



# SODA Amateur Sports Insurance Program

## Teams, Leagues & Tournaments (Youth & Adult)

*Available 01-01-2020 to 12-31-2020*

In our continuing efforts to be recognized as “the organization” devoted to the advancement of recreational sports facilities, SODA is again proud to offer many benefits, as well as, the SODA Amateur Sports Membership Insurance Program. **Amateur sports teams and leagues - both adult and youth - in the sports listed below are eligible to participate in this national program. We also offer coverages for tournaments, youth camps & clinics, sports officials and field owners for the sports referenced at the bottom of this page.**

Become an affiliate member of SODA and qualify for insurance program options. Prices shown include affiliate membership fees and insurance rates.

The SODA Insurance Program combines broad coverages, highly competitive prices, and exemplary service in terms of processing paperwork, answering questions and claims administration.

### NATIONAL SPORTS ASSOCIATIONS POOL

Many regional and national sports associations don't have the “buying power” to negotiate the most favorable discounts on products, coverages and prices for their own insurance programs. As a result, SODA welcomes such organizations to join SODA and participate in the SODA insurance program for the benefit of their members.

### SODA MEMBER ENDORSEMENTS FOR 2018

AAABA - Adult Baseball Leagues \* ABA Sports Leagues, Inc. \* All American Amateur Baseball \* All American Sports \* Chinese Christian Union Leagues (CCUL) \* The Epic Center \* GRADA - Disc Golf Association \* IAAA Basketball Assoc. \* **KIX – National Kickball Leagues.** \* Long Island Tennis & Sports Foundation \* Maryland Softball Assoc. \* Mills Ponds Umpires Association (MPUA) \* N. American Fast-Pitch Assoc. \* National Amateur Sports Federation \* National Association of Sports Coaches (NASC) \* National Fast Pitch Softball Assoc. \* New England Youth Soccer Org. \* Orange County Women's Soccer Association \* Pony Leagues \* **San Jose State Lacrosse** \* Senior Softball Assoc. \* **Stick it to Cancer Lacrosse Tournaments** \* **Texas United Soccer Academy** \* United States Fastpitch Assoc. \* United States Flag & Touch Football League \* USA Basketball Alliance \* Valley Stream Roller Hockey Leagues, Inc. \* Western NY Lacrosse Leagues \* **Western Region Dodgeball Leagues** \* American Cricket Association \* Tag Em Tournaments \* *Also Available to School Districts, Park & Recreation Depts., Municipalities and Independent Sports Program Operators*

### SPORTS ELIGIBLE FOR THIS PROGRAM INCLUDE:

<b>Archery</b>	<b>Flag Football</b>	<b>Kickball</b>	<b>Street Hockey</b>
<b>Baseball</b>	<b>Frisbee</b>	<b>Lacrosse</b>	<b>Tennis</b>
<b>Basketball</b>	<b>Golf</b>	<b>Soccer</b>	<b>Volleyball</b>
<b>Cricket</b>	<b>Inline Hockey</b>	<b>Softball</b>	<b>Wiffleball</b>
<b>Dodgeball</b>			

- All sports must be amateur
- All professional and/or semi-professional athletic participants are excluded
- If your sport is not listed here, please contact Sadler & Company Inc at 1-800-622-7370 or via email at [soda@sadlersports.com](mailto:soda@sadlersports.com)
- Coverage is only for those teams domiciled in the U.S. Coverage does apply to those U.S. teams that play in tournaments in Canada. We cannot cover any teams domiciled in Canada.

### For Fastest Service – Apply Online!

Apply for coverage online at [www.sadlersports.com/soda](http://www.sadlersports.com/soda) by clicking on the “Apply For Coverage Online” icon.

You can pay online with your check or credit card in a secure environment and your proof of coverage documents will be emailed to you instantly.



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

Email: [soda@sadlersports.com](mailto:soda@sadlersports.com)

Sadler & Company of SC, Inc. - Arkansas  
(Lic# 254179); D/B/A Sadler Insurance Agency  
in CA Lic. # OB57651;

John Sadler Insurance Services in MA  
Sadler Agency - New York  
(PC-532473 and LA-532473)  
Sadler Insurance Agency in OK  
Sadler and Company - Vermont (License #577)



# SODA Amateur Sports

## INSURANCE PROGRAM PLAN DESCRIPTIONS

Available 01-01-2020 to 12-31-2020

### EXCESS ACCIDENT

- ➔ \$100,000 Excess Accident Benefit
- ➔ \$5,000 Accidental Death & Dismemberment
- ➔ \$250 Per Claim Youth Deductible
- ➔ \$500 Per Claim Adult Deductible
- ➔ Coverage is "excess" which means that other collectible insurance (if any) must first respond before this plan will pay any benefits.
- ➔ Covers usual & customary expenses incurred within 52 weeks after the date of the accident. The first expense must be incurred within 90 days of the date of the accident.
- ➔ Underwritten by an "A" rated insurance carrier

### ALL ADULT SPORTS

*The limitations shown below apply to Adult Teams & Adult Tournaments, and will apply to all participants of the team regardless of age.* Physical Therapy & Chiropractic Visits 5 - Visit Maximum/\$50 per Visit; Hospitalization - Inpatient & Outpatient - \$1,000 Maximum; Surgeon's Benefits - \$2,500 Maximum; Anesthesia and Assistant Surgeon - Maximum 25% of Surgeon's Benefits; Emergency Room - \$500 Maximum; Physicians Visits - \$50 Maximum Per Visit.

