



American Football Association, Inc.

Endorsed General Liability Insurance Program

Available: January 1, 2023 to January 1, 2024

Overview: This insurance program is available for amateur teams & leagues that are members of the American Football Association, Inc. (AFA). The AFA General Liability Insurance Program is designed for AFA member teams & leagues that play outdoor football.

How to join AFA: Semi-Pro (adult amateur) football teams and leagues wishing to join the AFA National Association for the **2023** season may contact the AFA national office at **(877) 624-4485** or via email at amerfoot@aol.com or amerfoot@ureach.com. The annual membership fee for teams wanting to join the AFA is \$125 “per team”. A Membership Application can be download from the AFA website at: www.AmericanFootballAssn.com

Eligibility: This program is available for amateur adult tackle football teams or leagues that are members of The American Football Association, Inc. and play outdoor football. Professional Teams/Leagues and/or arena or indoor type football teams/leagues are not eligible to participate in this insurance program.

Who Is Covered: Amateur adult tackle football teams or leagues that have paid the appropriate premium and for whom a certificate of insurance is on file. *(If all teams in a league are covered under the name of the league through this program (under one application), protection is extended to the league and its directors, officers, and volunteers.)* Facility owners, field owners, sponsors, and co-promoters may be endorsed onto the policy per your request as additional insureds for no extra premium charge.

Limits:	\$5,000,000	Per Occurrence
	\$5,000,000	General Aggregate
	\$2,000,000	Products/Completed Operations Aggregate
	\$1,000,000	Personal and Advertising Injury
	\$1,000,000	Damage to Premises Rented To You
	EXCLUDED	Premises Medical Payments (Any One Person)
	EXCLUDED	Legal Liability to Participants

Notable Exclusions: Administration of drugs, steroids, performance enhancers; animals; attendance limitation; child care; fireworks, explosives, incendiary devices; selected activities; sports trainer; tanning equipment; fungi or bacteria; anti stacking; asbestos; chromated copper arsenate; ERISA; known, continuous, or progressive damage; lead; organic pathogens, mold or fungus; player vs. player; participant liability; activities & devices; designated operations; disclosure of confidential information or data liability; communicable disease; total pollution; employment practices; silica; described hazards (carnivals, circuses, fair); nuclear; sex abuse & molestation; OFAC

THIS IS ONLY A VERY GENERAL REFERENCE TO WHAT COVERAGE(S) THE INSURANCE POLICY PROVIDES AND IS NOT INTENDED TO ATTEMPT TO DESCRIBE ALL OF THE VARIOUS DETAILS PERTAINING TO THE INSURANCE. ACTUAL COVERAGES ARE DETAILED IN THE INSURANCE POLICY AND ARE ALWAYS SUBJECT TO ALL TERMS, PROVISIONS, CONDITIONS, AND EXCLUSIONS.

American Football Association, Inc.
Endorsed 2023 General Liability Enrollment Form
 General Liability Limits: \$5,000,000 General Liability (Each Occurrence)
 Insurance Carrier: State National Insurance Company

Coverage Availability:

Coverage starts January 1, 2023, or on the date this completed Enrollment form and premium payment are received by Sadler & Company, Inc., whichever is later, and continues for 12 months from effective date.

Team or League Name:			
(If a Team, please list the name of the league you play in):			
Please note that in order for the LEAGUE to be covered the application must be submitted in <u>the name of the league and must include 100% of the member teams</u> on the application. A list of the member team names must also be included with the application. <i>*If the application is submitted in the name of a SINGLE TEAM, the league <u>cannot</u> be named as an additional insured.</i>			
Primary Authorized Contact Name:			
Mailing Address:			
City:		State:	Zip:
Home Phone: ()	Daytime Phone: ()		Fax #: ()
Email:		Website:	
Alternate Authorized Contact Name:			
Daytime Phone: ()		Email:	
Have you had any claim greater than \$25,000 over the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>*If applying under the name of your league, you must pay a premium on behalf of 100% of the member teams on this application, and attach a list of the team names.</i>			
<i>*All Fundraisers must be pre-approved by the underwriters. Please submit the information about any fundraisers at least two weeks prior to the event.</i>			

Premium Computation:

Please indicate the total number of players in the organization that you are insuring.

