



PO Box 5866, Columbia, SC 29250-5866  
 Phone (800)622-7370 Fax (803)256-4017  
 Email sportsinterruption@sadlersports.com

## 2019 Sports Interruption Insurance Enrollment Form

*for elite/travel amateur teams*

Underwritten by Federal Insurance Company,  
 2018 A.M. Best rated A++ (Superior)\*

\*A.M. Best rating ranges from A++ to D. This rating is an indication of a company's financial strength and ability to meet obligations to its insureds

**For more information, please visit [www.sadlersports.com/sportsinterruptioninsurance](http://www.sadlersports.com/sportsinterruptioninsurance).**

The submission of this enrollment form and/or acceptance of payment does not guarantee coverage. We reserve the right to decline any request for coverage.

### GENERAL INFORMATION

**NAME OF SPORTS ORGANIZATION:** \_\_\_\_\_

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.

**APPLICANT IS A:**

Sole Proprietorship    Limited Liability Co.    Corporation    Partnership    Other(describe): \_\_\_\_\_

**MAILING ADDRESS:**

<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
<b>PRIMARY CONTACT NAME:</b>	<b>PHONE:</b>	
<b>EMAIL ADDRESS:</b>	<b>CELL PHONE:</b>	
<b>FAX:</b>	<b>WEBSITE:</b>	

**ALTERNATE CONTACT NAME:**

**EMAIL ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**How did you find out about Sadler (select one):**

- Already doing business with Sadler
- Contacted by sales agent
- Email blast
- Social Media
- Search Engine
- Other: \_\_\_\_\_

**New or Renewal (select one):**

- I am renewing coverage with Sadler
- I am a new account
- I am a former insured and am returning to Sadler

\*Primary contact will receive all communications and is authorized to make policy changes. Alternate authorized contact is for Sadler & Company information only. By providing an alternate, you authorize Sadler & Company to communicate with alternate in event primary contact does not respond.

### EFFECTIVE DATE

Coverage will begin the date and time 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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

SPORT	BASIC PLAN – SPORTS COVERAGE			BUY-UP PLAN – 24 HOUR		
	<13	13-15	16-18	<13	13-15	16-18
<i>Ages:</i>						
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.

**Benefit Options (Please select the benefit option below)**

**Basic Plan – Sports Coverage:** Injured while participating as a member of a team in a scheduled game, tournament, or practice; and travel directly to and from a covered activity while under adult supervision.

**Buy-Up Plan – 24 Hour:** Covered injuries and sicknesses on a 24 hour basis.

# PREMIUM COMPUTATION

Separately list all registration periods expected throughout annual policy period as well as ages/divisions with different per participant registration fees. Apply insurance rate from rate chart above. Once coverage is effective, you can add additional registration periods or ages/divisions by completing our Add Form.

Sport	Male/ Female	Age	Division	Season Start Date	Season End Date	# Participants	Fee Per Participant	Total Registration Fees	Insurance Rate	Premium
<i>Example: Soccer</i>	<i>Female</i>	<i>U12</i>	<i>Elite</i>	<i>8-15-18</i>	<i>12-15-18</i>	<i>17 X</i>	<i>\$ 1,800 =</i>	<i>\$ 86,400 X</i>	<i>.0090 basic</i>	<i>= \$777.60</i>
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<b>Calculated Premium from above:</b>									\$	
<b>Minimum Premium (\$500 minimum applies):</b>									\$ 500.00	
<b>TOTAL PREMIUM DUE (Greater of Calculated Premium or Minimum Premium):</b>									\$	

**Costs are 100% fully earned and non-refundable once coverage begins. Coverage is contingent upon receipt of payment.  
No coverage will be deemed in effect until the accurate payment is received by Sadler & Company.**

## AGREEMENT, WARRANTY AND FRAUD STATEMENT

We hereby enroll for Sports Interruption Insurance coverage underwritten by Chubb Insurance Company. We understand that insurance will be in force as of the later of the date the completed enrollment form and full payment is received at Sadler & Company or the requested effective date, provided the enrollment form is accepted by Sadler & Company. We have read, understand and agree to the terms and conditions of coverage as detailed in the Sports Interruption Plan Description. We understand that all premiums are fully earned at inception and there are no provisions for cancellations or refunds. We warrant that the information provided on this enrollment form is truthful and accurate and forms the basis for the requested insurance. We also agree that we will make available all records in the event requested by Sadler & Company or carrier to assist in the administration of the insurance policy and in investigating the payment of any claim.

**WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insured may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Primary Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Contact Name (Printed): \_\_\_\_\_

\*Primary Contact must be the same as authorized individual on the claim form.

### 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>

### INSTRUCTIONS:

Sign and send this enrollment 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](mailto: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

FOR COMPANY USE ONLY	Received: ____/____/____	Status: New <input type="checkbox"/> Renewal <input type="checkbox"/> Change <input type="checkbox"/>	Broker: Y <input type="checkbox"/> N <input type="checkbox"/>
	Broker: _____	Comm S: _____%	Comm B: _____%
	Comm O: _____%	Policy #: _____	Effective Date: ____/____/____ to ____/____/____

Sadler & Company Inc. PO Box 5866, Columbia SC 29250 Licensed Agent: John M. Sadler (P) 800-622-7370 (F) 803-256-4017 Email: <a href="mailto:sportsinterruption@sadlersports.com">sportsinterruption@sadlersports.com</a>	<b>SADLER</b> <small>SPORTS &amp; RECREATION INSURANCE</small>
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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)