### GENERAL LIABILITY

- ➔ \$2,000,000 per "occurrence" Combined Single Limit Bodily Injury and Property Damage, including Products/Completed Operations, Personal and Advertising Injury, Contractual Liability, Independent Contractors and Participant Legal Liability.
- ➔ Participant Legal Liability for Adult Sports is limited to \$500,000 when Excess Accident coverage is not purchased and \$2,000,000 when Excess Accident coverage is purchased. A signed waiver/release from the adult participant will be required if Excess Accident coverage is not purchased.
- ➔ When the Adult General Liability Only option is chosen (without supporting Excess Accident coverage), a waiver & release form is required; otherwise the coverage for Participant Legal Liability will be voided.
- ➔ There is No General Aggregate. The Products/ Completed Operations is subject to a \$2,000,000 Aggregate.
- ➔ Only applicable to basketball, inline hockey, lacrosse, street hockey, soccer and dodgeball: Brain Injury provision: \$4,000,000 Aggregate
- ➔ \$1,000,000 Damage to Premises Rented to You
- ➔ \$5,000 Medical Expense Payments
- ➔ **Waiver & release forms from all participants (youth and adult) is strongly recommended. (A sample form is attached for your use and reference.)**
- ➔ Underwritten by an "A" rated insurance carrier
- ➔ Notable Exclusions: Sexual Abuse & Molestation, Terrorism and Professional and/or Semi-professional athletic participants.
- ➔ Coverage is limited to U.S. based entities only.
- ➔ **HIGHER LIMITS ARE AVAILABLE BY APPLYING ONLINE AT [www.sadlersports.com/soda](http://www.sadlersports.com/soda).**

### COVERAGE PERIOD FOR EXCESS ACCIDENT & GENERAL LIABILITY

- ➔ Coverage & Rates Available From 01-01-2020 to 12-31-2020.
- ➔ All coverages for Teams & Leagues, Umpires and Field Owners expire 1 year from effective date of coverage.
- ➔ Coverage for Tournaments and/or Camps & Clinics will expire on the last date of the event listed on the enrollment form.

### TEAMS/LEAGUES

**(All coverages for teams & leagues expire 1 year from effective date of coverage.)**

- ➔ Teams and leagues can be insured under the Excess Accident and General Liability coverages as outlined above.
- ➔ Under the Excess Accident policy, covered persons include all players, coaches, managers, and other volunteer workers, while acting on behalf of the insured organization. Covered events include tryouts, practice, games, non-hosted tournaments and other non-sport outings that are team sanctioned and adult supervised.
- ➔ Under the General Liability policy, covered persons include the sports organization and its directors, officers, employees and volunteers. Field owners and sponsors are included as "Additional Insureds" for no extra charge.
- ➔ Note: The intent of this insurance program is to insure all teams within a league under one enrollment form. Insuring all of the teams allows General Liability coverage to be extended to the league and its directors and officers. Please refrain from insuring all the teams within the league under separate enrollment forms as this reduces coverage and results in additional administrative expense. However, an individual team may purchase coverage with the limitations noted above

### TOURNAMENTS

**(Coverage for tournaments applies only for those dates listed on the enrollment form)**

- ➔ Organizations or persons who host or organize tournaments (for SODA eligible sports) can purchase the Excess Accident and General Liability coverages referenced above to protect both the organizer and the visiting teams. The facility owner is included as "Additional Insured" under the General Liability policy for no extra charge.
- ➔ Tournaments that exceed 3 days are not eligible under the standard plan -- call Sadler & Company. Make ups due to weather postponements are allowed, but there are no refunds of charges paid. These must be reported in writing to Sadler & Company prior to the makeup date(s).

## **CAMPS & CLINICS - (Available for YOUTH ONLY)**

**(Coverage for camps & clinics applies only for those dates listed on the enrollment form)**

- ➔ Organizations or persons that conduct youth sport camps or clinics (for SODA eligible sports) can purchase the above referenced Excess Accident and General Liability coverages to protect the organizer and the participants.
- ➔ A charge must be made for all registered participants. Instructional staff is automatically included for no extra charge. Coverage is only available for day camps & clinics. Overnight camps are excluded.

## **SPORTS OFFICIALS**

**(Coverages for Officials, Umpires & Referees expire 1 year from effective date of coverage.)**

- ➔ Officials, umpires and referees for SODA eligible sports can purchase the above referenced Excess Accident and General Liability coverages.
- ➔ These coverages will provide protection for all officiating activities (for SODA eligible sports) regardless of the sanctioning body (if any).

## **FACILITY/FIELD OWNERS\***

**(Coverage for Facility or Field Owners that purchase this coverage expires 1 year from effective date of coverage.)**

The Insurance Program offers two ways for facility/field owners to be covered.

