities?  Yes  No

(if yes please circle activities you will have)

- Concessionaires, exhibitors or vendors
- Fireworks or pyrotechnics
- Petting zoos or animals
- Rides, Amusement devices or Inflatable Recreational Devices

**The exposures/activities listed above (if you answered yes to #1 or to #2) are not covered by this program and any resulting claims will be denied. If you wish to cover any of these activities, please contact us to determine if other coverage options are available. If any of these activities are provided by a third party, you should require evidence of liability coverage (certificate of insurance) from the entity/organization naming you as an additional insured.**

3. Is this event held at multiple locations?  Yes  No

4. Is the event held annually?  Yes  No

5. Is there a musical or entertainment performance at the event?  Yes  No

If yes, please indicate the type of performer(s): \_\_\_\_\_

If a musical performer/DJ, please provide the type of music provided/performed: \_\_\_\_\_

6. Alcoholic beverages:

- Will not be allowed or available at the event
- None provided by named insured and/or only attendees allowed to bring their own alcoholic beverages (BYOB).
- Will be sold at the event (i.e. individual drinks are offered for sale for cash or with pre-purchased tickets)  
If sold, who holds the liquor license or permit?  
 Insured  Caterer or Vendor  Facility  Sponsor
- Will be furnished without a charge at the event (i.e.: wine and beer are served for free; or event has \$100 admission fee and wine is served with dinner for free)  
If furnished, is the insured required to obtain a liquor license?  Yes  No
- Will be both sold and furnished at the event (i.e. providing wine and beer for free, but also having a cash bar)  
If sold and furnished, who holds the liquor license or permit?

Insured  Caterer or Vendor  Facility  Sponsor

**EVENT INFORMATION (all of the fields below must be completed):**

Name of Event: \_\_\_\_\_

Type of Event:

- Auction—Describe \_\_\_\_\_  Ball/Dance—Describe: \_\_\_\_\_  Concert—Describe: \_\_\_\_\_  
 Festival—Describe \_\_\_\_\_  Fundraiser—Describe: \_\_\_\_\_  Sale—Describe: \_\_\_\_\_  
 Show—Describe \_\_\_\_\_  Other—Describe: \_\_\_\_\_

List Activities at Event: \_\_\_\_\_

Total Attendance at Event (average daily attendance x the # of event days): \_\_\_\_\_

Date(s) of coverage (including set-up & tear-down): \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Event date(s): \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Hours of Event (including set-up & tear-down): \_\_\_\_ A.M./P.M. to \_\_\_\_ A.M./P.M.

Event Location:

Name of Venue: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Is your event:

- a.  Indoors or  Outdoors  
b.  Private Residence  Convention Center  Arena  Stadium  Hotel  Fairgrounds  
 Liquor-licensed establishment  Other \_\_\_\_\_

**EVENT INFORMATION:**

**(Please answer if your event has more than 3,000 in total attendance)**

1. Who provides security for the event?

- City  County  State  Employees  Private Agency  Private  No

Security

If security is provided:

Insured  Facility

a. Who contracts the security:

Yes  No

b. Are the security personnel for the event armed?

Yes  No

c. If a private security agency, do they provide you with a Certificate of Insurance naming you as an additional insured?

Yes  No

2. Do you have medical personnel onsite?

If no: Distance to the nearest hospital \_\_\_\_\_

Yes  No

Response time in minutes \_\_\_\_\_

3. Do you have a plan for your staff if it becomes necessary to evacuate the event site due to an emergency or adverse weather?

Yes  No

4. Are daily inspections/walk-throughs of the event premises conducted to address possible trip and fall or other hazardous exposures?

Yes  No

5. What is the name of your current insurance carrier(s) and the expiration date(s) of coverage?

Name(s) \_\_\_\_\_

Expiration date(s): \_\_\_\_\_

6. Is your current carrier non-renewing your coverage?

Yes  No

If yes, why? \_\_\_\_\_

7. Please list and describe any liability or medical claims that have been paid under your insurance coverage for the past three (3) years, including the amount paid. (If you have loss information, please provide a copy.)

