PROGRAM DESCRIPTION

This program has been designed for U.S.-based youth sports camp operations (those attended by campers age 19 or under) or sports clinics that are held at premises not owned or maintained by the sport camp operator. Coverage provided under this program includes important liability protection for the camp or clinic operator, including employees and volunteers, for liability claims arising out of its operations. In addition, the program provides medical payments coverage to the camp or clinic participants. Coverage is provided on an annual basis, but only applies to those camp/clinic sessions that are specifically reported.

Coverage is provided by a carrier rated A+(Superior) by A.M. Best Company.

INELIGIBLE OPERATIONS

Camps or clinics offering the following operations or instruction based on any of the following sport categories are not eligible for this insurance program. Please note, this is not a complete listing of ineligible sports. Please contact us for more information.

- After school/day care/latch key programs
- All star/bowl games*
- Hunting and/or nature camps/programs
- Pop Warner Little Scholars Football or Cheer Camps/Clinics
- Pro-sport try-out and training camps
- Recruiting camps, showcases or combines*
- Sports camp/clinic operators who own or maintain their own facility
- Weight loss camps/programs

- Boxing
- Box lacrosse
- Broomball
- Cycling or BMX
- Diving
- Equestrian
- Martial arts styles consisting of: contact or sparring boxing, dim mak, haganah, kali/escrima, mixed martial arts, savate, sayoc kali, thai boxing/ muay thai, ultimate fighting, extreme fighting, cage fighting, or wrestling
- Open water activities/events
- Skiing (snow or water)

* Please contact us for programs that can provide coverage for these types of operations

WAYS TO ENROLL FOR COVERAGE

Submit this enrollment form, with payment, to us.

WEB For information and applications visit us on-line at http://www.sadlersports.com/sportscampinsurance/

OR

E-MAIL sport3@sadlersports.com

FAX 1-803-256-4017

MAIL Sadler & Company Inc.
PO Box 5866
Columbia, SC 29250

QUESTIONS Call 1-800-622-7370

This brochure is for illustrative purposes only and is not a contract of insurance. You must refer to the actual policy for complete information regarding coverage terms, conditions and exclusions as they may change from one coverage period to the next. You may request a copy of the full policy by submitting a written request to us.
### Coverages and Limits

*Higher liability limit options are available immediately online at www.campinsurance-kk.com*

<table>
<thead>
<tr>
<th>Coverages</th>
<th>Option 1 Limits</th>
<th>Option 2 Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Commercial General Liability (CGL):</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Each Occurrence</td>
<td>$1,000,000</td>
<td>$2,000,000</td>
</tr>
<tr>
<td>General Aggregate (other than Products-completed Operations) – per event/camp</td>
<td>$5,000,000</td>
<td>$5,000,000</td>
</tr>
<tr>
<td>Products-completed Operations Aggregate</td>
<td>$1,000,000</td>
<td>$2,000,000</td>
</tr>
<tr>
<td>Personal and Advertising Injury</td>
<td>$1,000,000</td>
<td>$2,000,000</td>
</tr>
<tr>
<td>Professional Liability</td>
<td>$1,000,000</td>
<td>$2,000,000</td>
</tr>
<tr>
<td>Hired Auto &amp; Employer’s Nonownership Liability (not provided while in Hawaii)</td>
<td>$1,000,000</td>
<td>$2,000,000</td>
</tr>
<tr>
<td>Damage to Premises Rented to You (Fire Legal Liability)</td>
<td>$1,000,000</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>Medical Expense (other than participants)</td>
<td>$5,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>Medical Payments for Participants (excess)</td>
<td>$25,000</td>
<td>$250,000</td>
</tr>
<tr>
<td>Medical Expense Reimbursement for Participants</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>Legal Liability to Participants (LLP)</td>
<td>$1,000,000</td>
<td>$2,000,000</td>
</tr>
</tbody>
</table>