1. Under the team/league insurance, the facility/field owner is named as "Additional Insured" under the General Liability for all activities conducted by teams/leagues insured through the program.
2. The facility owner may elect to purchase General Liability coverage as a named insured on an annual basis. This policy only provides protection while SODA eligible sports activities are being conducted on the premises. This policy was designed to act like a "safety net" and as a result, the facility/field owner should still purchase its own primary General Liability policy and should require all teams using its facilities to provide evidence that they carry their own General Liability policy.

\*The Facility/Field Owners coverage may only be purchased by a property owner. It may not be purchased by an individual team or league.

## **OPTIONAL COVERAGES**

To be eligible to purchase the Optional Coverages (Directors & Officers Liability, Crime and/or Equipment) you must purchase your General Liability from the SODA program and pay \$5.00 per year to join the National Sports Lawsuit Protection Association.

### **DIRECTORS & OFFICERS LIABILITY (\$300 per governing board)**

- ➔ \$1,000,000 Limit For Certain Wrongful Acts
- ➔ Provides protection against certain lawsuits that are not covered by a General Liability policy such as discrimination; wrongful suspension, ejection or termination of personnel or players; or failure to follow your own rules or bylaws when making a decision.
- ➔ Covered Persons Include the local sports organization and its directors, officers, employees and volunteers.
- ➔ \*\*\*Note: This policy does not replace the bodily injury, property damage and personal injury coverages that are contained within a General Liability Policy.

### **CRIME (\$200 per governing board)**

- ➔ \$25,000 Limit For Employee Dishonesty including loss caused by embezzlement or other theft of your own property by your own dishonest employees or volunteers.

### **EQUIPMENT (\$2.00 per \$100 of coverage / subject to \$200 minimum premium)**

- ➔ Items that can be covered include sports equipment, field maintenance equipment, concession stand equipment, concession stock or small storage sheds that you own or lease.
- ➔ Covers loss due to fire, theft, vandalism or other specified causes of loss.

## **ADDITIONAL COVERAGES**

- ➔ \$1,000,000 Non-Owned & Hired Auto Liability
  - provides coverage if the insured organization is sued as a result of liability arising out of the use of an auto on insured organization business if such auto is not owned by the insured organization (ex: parent's auto, auto that is borrowed from a church or is hired from a rental car company.) Coverage is excluded for 15 passenger vans. There is no coverage for the driver of any auto while transporting youth or adult participants. This policy does not cover physical damage to the non-owned or hired auto itself and, as a result, separate arrangements must be made for such coverage.
- ➔ \$1,000,000 Sexual Abuse & Molestation Coverage
  - Coverage for sexual abuse and molestation will not apply unless the insured team or league implements the following requirements: 1. Has a system in place to perform criminal background checks on paid and volunteer staff 2. Has written procedures that include sexual abuse and molestation prevention 3. Has written procedures that include a response plan for allegations of sexual abuse or molestation including a requirement that law enforcement be contacted.

**NOTE: ALL CHARGES ARE FULLY EARNED AT INCEPTION AND THERE ARE NO PROVISIONS FOR CANCELLATIONS OR REFUNDS.**

**YOU MUST REFER TO THE POLICIES FOR COMPLETE INFORMATION ON POLICY CONDITIONS, LIMITS, AND EXCLUSIONS.**



# 2020 SODA CHARGES



**HIGHER LIMITS AVAILABLE ONLINE – [WWW.SADLERSPORTS.COM/SODA](http://WWW.SADLERSPORTS.COM/SODA)**

(all charges include affiliate membership fees and insurance rates)

(Rosters May Be Required) \* NOTE: If you exceed the maximum number of players per team for your sport shown below, you must purchase coverage for additional teams to make up the difference.

