Sports Interruption Insurance
Add / Delete Form

For use with policies with EFFECTIVE date of 01/01/2019 to 12/31/2019

ORGANIZATION INFORMATION		
Full Legal Name of Organization:		
Contact Name:		
Mailing Address:		
City:	**State:**	**Zip:**
Phone:	**Cell:**	**Fax #:**
Email:	**Policy Effective Date:**	

CHANGE REQUEST SECTION

COSTS ARE 100% FULLY EARNED AND NON-REFUNDABLE ONCE COVERAGE BEGINS. Any request for deletions are subject to underwriting approval and may only be made within 60 days of the policy effective date. By requesting deletion of participants, you are certifying that these participants have not participated in try-outs, practiced or played during this policy period.

RATES (Multiply rates below by total registration fees to determine premium)

SPORT	BASIC PLAN – SPORTS COVERAGE			BUY-UP PLAN – 24 HOUR		
Ages:	***<13***	***13-15***	***16-18***	***<13***	***13-15***	***16-18***
Basketball	.0105	.0130	.0155	.0170	.0215	.0260
Baseball	.0070	.0085	.0100	.0115	.0145	.0170
Cheerleading	.0065	.0080	.0095	.0110	.0135	.0165
Tackle Football	.0275	.0340	.0410	.0460	.0580	.0695
Ice Hockey	.0030	.0040	.0045	.0050	.0065	.0080
Lacrosse	.0090	.0115	.0135	.0155	.0190	.0230
Softball	.0025	.0030	.0035	.0040	.0050	.0055
Soccer	.0090	.0110	.0130	.0145	.0185	.0220
Volleyball	.02	.025	.03	.035	.045	.05

*If your sport(s) is not listed above, please contact Sadler & Company.

Sport	Male/ Female	Age	Division	Season Start Date	Season End Date	# Participants	Fee Per Participant	Total Registration Fees	Insurance Rate	Premium
Example: Soccer	***Female***	***U12***	***Elite***	***8-15-18***	***12-15-18***	***17 X***	***$ 1,800 =***	***$ 86,400 X***	***.0090 basic***	***= $777.60***
ADD PARTICIPANTS:										
							$	**$**		**$**
							$	**$**		**$**
							$	**$**		**$**
							$	**$**		**$**
							$	**$**		**$**
							$	**$**		**$**
							$	**$**		**$**

							$	$		$
							$	$		$
							$	$		$
								Calculated Premium from above:		$
DELETE PARTICIPANTS:										
							$	$		$
							$	$		$
							$	$		$
							$	$		$
							$	$		$
							$	$		$
							$	$		$
							$	$		$
								Calculated Returned Premium from above:		$
								TOTAL ADDITIONAL or RETURNED PREMIUM DUE:		$

INSTRUCTIONS:

Send this add/delete form with your check, payable to Sadler & Company, Inc., to us via one of the following methods:

Option 1: Fax to 803-256-4017

Option 2: Scan and email to sportsinterruption@sadlersports.com

Option 3: Overnight Delivery to Sadler & Company, Inc., Attn: Sports Department, 3014 Devine St., 2nd Floor, Columbia, SC 29205

Option 4: U.S. Mail to: Sadler & Company, Inc., Attn: Sports Department, PO Box 5866, Columbia, SC 29250

How do you wish to pay the additional premium? These changes will only take effect once all information AND full payment is received.

❑ **Check/Copy of Check Enclosed made payable to Sadler & Company**

❑ **Please send a credit card link to the email address above.** (You will receive a link within 1-2 Business Days)

Sadler & Company Inc. PO Box 5866, Columbia SC 29250 Agent: John Sadler

(P) 800-622-7370 (F) 803-256-4017 Email: sportsinterruption@sadlersports.com

SADLER SPORTS & RECREATION INSURANCE

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)

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