### Rates (per participant)

If multiple sports are in a single camp, then the highest sport class applies

<table>
<thead>
<tr>
<th>Class 1 Sports</th>
<th>Option 1</th>
<th>Option 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per participant/per daily session</td>
<td>$1.37</td>
<td>$1.87</td>
</tr>
<tr>
<td>Per participant/per weekly session (camps 3-7 consecutive days)</td>
<td>$4.12</td>
<td>$5.70</td>
</tr>
<tr>
<td>Per participant/overnight camps (camps no more than 7 consecutive days)</td>
<td>$5.48</td>
<td>$7.57</td>
</tr>
<tr>
<td>Note: Adult accompanied camps are not eligible for this option</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Class 2 Sports</th>
<th>Option 1 with Limited Brain Injury Coverage</th>
<th>Option 2 with Limited Brain Injury Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per participant/per daily session</td>
<td>$1.51</td>
<td>$2.08</td>
</tr>
<tr>
<td>Per participant/per weekly session (camps 3-7 consecutive days)</td>
<td>$4.55</td>
<td>$6.34</td>
</tr>
<tr>
<td>Per participant/overnight camps (camps no more than 7 consecutive days)</td>
<td>$6.05</td>
<td>$8.41</td>
</tr>
<tr>
<td>Note: Adult accompanied camps are not eligible for this option</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Minimum Premiums - All Classes (1 & 2)

- Option 1: $240.00
- Option 2: $360.00

*LIMITED BRAIN INJURY COVERAGE* - "Brain injury" means concussion, chronic traumatic encephalopathy or any other injury to the brain and any symptoms, conditions, disorders and diseases, including death, resulting therefrom but only if such injury occurs as a result of specific events occurring during the policy period.

Class 2 sports have the option to exclude coverage for brain injuries in order to receive premium credits. In order to receive credits, you must contact Sadler & Company directly at sport3@sadlersports.com

---

**Options 1 and 2**

<table>
<thead>
<tr>
<th>w/ $1,000,000</th>
<th>Limited Brain Injury Coverage</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Brain Injury limit / Aggregate limit</th>
<th>$1,000,000 / $1,000,000</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Loss Adjustment Expense limit / Aggregate limit</th>
<th>$1,000,000 / $1,000,000</th>
</tr>
</thead>
</table>
**Commercial General Liability with Broadening Endorsement** - coverage which protects the insured against liability claims for bodily injury and property damage arising out of premises, operations, products and completed operations and personal and advertising injury. Legal liability to participants and professional liability coverage are also provided as part of this program. No deductible applies to liability claims. Additional or broadening coverages added with the broadening endorsement are:

- Expected or intended injury resulting from the use of reasonable force to protect persons or property
- Non-owned watercraft – extended to 58 feet
- Supplementary payments - $2,500 bail bonds, $500 a day loss of earnings
- Knowledge or Notice of Occurrence
- Waiver of right of recovery
- Bodily injury definition expanded to include mental anguish, mental injury, shock, fright, humiliation, emotional distress or death resulting from bodily injury, sickness or disease.
- Damage to Premises Rented to You – the term fire is replaced with fire, lightning, explosion, smoke and leaks from sprinklers

Additional coverages:

- Emergency Real Estate Consultant Fee - $25,000  
- Identify Theft Exposure (for directors or officers) - $25,000  
- Key Individual Replacement Cost - $50,000  
- Lease Cancellation Moving Expense - $2,500

**Hired Auto and Employers’ Nonownership Liability** - coverage which protects the insured against liability claims arising out of the maintenance or use of motor vehicles hired or borrowed by the insured on a short-term basis, as well as coverage for those autos your organization does not own, lease, hire, rent or borrow that are used in conjunction with your operations. Coverage does not extend to the transporting of participants or to those vehicles that are rented, hired or borrowed on a long-term basis.

**Medical Payments for Participants** - coverage which pays the medical and dental expenses incurred by a “participant” when an accidental injury occurs while participating in your camp operations. The coverage is provided on an excess basis, responding after all other medical coverage available to the “participant” has been exhausted. If no other medical coverage exists, the coverage becomes primary. A $100 deductible applies to each claim and the benefit period is two years from the date of the accident.