YOUTH TEAM INSURANCE (charges are per team) (Coverage will expire 1 year from effective date)	YOUTH Maximum # of Players per Team		YOUTH \$100,000 Excess Accident Only	YOUTH \$100,000 Excess Accident & \$2,000,000 Gen. Liability.		
<b>Rates are PER TEAM</b>						
Archery/Volleyball/Tennis/ Frisbee/Golf	10		\$ 40.42	\$ 90.71		
Baseball, Cricket, Kickball, Softball & Wiffleball	18		\$ 40.42	\$ 125.10		
Basketball	18		\$ 40.42	\$ 135.14		
Dodgeball	25		\$ 40.42	\$ 146.60		
Street Hockey	18		\$ 40.42	\$ 157.08		
Soccer	18		\$ 49.59	\$ 144.32		
Inline Hockey / Lacrosse	18 Inline / 24 Lacrosse		\$ 49.60	\$ 162.95		
Flag Football	25 Flag		\$ 49.60	\$ 162.95		
Basketball 3 on 3	8		\$ 9.45	\$ 36.81		
Flag Football 4 on 4	8		\$ 11.80	\$ 60.66		
Soccer 4 on 4	16		\$ 11.80	\$ 46.33		
Volleyball 2 on 2 and Volleyball 4 on 4	8		\$ 10.60	\$ 25.07		
ADULT TEAM INSURANCE (charges are per team) (Coverage will expire 1 year from effective date)	ADULT Maximum # of Players per Team		ADULT \$100,000 Excess Accident Only	ADULT \$100,000 Excess Accident & \$2,000,000 Gen. Liability		
<b>Rates are PER TEAM</b>						
Archery/Volleyball/Tennis/ Frisbee/Golf	10		\$ 74.88	\$ 125.16		
Baseball, Cricket, Kickball, Softball & Wiffleball	20		\$ 74.88	\$ 159.56		
Basketball	20		\$ 74.88	\$ 169.60		
Dodgeball	25		\$ 74.88	\$ 181.06		
Street Hockey	18		\$ 74.88	\$ 181.06		
Inline Hockey / Lacrosse	25		\$ 74.88	\$ 188.22		
Flag Football	25		\$ 74.88	\$ 188.22		
Basketball 3 on 3	20		\$ 22.16	\$ 49.52		
Flag Football 4 on 4	8		\$ 29.26	\$ 78.11		
Volleyball 2 on 2 and Volleyball 4 on 4	8		\$ 22.16	\$ 36.63		
Soccer-Adult	24		\$ 526.63	\$ 710.20		
Soccer-Adult 4 on 4	16		\$ 526.63	\$ 625.66		
TOURNAMENT INSURANCE Limited to 3 days or less. Charges are per tournament. (See above for Maximum # Players Per Team) Coverage applies only for those dates listed on the enrollment form	YOUTH \$100,000 Excess Accident & \$2,000,000 General Liability		ADULT \$100,000 Excess Accident & \$2,000,000 General Liability		ADULT \$2,000,000 General Liability Only (Waiver Required)	
	Less Than 25 Teams	25-50 Teams	Less Than 25 Teams	25-50 Teams	Less Than 25 Teams	25-50 Teams
Archery/Volleyball / Frisbee / Tennis / Golf	\$ 445.21	\$ 538.36	\$ 462.10	\$ 555.24	\$ 322.58	\$ 471.61
Baseball/Softball/Cricket/Kickball/Wiffleball	\$ 445.21	\$ 538.36	\$ 462.10	\$ 555.24	\$ 322.58	\$ 471.61
Basketball	\$ 450.95	\$ 545.53	\$ 467.83	\$ 562.41	\$ 329.74	\$ 481.65
Flag Football	\$ 453.81	\$ 558.42	\$ 470.69	\$ 575.30	\$ 334.04	\$ 501.71
Street Hockey	\$ 495.36	\$ 612.88	\$ 512.24	\$ 629.76	\$ 322.44	\$ 402.83
Dodgeball	\$ 495.36	\$ 612.88	\$ 512.24	\$ 629.76	\$ 322.44	\$ 402.83
Inline Hockey / Lacrosse	\$ 453.81	\$ 558.42	\$ 470.69	\$ 575.30	\$ 334.04	\$ 501.71
Basketball 3 on 3	\$ 264.37	\$ 314.54	\$ 277.00	\$ 327.17	\$ 190.74	\$ 269.55
Flag Football 4 on 4	\$ 229.22	\$ 282.25	\$ 237.54	\$ 290.57	\$ 192.17	\$ 276.72
Volleyball 2 on 2 and Volleyball 4 on 4	\$ 147.55	\$ 176.22	\$ 151.27	\$ 179.94	\$ 104.75	\$ 152.04
Soccer	\$ 450.95	\$ 545.53	\$1,881.37	\$2,094.89	\$ 653.62	\$ 991.81
Soccer 4 on 4	\$ 234.29	\$ 274.41	\$1,123.12	\$1,230.88	\$ 414.30	\$ 527.50

Camp & Clinic Insurance: \$4.24 per person per day for \$100,000 Excess Accident and \$2,000,000 General Liability (Subject to \$100 Minimum Charge) (Available for Youth Camp & Clinics only). Coverage applies only for those dates listed on the enrollment form.

Sports Officials Insurance: \$9.83 per Official/Referee/Umpire for \$100,000 Excess Accident and \$2,000,000 General Liability. (Coverage will expire 1 year from effective date)

Field Owners: \$1,016.18 per field owner/per field for \$2,000,000 General Liability only. (Coverage will expire 1 year from effective date)

OPTIONAL COVERAGES: CONTACT Sadler & Company for eligibility, cost and special applications for the following coverages: Directors & Officers Liability, Crime and/or Equipment coverage. Email: [soda@sadlersports.com](mailto:soda@sadlersports.com) or call them toll-free at 1-800-622-7370.

ADDITIONAL COVERAGES: \$1,000,000 Non-Owned & Hired Auto Liability \$39.00 / \$1,000,000 Sexual Abuse & Molestation Coverage \$40.37





# 2020 SODA CHARGES

**\$5,000,000 General Liability - [WWW.SADLERSPORTS.COM/SODA](http://WWW.SADLERSPORTS.COM/SODA)**

(all charges include affiliate membership fees and insurance rates)

(Rosters May Be Required) \* NOTE: If you exceed the maximum number of players per team for your sport shown below, you must purchase coverage for additional teams to make up the difference.