**(A) - GENERAL LIABILITY PREMIUM (choose one):**

Premium is determined by the total attendance (daily attendance multiplied by the number of event days). Please select an option based upon your total attendance and location of the event.

NOTE: Costs include the premium and a \$15 risk purchasing group administration fee.

 **Invitation-Only Event (single day coverage)**

ATTENDANCE	Option 1 \$1,000,000 CGL	Option 2 \$2,000,000 CGL	Option 3 \$3,000,000 CGL	Option 4 \$4,000,000 CGL	Option 5 \$5,000,000 CGL
1 – 200 (No Liquor at event)	<input type="checkbox"/> \$ 135	<input type="checkbox"/> \$ 195	<input type="checkbox"/> \$ 445	<input type="checkbox"/> \$ 695	<input type="checkbox"/> \$ 945
1 – 200 (Liquor at event)	<input type="checkbox"/> \$ 185	<input type="checkbox"/> \$ 270	<input type="checkbox"/> \$ 520	<input type="checkbox"/> \$ 770	<input type="checkbox"/> \$ 1,020
201 – 500 (No Liquor at event)	<input type="checkbox"/> \$ 225	<input type="checkbox"/> \$ 330	<input type="checkbox"/> \$ 580	<input type="checkbox"/> \$ 830	<input type="checkbox"/> \$ 1,080
201 – 500 (Liquor at event)	<input type="checkbox"/> \$ 275	<input type="checkbox"/> \$ 405	<input type="checkbox"/> \$ 655	<input type="checkbox"/> \$ 905	<input type="checkbox"/> \$ 1,155

 **Open-to-the-Public Event and/or More Coverage Days**

ATTENDANCE	Option 1 \$1,000,000 CGL	Option 2 \$2,000,000 CGL	Option 3 \$3,000,000 CGL	Option 4 \$4,000,000 CGL	Option 5 \$5,000,000 CGL
1 – 1,500	<input type="checkbox"/> \$ 410	<input type="checkbox"/> \$ 608	<input type="checkbox"/> \$ 858	<input type="checkbox"/> \$1,108	<input type="checkbox"/> \$1,358
1,501 – 3,000	<input type="checkbox"/> \$ 625	<input type="checkbox"/> \$ 930	<input type="checkbox"/> \$1,180	<input type="checkbox"/> \$1,430	<input type="checkbox"/> \$1,680
3,001 – 6,000	<input type="checkbox"/> \$1,235	<input type="checkbox"/> \$1,845	<input type="checkbox"/> \$2,150	<input type="checkbox"/> \$2,400	<input type="checkbox"/> \$2,650
6,001 – 12,000	<input type="checkbox"/> \$2,120	<input type="checkbox"/> \$3,173	<input type="checkbox"/> \$3,699	<input type="checkbox"/> \$4,015	<input type="checkbox"/> \$4,265

**(B) - OPTIONAL LIQUOR LIABILITY PREMIUM (not available for AL, IA, MI or VT applicants)**
 Check here to skip this section if you do not want this coverage option

You must complete the Liquor Liability Questions on the following page if you purchase this coverage.

Please select option based upon total attendance of the event:

ATTENDANCE	LOCATION OF EVENT	OPTION 1 – \$500,000 LIMIT	OPTION 2 – \$1,000,000 LIMIT
1 – 1,500	All states other than AL, IA, MI or VT	<input type="checkbox"/> \$ 445.00	<input type="checkbox"/> \$ 529.00
1,501 – 3,000		<input type="checkbox"/> \$ 534.00	<input type="checkbox"/> \$ 635.00
3,001 – 6,000		<input type="checkbox"/> \$ 748.00	<input type="checkbox"/> \$ 889.00
6,001 – 12,000		Referral to Company	Referral to Company