Sport/Age Group	# of Teams	Cost Per Team	=	Total Cost
Tackle Football – Ages 18 & over	X	\$412	=	\$

Certificate of Insurance (COI) Requests:

Please indicate the entities below that require a COI and complete the requested information. If you do not provide the complete mailing address & indicate the Relationship, we cannot issue the COI. Property Owners/Lessors and Sponsors are automatically included as Additional Insureds on the General Liability policy (if purchased) 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 for you to deliver.

If your certificate holder requires any special wording or forms, please send a copy for our review.

Name:			
Mailing Address:			
City:		State:	Zip:
Relationship to you: <input type="checkbox"/> Property Owner/Lessor <input type="checkbox"/> Sponsor		<input type="checkbox"/> CG2011	<input type="checkbox"/> Waiver of Subrogation
<input type="checkbox"/> Other: _____		<input type="checkbox"/> CG2026	<input type="checkbox"/> Endorsement Required
Name:			
Mailing Address:			
City:		State:	Zip:
Relationship to you: <input type="checkbox"/> Property Owner/Lessor <input type="checkbox"/> Sponsor		<input type="checkbox"/> CG2011	<input type="checkbox"/> Waiver of Subrogation
<input type="checkbox"/> Other: _____		<input type="checkbox"/> CG2026	<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 did you hear about Sadler & Company?

<input type="checkbox"/> Already buy from Sadler <input type="checkbox"/> Referral from Parks & Recreation Dept <input type="checkbox"/> Link from another website <input type="checkbox"/> Google Search Engine	<input type="checkbox"/> Referral From A Friend <input type="checkbox"/> Recommendation from another team/league <input type="checkbox"/> Other _____ <input type="checkbox"/> Yahoo Search Engine <input type="checkbox"/> Other Search Engine: _____
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All premiums are fully earned at inception and not refundable. Except for non-payment of premium, policies are not cancellable.

Acceptance of the General Liability insurance confirms our desire to obtain insurance through the ERS Risk Purchasing Group Association, Inc., domiciled in IL. We have read, understand, and agree to the terms and conditions of coverage as detailed in the General Liability Plan Description. We understand that all premiums are fully earned at inception and there are no provisions for cancellations or refunds. I understand and agree that the charges shown include a commission on the General Liability policy equal to approximately 21% of premium payable to Sadler & Company, Inc. in consideration of insurance and risk management services rendered.

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.

Enclosed is my check made payable to Sadler & Company for enrollment in the American Football Association, Inc. endorsed Insurance Plan. I/We understand that the coverage begins as stated in section 5 above.

Date:	Authorized Representative Signature:
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Make Check Payable to: Sadler & Company, Inc.		
<p>If Faxing: Sadler & Company, Inc. Attn: Sports Department FAX #: 803-256-4017</p>	<p>For U.S Mail: Sadler & Company, Inc. P.O. Box 5866 Columbia, SC 29250-5866</p>	 <p>Phone: 1-800-622-7370 (803) 254-6311 Email: afa@sadlersports.com © 2000-2023 Sadler & Company, Inc. All Rights Reserved</p>
<p>If Sending by overnight delivery: Sadler & Company, Inc. 3014 Devine St., 2nd Floor Columbia, SC 29205 Phone: (803) 254-6311</p>		

Optional: Equipment Insurance

Application for Non-Profit Sports Organizations

Overview:

Equipment insurance pays for certain loss or damage to your equipment due to perils such as fire, lighting, theft, vandalism, and other specified causes. See actual policy for a full description of all terms, coverages, exclusions, and conditions.

What is Covered:

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/rent.

Premium / Coverage limits:

Rating is based on the value of equipment reported. (100% of value must be reported)

- \$2.00 per \$100 of coverage (subject to a \$200 minimum premium)
- \$500 deductible per claim

Important Information:

You must cover the replacement cost value of 100% of all your equipment to comply with the policy's 100% coinsurance requirement. Otherwise, a coinsurance penalty will be applied which will reduce your payout. You must specifically schedule any equipment with a replacement cost value greater than \$1,000 below. (*Itemized Inventory will be required at time of loss.*)

Coverage Effective:

Coverage will be effective the date that we receive the properly completed enrollment form with the premium. (NOTE: *Certain weather conditions (ex: tropical storms and hurricanes) in your area may prevent us from binding coverage upon receipt of the application and premium payment. If this happens, we will make coverage effective as soon as the insurance company allows us to do so.*)

Payment:

Please return page 2 along with a check in the correct payable amount.