YOUTH TEAM INSURANCE (charges are per team) (Coverage will expire 1 year from effective date)	YOUTH		YOUTH	YOUTH
	Maximum # of Players per Team		\$100,000 Excess Accident Only	\$100,000 Excess Accident & \$5,000,000 Gen. Liability.
<b>Rates are PER TEAM</b>				
Archery/Volleyball/Tennis/ Frisbee/Golf	10		\$ 40.42	\$ 97.82
Baseball, Cricket, Kickball, Softball & Wiffleball	18		\$ 40.42	\$ 135.77
Basketball	18		\$ 40.42	\$ 148.19
Dodgeball	25		\$ 40.42	\$ 160.83
Street Hockey	18		\$ 40.42	\$ 171.31
Soccer	18		\$ 49.59	\$ 157.36
Inline Hockey / Lacrosse	18 Inline / 24 Lacrosse		\$ 49.60	\$ 178.36
Flag Football	25 Flag		\$ 49.60	\$ 178.36
Basketball 3 on 3	8		\$ 9.45	\$ 40.37
Flag Football 4 on 4	8		\$ 11.80	\$ 66.58
Soccer 4 on 4	16		\$ 11.80	\$ 51.08
Volleyball 2 on 2 and Volleyball 4 on 4	8		\$ 10.60	\$ 27.44

ADULT TEAM INSURANCE (charges are per team) (Coverage will expire 1 year from effective date)	ADULT		ADULT	ADULT
	Maximum # of Players per Team		\$100,000 Excess Accident Only	\$100,000 Excess Accident \$5,000,000 Gen. Liability
<b>Rates are PER TEAM</b>				
Archery/Volleyball/Tennis/ Frisbee/Golf	10		\$ 74.88	\$ 132.28
Baseball, Cricket, Kickball, Softball & Wiffleball	20		\$ 74.88	\$ 170.23
Basketball	20		\$ 74.88	\$ 182.64
Dodgeball	25		\$ 74.88	\$ 196.47
Street Hockey	18		\$ 74.88	\$ 196.47
Inline Hockey / Lacrosse	25		\$ 74.88	\$ 203.64
Flag Football	25		\$ 74.88	\$ 203.64
Basketball 3 on 3	20		\$ 22.16	\$ 53.07
Flag Football 4 on 4	8		\$ 29.26	\$ 84.04
Volleyball 2 on 2 and Volleyball 4 on 4	8		\$ 22.16	\$ 39.00
Soccer-Adult	24		\$ 526.63	\$ 735.11
Soccer-Adult 4 on 4	16		\$ 526.63	\$ 638.70

TOURNAMENT INSURANCE Limited to 3 days or less. Charges are per tournament. (See above for Maximum # Players Per Team) Coverage applies only for those dates listed on the enrollment form	YOUTH		ADULT		ADULT	
	\$100,000 Excess Accident & \$5,000,000 General Liability		\$100,000 Excess Accident & \$5,000,000 General Liability		\$5,000,000 General Liability Only (Waiver Required)	
	Less Than 25 Teams	25-50 Teams	Less Than 25 Teams	25-50 Teams	Less Than 25 Teams	25-50 Teams
Archery/Volleyball / Frisbee / Tennis / Golf	\$ 472.49	\$ 577.49	\$ 489.37	\$ 594.37	\$ 366.46	\$ 534.45
Baseball/Softball/Cricket/Kickball/Wiffleball	\$ 472.49	\$ 577.49	\$ 489.37	\$ 594.37	\$ 366.46	\$ 534.45
Basketball	\$ 478.22	\$ 585.84	\$ 495.10	\$ 602.72	\$ 373.61	\$ 545.68
Flag Football	\$ 482.27	\$ 601.10	\$ 499.15	\$ 617.99	\$ 379.10	\$ 569.30
Street Hockey	\$ 528.56	\$ 662.68	\$ 545.44	\$ 679.56	\$ 322.44	\$ 456.19
Dodgeball	\$ 528.56	\$ 662.68	\$ 545.44	\$ 679.56	\$ 366.31	\$ 456.19
Inline Hockey / Lacrosse	\$ 482.27	\$ 601.10	\$ 499.15	\$ 617.99	\$ 379.10	\$ 569.30
Basketball 3 on 3	\$ 279.79	\$ 337.07	\$ 292.42	\$ 349.70	\$ 216.83	\$ 305.13
Flag Football 4 on 4	\$ 245.82	\$ 305.97	\$ 254.14	\$ 314.28	\$ 218.26	\$ 313.48
Volleyball 2 on 2 and Volleyball 4 on 4	\$ 155.85	\$ 189.26	\$ 159.57	\$ 192.98	\$ 118.98	\$ 172.20
Soccer	\$ 478.22	\$ 585.84	\$1,935.92	\$2,177.89	\$ 741.37	\$1,124.62
Soccer 4 on 4	\$ 246.14	\$ 292.20	\$1,153.95	\$1,277.13	\$ 470.03	\$ 597.46

Camp & Clinic Insurance: \$5.43 per person per day for \$100,000 Excess Accident and \$5,000,000 General Liability (Subject to \$100 Minimum Charge) (Available for Youth Camp & Clinics only). Coverage applies only for those dates listed on the enrollment form.