**(C) – OPTIONAL ADDITIONAL LIMITS OF MEDICAL EXPENSE**
 Check here to skip this section if you do not want this coverage option

ATTENDANCE	ADDITIONAL \$5,000 LIMIT	ADDITIONAL \$10,000 LIMIT	ADDITIONAL \$15,000 LIMIT	ADDITIONAL \$20,000 LIMIT
1 – 1,500	<input type="checkbox"/> \$ 75.00	<input type="checkbox"/> \$ 150.00	<input type="checkbox"/> \$ 225.00	<input type="checkbox"/> \$ 300.00
1,501 – 3,000	<input type="checkbox"/> \$ 150.00	<input type="checkbox"/> \$ 300.00	<input type="checkbox"/> \$ 450.00	<input type="checkbox"/> \$ 600.00
3,001 – 6,000	<input type="checkbox"/> \$ 300.00	<input type="checkbox"/> \$ 600.00	<input type="checkbox"/> \$ 900.00	<input type="checkbox"/> \$1,200.00
6,001 – 12,000	<input type="checkbox"/> \$ 600.00	<input type="checkbox"/> \$1,200.00	<input type="checkbox"/> \$1,800.00	<input type="checkbox"/> \$2,400.00

**LIQUOR LIABILITY – UNDERWRITING QUESTIONS  
REQUIRED IF LIQUOR LIABILITY COVERAGE IS DESIRED  
(not available for AL IA, MI, or VT applicants)**

1. Is the named insured required to obtain a liquor license or permit?  Yes  No  
 If yes: Please provide the name of the liquor license/permit holder: \_\_\_\_\_  
 Please provide the relationship to the named insured: \_\_\_\_\_  
 Please provide the liquor license/permit number: \_\_\_\_\_
2. Are alcoholic beverages (please select one):  
 Sold? Provide the dollar value of alcoholic beverage sales \_\_\_\_\_ and food sales \_\_\_\_\_ at the event  
 Included as part of the admission charge?  
 Served or furnished without a charge?
3. What types of alcoholic beverages are being sold/served? Please describe: \_\_\_\_\_
4. Have you ever been fined or had a liquor license/permit revoked or suspended?  Yes  No
5. Has any insurer cancelled or non-renewed your coverage during the past 3 years?  Yes  No
6. Are patrons allowed to carry alcoholic beverages onto the premises during your event?  Yes  No
7. Are alcoholic sales and consumption contained within a fixed and/or secured area?  Yes  No
8. Has at least one server at this event had formalized alcohol awareness training?  Yes  No  
 If yes, please provide the type of training (i.e.: TIPS, TAMs, TABC): \_\_\_\_\_
9. Are IDs checked at the event?  Yes  No
10. Will alcohol stop being served/sold at least one (1) hour prior to the end of the event?  Yes  No

**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

**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): _____		

**Electronic Disclosure and Consent**  
**PLEASE READ, COMPLETE #9 BELOW, AND SIGN ON PAGE 7**

**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](http://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: \_\_\_\_\_



**If Applicable - SUBMITTING AGENT:**

**NOTE: Agents do not have authority to bind coverage, issue binders or certificates of insurance on behalf of this program.**

<b>Agency Name:</b>			
<b>Contact Person:</b>			
<b>Mailing Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Email:</b>	<b>Phone:</b>		<b>Fax:</b>
<p>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 &amp; Company, Inc., I will provide Sadler &amp; Company, Inc. with reasonably satisfactory evidence of all of the above mentioned items.</p> <p>A fee may be separately charged, subject to state insurance regulations. Fees cannot be included in the payment remitted to us.</p> <p>I understand that agents do not have authority to issue binders on a certificate of insurance on behalf of this program.</p> <p><b>Agent Signature:</b> _____ <b>Date:</b> _____</p>			

**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 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 coverage is fully earned at the start of the setup/beginning of my event and no portion of the premium can or will be refunded at that point and coverage cannot and will not be cancelled.

