



# American Football Association, Inc.

## Endorsed General Liability Insurance Program

Available: January 1, 2024 to January 1, 2025

**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 2024 season may contact the AFA national office at (877) 624-4485 or via email at [amerfoot@aol.com](mailto:amerfoot@aol.com) or [amerfoot@ureach.com](mailto: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](http://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.

<b>Limits:</b>	\$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 2024 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, 2024, 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.

<b>Team or League Name:</b>			
<b>(If a Team, please list the name of the league you play in):</b>			
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>			
<b>Primary Authorized Contact Name:</b>			
<b>Mailing Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Home Phone: ( )</b>		<b>Daytime Phone: ( )</b>	<b>Fax #: ( )</b>
<b>Email:</b>		<b>Website:</b>	
<b>Alternate Authorized Contact Name:</b>			
<b>Daytime Phone: ( )</b>		<b>Email:</b>	
<b>Have you had any claim greater than \$25,000 over the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>			
<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.**

<b>Name:</b>			
<b>Mailing Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Relationship to you: <input type="checkbox"/> Property Owner/Lessor <input type="checkbox"/> Sponsor</b>		<input type="checkbox"/> CG2011	<input type="checkbox"/> Waiver of Subrogation
<b><input type="checkbox"/> Other:</b>		<input type="checkbox"/> CG2026	<input type="checkbox"/> Endorsement Required
<b>Name:</b>			
<b>Mailing Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Relationship to you: <input type="checkbox"/> Property Owner/Lessor <input type="checkbox"/> Sponsor</b>		<input type="checkbox"/> CG2011	<input type="checkbox"/> Waiver of Subrogation
<b><input type="checkbox"/> Other:</b>		<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 A Friend
<input type="checkbox"/> Referral from Parks & Recreation Dept	<input type="checkbox"/> Recommendation from another team/league
<input type="checkbox"/> Link from another website	<input type="checkbox"/> Other _____
<input type="checkbox"/> Google Search Engine	<input type="checkbox"/> Yahoo Search Engine
<input type="checkbox"/> Other Search Engine: _____	

**All premiums are fully earned at inception and not refundable. Except for non-payment of premium, policies are not cancellable.**

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.

The completion of this enrollment form confirms our desire to obtain General Liability insurance through ERS Risk Purchasing Group Association, Inc., domiciled in IL, at no additional cost, if such coverage is chosen. Since liability insurance is provided through a risk purchasing group, an insured may not have the protection of an insolvency guaranty fund in some states.

**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.

We understand that this enrollment provides the option for us to select General Liability. However, Sadler offers other types of insurance policies that are not available on this enrollment such as Workers' Compensation, Equipment, Excess Liability, Property (building and contents), Event Cancellation, Cyber Risk, Business Auto, Professional Liability, etc. If we are interested in a quote for these other types of policies, we will need to inform Sadler in writing.

**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.**

<b>Date:</b>	<b>Authorized Representative Signature:</b>
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**Make Check Payable to: Sadler & Company, Inc.**

<p><b>If Faxing:</b> Sadler &amp; Company, Inc. Attn: Sports Department FAX #: 803-256-4017</p>	<p><b>For U.S Mail:</b> Sadler &amp; Company, Inc. P.O. Box 5866 Columbia, SC 29250-5866</p>	 <p><b>Phone: 1-800-622-7370 (803) 254-6311</b> <b>Email: <a href="mailto:afa@sadlersports.com">afa@sadlersports.com</a></b> © 2000-2024 Sadler &amp; Company, Inc. All Rights Reserved</p>
<p><b>If Sending by overnight delivery:</b> Sadler &amp; Company, Inc. 3014 Devine St., 2nd Floor Columbia, SC 29205 Phone: (803) 254-6311</p>		

**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.**

DATE SIGNED: \_\_\_\_\_

\_\_\_\_\_  
(Participant’s Signature)

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**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.**

DATE SIGNED: \_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian Signature)

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

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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.