Sports Officials Insurance: \$11.02 per Official/Referee/Umpire for \$100,000 Excess Accident and \$5,000,000 General Liability. (Coverage will expire 1 year from effective date)

Field Owners: \$1,151.35 per field owner/per field for \$5,000,000 General Liability only. (Coverage will expire 1 year from effective date)

OPTIONAL COVERAGES: CONTACT Sadler & Company for eligibility, cost and special applications for the following coverages: Directors & Officers Liability, Crime and/or Equipment coverage. Email: [soda@sadlersports.com](mailto:soda@sadlersports.com) or call them toll-free at 1-800-622-7370.

ADDITIONAL COVERAGES: \$1,000,000 Non-Owned & Hired Auto Liability \$39.00/ \$1,000,000 Sexual Abuse & Molestation Coverage \$40.37



For Higher Limits or to  
Pay with a Credit Card  
Apply online at:  
[www.sadlersports.com/soda](http://www.sadlersports.com/soda)  
➔ Receive proof of coverage  
instantly

**2019 SODA Amateur Sports Membership Enrollment form**  
Rates Provided on Rate Chart are Effective 01-01-2020 to 12-31-2020  
**PLEASE PRINT CLEARLY**

**ORGANIZATION INFORMATION**

**ORGANIZATION NAME** (league, team, tournament, camp, sports official, etc.) / IE: ENTITY TO BE INSURED:

**Authorized Representative/Contact Name:**

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Alternate Authorized Contact: Alternate contact is for Sadler information only. Contact is not authorized to request changes without approval from Primary Contact and will not receive this initial documentation. By providing his/her information below, you authorize Sadler to discuss this account with the Alternate Contact and provide documents in the future.

**Alternate Contact Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**EFFECTIVE DATE OF MEMBERSHIP/COVERAGE**

Please indicate your preferred effective date. If no date is provided, your coverage will start the day the fully completed and accurate enrollment form and payment are received by Sadler & Company. (For tournaments, the effective date should be the first day of the tournament.)

**Effective Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**CHOOSE TYPE OF COVERAGE DESIRED & COMPLETE ASSOCIATED SECTION**  
(i.e. Team/League or Tournament - Only One Type Per Enrollment Form)

**Team/League Sport** (one sport per enrollment form): \_\_\_\_\_  
 Youth  Adult **Team Name\*:** \_\_\_\_\_  
 Accident only  Accident & General Liability  General Liability only (Adult only)  
**Number of Players:** \_\_\_\_\_ (Rosters may be required)

TEAM/LEAGUE PREMIUM COMPUTATION	Number of Teams	X	Charge Per Team (from rate chart)	=	Amount Due
		X		=	

\*If you are applying for more than one team, please use the attached "league roster" to provide a list of all of the team names you are applying for

**Tournament Sport** (one sport per enrollment form): \_\_\_\_\_  
 Youth  Adult  
 Accident & General Liability  General Liability only (Adult only)  
**Dates of Tournament:** \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ (Must be 3 days or less)

TOURNAMENT PREMIUM COMPUTATION	Charge Per Tournament (from rate chart)	=	Amount Due
		=	

**Youth Camp & Clinic Sport** (must be covered sport shown on rate chart): \_\_\_\_\_  
**Camp Dates:** \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

CAMP/CLINIC PREMIUM COMPUTATION	Number of Campers Per Day	X	Number of Camp Days	X	Rate (From chart)	=	Amount Due
		X		X		=	

**Sports Officials Name of Official** (attach additional sheet if needed): \_\_\_\_\_

SPORTS OFFICIALS PREMIUM COMPUTATION	Number of Officials	X	Rate (from chart)	=	Amount Due
		X		=	

**Facility/Field Owner Location Address:** \_\_\_\_\_

FIELD OWNERS PREMIUM COMPUTATION	Number of Fields	X	Rate per Field (from chart)	=	Amount Due
		X		=	

**Non Owned/Hired Auto and/or Sexual Abuse/Molestation Liability**

NOHA/SAM COMPUTATION	NOHA Coverage	X	SAM Coverage	=	Amount Due
	\$39.00	X	\$40.37	=	

**HOW DID YOU HEAR ABOUT SODA MEMBERSHIP INSURANCE PROGRAM (Please check one):**

<input type="checkbox"/> Already doing business with SODA	<input type="checkbox"/> Recommended By Another Team/League	<input type="checkbox"/> Catalogue/Magazine Ad
<input type="checkbox"/> Phone Call from Sadler & Company	<input type="checkbox"/> Referral from Sadler & Company	<input type="checkbox"/> Referral from Parks & Rec Dept
<input type="checkbox"/> Referral from School/School District	<input type="checkbox"/> Search Engine	<input type="checkbox"/> Other:

If renewing, which type of communication that you received best prompted you to renew your coverage?

Letter    Email    Postcard    Other: \_\_\_\_\_

**COMPENSATION DISCLOSURE**

I understand and by my signature below, agree that charges shown include a commission payable to Sadler & Company, Inc., for insurance services. In addition, charges shown include SODA affiliate membership fees.

**RISK PURCHASING GROUP**

The completion of this enrollment form confirms our desire to obtain General Liability insurance through the ERS Risk Purchasing Group Association, Inc., if such coverage is chosen.