Make Check Payable to: Sadler & Company, Inc.

If Faxing:

Sadler & Company, Inc.
Attn: Sports Department
FAX #: 803-256-4017

For U.S Mail:

Sadler & Company, Inc.
P.O. Box 5866
Columbia, SC 29250-5866

If Sending by overnight delivery:

Sadler & Company, Inc.
3014 Devine St., 2nd Floor
Columbia, SC 29205

Optional: Equipment Insurance Application

Carrier: A+ rated by AM Best Company

Coverage Availability:

Effective only upon underwriting and acceptance by the insurance company.

Organization Name:		
Authorized Representative:		
Mailing Address:		
City:	State:	Zip:
Home Phone: ()	Daytime Phone: ()	
Email:	Website:	
<input type="checkbox"/> I am a New Account	<input type="checkbox"/> I am Renewing my Coverage	
Form of Business:	<input type="checkbox"/> For Profit	<input type="checkbox"/> Not for Profit
On a separate sheet of paper, list any losses/claims in the past 3 years.		
Please include date and description of loss and total amount of loss.		

**Please note: if you are For Profit, you are not eligible for this coverage. Please contact Sadler & Company for further instruction.*

Part 1: Unscheduled equipment Valued Less Than \$1,000 Per Item

You must cover the replacement cost value of 100% of all your equipment to comply with the policy's 100% coinsurance requirement. You must specifically schedule any equipment with a replacement cost value greater than \$1,000 below. *(Itemized Inventory will be required at time of loss.)*

<input type="checkbox"/> Sports Equipment	<input type="checkbox"/> Uniforms	<input type="checkbox"/> Filed / Field Maintenance Equipment
<input type="checkbox"/> Concession Equipment	<input type="checkbox"/> Dugouts, Benches, Bleachers	<input type="checkbox"/> Concession Stock (excluding food products)
<input type="checkbox"/> Small Storage Sheds (valued less than \$1,000)	<input type="checkbox"/> Fences, Scoreboards, Lights	<input type="checkbox"/> Other: _____
Part 1: Total of Unscheduled Equipment valued less than \$1,000 per item:		\$ _____

Part 2: Scheduled equipment Valued \$1,000 or More Per Item (must be individually listed):

When Itemizing equipment, be specific on description of items and value for each item

Description	Replacement Cost Value
<i>Example: 1990 John Deere Tractor – Serial # A439v903</i>	\$8,000.00
	\$
	\$
	\$
Part 2: Total scheduled Equipment valued \$1,000 or more Per Item:	
\$ _____	

Total Premium Charge Computation:

\$ _____	+	\$ _____	=	\$ _____
(Part 1 Total)		(Part 2 Total)		(100% Value of Equipment)
100% value of equipment:		Divided by 100:	X 2.00 =	\$ _____
Total Premium Due (for equipment coverage): \$ _____ (Note \$200 minimum premium applies)				

Please note: Premium is fully earned at inception, and there are no provisions for refunds.

Please list the Off-Season Location of Equipment Address:

If purchaser's coverage is non-renewed, the carrier shall endeavor, but shall not be required, to provide purchaser with prior notice of non-renewal equal to the time allotted by purchaser's domiciliary state. By signing the application, purchaser acknowledges: (1) that this evidence of insurance (hereinafter "EOI") shall be non-renewed effective the expiration date; and (2) that, upon the expiration of purchaser's EOI, the carrier may offer a renewal, but reserves the rights, because of aforesaid non-renewal, to change the terms & conditions of coverage as compared with the expiring coverage. be required, to provide purchaser with prior notice of non-renewal equal to the time allotted by purchaser's domiciliary state. By signing the application, purchaser acknowledges: (1) that this evidence of insurance (hereinafter "EOI") shall be non-renewed effective the expiration date; and (2) that, upon the expiration of purchaser's EOI, the carrier may offer a renewal, but reserves the rights, because of aforesaid non-renewal, to change the terms & conditions of coverage as compared with the expiring coverage.

Date:	Authorized Representative Signature:
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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 and illnesses (ex: communicable diseases such as MRSA, influenza and COVID-19) 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, have read and explained the provisions in this waiver/release to my child/ward including the risks of the activity and his/her responsibilities for adhering to the rules and regulations. I for myself, my spouse, and child/ward 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 events and activities and/or the use of related real and personal property as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

(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.