<b>APPLICANT SIGNATURE:</b>	<b>DATE:</b>
<b>PRINTED NAME:</b>	<b>TITLE:</b>
<b>INSURED NAME:</b>	

**TOTAL COST SUMMARY**

Program Cost (Commercial General Liability) (Required Coverage)	\$	(A)
Liquor Liability Premium (Optional Coverage)	\$	(B)
Medical Expense Premium (Optional Coverage)	\$	(C)
<b>Total Cost Due – Subtotal (add lines above)</b>	\$	<b>(D)</b>

**COSTS ARE 100% NON-REFUNDABLE/NON-TRANSFERRABLE ONCE COVERAGE BEGINS. 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.**

## 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 K&K Insurance to charge my payment to my credit card in the amount of \$ \_\_\_\_\_.

Print Name (as on card): \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Cardholder Phone Number: (    ) \_\_\_\_\_

## ADDITIONAL INFORMATION

**1) Event cancellations** must be reported to Sadler & Company **in writing on or before the original event start date** to be considered for a premium refund or credit.

**2) Any exposure changes** that deviate from the original enrollment form must be reported to Sadler & Company **in writing on or before the event start date**. Upon review of the exposure changes, we will determine if coverage can still be afforded or declined and the premium refunded.

## 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, water slide, any inflatable recreation device, any bungee operation or equipment, any vertical device or equipment used for climbing- either permanently affixed or temporarily erected or dunk tank. Amusement device does not include any video arcade or computer games or structures that are not designed to bounce on, slide on, ride on or tunnel through); Animals (injury or death to any animal, or injury, death or property damage caused by an animal owned, rented or hired by you); Asbestos; Commercial general liability standard exclusions (CG0001 04/13 edition); E-commerce consulting; Employment-related practices; Events held outside the United States; Events held at multiple locations (except for weddings); Events with over 12,000 in total attendance; Fireworks; Fungi or bacteria; Lead; Nuclear energy liability; Operations of concessionaires, exhibitors and/or vendors at your event; Performers; Petting zoos; Room and board liability/overnight camping; Saddle animals; Snowmobile; Violation of statutes that govern emails, faxes, phone calls or other methods of sending materials or information; Those operations listed as ineligible: Activist rallies/marches/protests; Air shows/events; Animal obedience training; Any events involving organized athletic events/competitions; Any events and/or concerts – involving rap, hip-hop, heavy metal/screamo or electronic/techno music; Any events held on an airport premises; Any events honoring national and/or local celebrities or professional athletes; Any events involving in or on water activities; Any events providing overnight accommodations; Balloon festival; Battle reenactments; Bonfires; Cannabis related events; Christmas tree sales/lots; Cinematography or photography events for commercial use; Circuses; Color party, foam party or raves; Dance competitions; Food eating contests; Fraternity or sorority events (unless reports and approved by us); Geocaching events; Gun and/or knife shows; Haunted attractions/events; Health fairs/expositions; Mazes (corn, hay or fence); Events involving any motorized vehicle(s) in, or while in practice for, or while being prepared for, or while qualifying for, on while testing for any racing, speed, demolition, distance, or stunting activity; Parades (or any event involving a parade); Political events (except private fundraising auctions, benefits, dances, dinners); Pumpkin chuckin events; Rodeos (any rodeo activity including, but not limited to, bronco or bull riding, steer roping, team roping, barrel racing or horseback riding); Séances; Tailgating events (unless reported to and approved by us); Tractor pulls; Union meetings; Walks/running events.

## HOW TO OBTAIN COVERAGE

1. Fax, email or mail the completed and signed enrollment form and corresponding premium payment 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: events@sadlersports.com**
2. 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.
3. 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.**
4. 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.
5. Coverage cannot be bound on the same day the application and payment are received.
6. Please allow 6 business days for processing – we CANNOT rush your proof of coverage.

## 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 5 of 6 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:
  - a. 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
  - b. 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

### 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

(P) 800-622-7370

(F) 803-256-4017

Email: events@sadlersports.com