**WARRANTY STATEMENT – READ & SIGN**

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 charge calculation, and should my figures exceed my estimates during the coverage term I will make arrangements to pay the additional charges. 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

I further acknowledge that I have reviewed the insurance plan descriptions provided with this enrollment form and understand the exclusions that apply, as well as the activities and operations for which coverage is not provided.

<b>Signature:</b>	<b>Printed Name:</b>
<b>Title:</b>	<b>Date:</b>
<b>Total Amount Due (from prior page):</b> _____	

IF APPLYING USING THIS ENROLLMENT FORM (INSTEAD OF APPLYING ONLINE) CERTIFICATES EVIDENCING COVERAGE WILL BE ISSUED WITHIN 6 BUSINESS DAYS OF RECEIPT AND WILL BE EMAILED TO YOU

**SIGN ABOVE AND SEND THIS ENROLLMENT FORM  
WITH YOUR CHECK (PAYABLE TO SADLER & COMPANY INC) TO:**

<b><u>OPTION 1</u></b> <b>FAX TO:</b>	<b><u>OPTION 2</u></b> <b>OVERNIGHT DELIVERY:</b>	<b><u>OPTION 3</u></b> <b>U. S. MAIL:</b>
(803) 256-4017	SADLER & COMPANY, INC. Attn: Sports Department 3014 DEVINE ST., 2 <sup>ND</sup> FLOOR COLUMBIA, SC 29205	SADLER & COMPANY, INC. Attn: Sports Department PO BOX 5866 COLUMBIA, SC 29250-5866 <i>(Allow 6 business days for processing)</i>
<i>Follow Attached HOW TO FAX A CHECK Instructions</i>		
Page 2 of 2 You Must Return Both Pages	Email: <a href="mailto:soda@sadlersports.com">soda@sadlersports.com</a>	© 1997-2019 Sadler & Company, Inc. All Rights Reserved.

**For proof of coverage instantly, higher limits, or to pay with a credit card,  
apply online at [www.sadlersports.com/soda](http://www.sadlersports.com/soda)**

**NOTE TO ALL AGENTS & BROKERS** – there are no commissions included in this program. Charges 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 an agent.)

**NOTE: CHARGES ARE FULLY EARNED AT INCEPTION  
AND THERE ARE NO PROVISIONS FOR CANCELLATIONS OR REFUNDS.**

Sadler & Company Inc. PO Box 5866 Columbia SC 29250 Agent: John Sadler  
(P) 800-622-7370 (F) 803-256-4017 Email: [soda@sadlersports.com](mailto:soda@sadlersports.com)

**SADLER**  
SPORTS & RECREATION INSURANCE



**SODA AMATEUR SPORTS MEMBERSHIP  
INSURANCE PROGRAM  
LEAGUE ROSTER**



**Please list all teams in the league (Make additional copies if needed)**

	<b>TEAM NAME</b>	<b>CONTACT PERSON</b>	<b>CONTACT PHONE #</b>
<b>1</b>			
<b>2</b>			
<b>3</b>			
<b>4</b>			
<b>5</b>			
<b>6</b>			
<b>7</b>			
<b>8</b>			
<b>9</b>			
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<b>30</b>			





**SODA AMATEUR SPORTS MEMBERSHIP  
INSURANCE PROGRAM  
LEAGUE ROSTER**



**TEAM NAME:**

**SPORT:**

	<b>PLAYER NAME</b>	<b>DATE OF BIRTH (mm/dd/yyyy)</b>	<b>PLAYER PHONE # (include area code)</b>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
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16			
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21			
22			
23			
24			
25			

<b>SPORT</b>	<b>YOUTH (Maximum # players per team)</b>	<b>ADULT (Maximum # players per team)</b>
Archery/Volleyball/Tennis/ Frisbee/Golf	<b>10</b>	<b>10</b>
Baseball/Softball/Cricket/Kickball/Wiffleball	<b>18</b>	<b>20</b>
Basketball	<b>18</b>	<b>20</b>
Dodgeball	<b>25</b>	<b>25</b>
Street Hockey	<b>18</b>	<b>18</b>
Flag Football / Inline Hockey / Lacrosse	<b>18 Inline / 24 Lacrosse/ 25 Flag</b>	<b>25</b>
Basketball 3 on 3	<b>8</b>	<b>20</b>
Flag Football 4 on 4	<b>8</b>	<b>8</b>
Volleyball 2 on 2 and Volleyball 4 on 4	<b>8</b>	<b>8</b>
Soccer	<b>18</b>	<b>24</b>
Soccer - 4 on 4	<b>16</b>	<b>16</b>

# Minor Waiver/Release

## RELEASE OF LIABILITY FOR MINOR PARTICIPANTS

### READ BEFORE SIGNING

IN CONSIDERATION OF \_\_\_\_\_, my child/ward, being allowed to  
Name of Minor Child/Ward  
participate in any way in the \_\_\_\_\_ related events and activities, the  
Legal Name of Your Sports Program, Ex: League Name  
undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child/ward from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I FOR MYSELF, SPOUSE, AND CHILD/WARD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child/ward's participation; and,
3. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child/ward's readiness for participation and/or in the program itself, I will remove my child/ward from the participation and bring such attention of the nearest official immediately; and,
4. I for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS \_\_\_\_\_;

Legal Name Of Your Sports Program, Ex: League Name

its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child/ward's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

5. I, for myself, my spouse, my child's/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my child's/ward involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

\_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE)

\_\_\_\_\_  
(PRINT NAME)

Date Signed: \_\_\_\_\_

### UNDERSTANDING OF RISK

**I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulations, and accept them as a participant.**

\_\_\_\_\_  
(PARTICIPANT SIGNATURE)

\_\_\_\_\_  
(PRINT NAME)

Date Signed: \_\_\_\_\_

**NOTE:** This is a SAMPLE WAIVER FORM only. Final wording should be as directed by the insured's counsel, but must observe the principles represented within the above. This form provided courtesy of K&K Insurance Group.

**This signed waiver/release should be kept on file by the sports organization for at least 7 years or possibly longer if the player has been involved in a serious injury.**

Ed. 01-30-09

**Adult Waiver/Release**  
**AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY**  
**READ BEFORE SIGNING**

In consideration of being allowed to participate in any way in \_\_\_\_\_  
(Name of Organization)

athletic sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 2) I KNOWINGLY AND **FREELY** ASSUME ALL SUCH RISKS, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** or others, and assume full responsibility for my participation; and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS** \_\_\_\_\_

(Name of Organization)

their directors, officers, officials, agents, volunteers and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

\_\_\_\_\_  
(Participant's Signature) DATE SIGNED: \_\_\_\_\_

---

**FOR PARTICIPANTS OF MINORITY AGE**  
**(UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THEIR NEGLIGENCE**, to the fullest extent permitted by law.

\_\_\_\_\_  
(Parent/Guardian Signature) DATE SIGNED: \_\_\_\_\_

Emergency Phone Number :\_(\_\_\_\_\_) \_\_\_\_\_

---

This is a SAMPLE WAIVER FORM only. Final wording should be directed by the insured's counsel, but must observe the principles represented within the above. This form provided courtesy of K&K Insurance Group.

**This signed waiver/release should be kept on file by the sports organization for at least 7 years or possibly longer if the player has been involved in a serious injury.**

# REQUEST FOR CERTIFICATES OF INSURANCE

**RETURN THIS PAGE ONLY IF YOU NEED TO PROVIDE PROOF OF COVERAGE  
TO A PROPERTY OWNER OR SPONSOR.**

**Insured Organization Name:**

Please indicate the entities that require a COI and complete the requested information. If you do not provide the complete mailing address and indicate the relationship we cannot issue the COI. Property Owners/Lessors and Sponsors are automatically included as Additional Insureds on the General Liability policy and will be shown as such on the COI. Please note that COI's will not be sent directly to these entities – they will be sent to you to deliver.

If your property owner requires an "Additional Insured Endorsement" you must specifically request this and send a copy of their requirement/instructions so that we can make sure we issue what they require.

**CHECK THE TYPE OF CERTIFICATE THAT YOU ARE REQUESTING:**

**Additional Insured**                       **Certificate Holder / Evidence of Coverage only**

**Name of Certificate Holder:**

**Contact Name:**

**Complete Mailing Address:**

<b>City:</b>	<b>State:</b>	<b>Zip:</b>
Relationship to you: <input type="checkbox"/> Property Owner/Lessor <input type="checkbox"/> Sponsor <input type="checkbox"/> Other: _____	<input type="checkbox"/> CG2011 <input type="checkbox"/> CG2026	<input type="checkbox"/> Waiver of Subrogation <input type="checkbox"/> Endorsement Required

**CHECK THE TYPE OF CERTIFICATE THAT YOU ARE REQUESTING:**

**Additional Insured**                       **Certificate Holder / Evidence of Coverage only**

**Name of Certificate Holder:**

**Contact Name:**

**Complete Mailing Address:**

<b>City:</b>	<b>State:</b>	<b>Zip:</b>
Relationship to you: <input type="checkbox"/> Property Owner/Lessor <input type="checkbox"/> Sponsor <input type="checkbox"/> Other: _____	<input type="checkbox"/> CG2011 <input type="checkbox"/> CG2026	<input type="checkbox"/> Waiver of Subrogation <input type="checkbox"/> Endorsement Required

**CHECK THE TYPE OF CERTIFICATE THAT YOU ARE REQUESTING:**

**Additional Insured**                       **Certificate Holder / Evidence of Coverage only**

**Name of Certificate Holder:**

**Contact Name:**

**Complete Mailing Address:**

<b>City:</b>	<b>State:</b>	<b>Zip:</b>
Relationship to you: <input type="checkbox"/> Property Owner/Lessor <input type="checkbox"/> Sponsor <input type="checkbox"/> Other: _____	<input type="checkbox"/> CG2011 <input type="checkbox"/> CG2026	<input type="checkbox"/> Waiver of Subrogation <input type="checkbox"/> Endorsement Required

**If additional certificates are needed, please attach a separate piece of paper with all of the information indicated above.**

## HOW TO SEND A CHECK VIA FAX

1. Make the check payable to Sadler & Company Inc.
2. Make the check out for total amount due
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 application to 803-256-4017 or scan/email it to [soda@sadlersports.com](mailto:soda@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.