**Medical Expense Reimbursement for Participants** - coverage which will pay expenses incurred for illness which a “participant” first experiences, or is exposed to, during a covered camp program. The illness must be reported within two years from the first experience or exposure and payments are made regardless of fault.

“Participant” means any person engaged in the activities of your camp operations. Participant does not include any compensated member of your staff, including employees or independent contractors.

**OPTIONAL COVERAGE AVAILABLE**

**Sexual Abuse or Sexual Molestation Liability**

OR

**Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement**

This program includes two options for coverage for claims arising out of sexual abuse or sexual molestation:

**Option 1:** $1,000,000 of liability coverage for sums the insured becomes legally obligated to pay as damages because of loss arising out of any actual or threatened sexual abuse or sexual molestation. This limit is part of, not in addition to, the general liability limit selected.

**Option 2:** $100,000 of coverage for reimbursement of defense costs only resulting from claims arising out of abuse, molestation, harassment or sexual conduct.

**Coverage Conditions:**

1. Coverage is contingent upon completion, as well as review and approval from us, of the underwriting questions found on page 9.
2. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your camp or clinic with our Youth Sports Camp and Sports Clinic RPG Insurance Program.
3. Only one option may be purchased.
OPTIONAL COVERAGES CONTINUED

Sexual Abuse or Sexual Molestation Liability  OR
Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement

<table>
<thead>
<tr>
<th>Options</th>
<th>Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Option 1</strong> - $1,000,000 Sex. Abuse or Molest. Liability</td>
<td>See page 9 for rates ($150.00 minimum premium)</td>
</tr>
<tr>
<td><strong>Option 2</strong> - $100,000 Abuse, Molest., Harassment or Sex. Conduct Defense Cost Reimbursement</td>
<td>$100.00 (Flat rate)</td>
</tr>
</tbody>
</table>

EXCLUSIONS

The following represent only some of the exclusions contained in this policy.

- Abuse, molestation, harassment or sexual conduct
- Amusement devices (e.g.: rides, slides, inflatables, bungees, climbing walls, dunk tanks)
- Asbestos
- Cryogenic chambers/therapy
- Employment-related practices
- Fireworks
- Fungi or bacteria
- Lead
- Operation, maintenance or management of any facility or field other than being used for covered activities
- Nuclear energy
- Operations listed as ineligible
- Pollution
- Transportation of participants
- Use of haunted attractions

HOW TO OBTAIN COVERAGE

1. For instant proof of coverage - APPLY ONLINE at http://www.sadlersports.com/sportscampinsurance
2. If you do not apply online, remit the completed and signed enrollment form (page 5-12), corresponding premium payment, and a copy of your camp brochure and/or registrations form to:
   Sadler & Company, Inc.  Phone: 1-803-254-6311 or 1-800-622-7370
   PO Box 5866  Fax: 1-803-256-4017
   Columbia, SC 29250-5866  Email: sport3@sadlersports.com
3. You will be notified by Sadler and Company, Inc., if for any reason, your submission to this insurance program is declined or determined to be ineligible for coverage and your premium payment will be returned.
4. If Sadler & Company, Inc., needs additional information or if there are any problems with your submission, an email will be sent to the email address provided on the application.
5. If your enrollment is accepted, Sadler & Company, Inc. will issue your coverage documents and a verification of coverage email will be sent to the email address provided on the application.
6. Coverage will become effective the day and time your enrollment form and premium payment are received by Sadler & Company, Inc., or on a later date that you may specify.
7. Please allow 6 business days for processing - we CANNOT rush your proof of coverage. If you need faster processing, apply online and you will have your coverage documents instantly.
Enrollment Form - Youth Sports Camp & Sports Clinic Insurance
Valid for effective dates from 3/1/19 through 2/29/20

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. A risk purchasing group (RPG) provides group purchasing power for similar risks resulting in potential advantageous coverage terms, competitive rates, risk management bulletins, and rewards for favorable group loss experience. An RPG administration fee may be charged. The submission of this enrollment form and/or the acceptance of payment does not guarantee coverage. Certain operations are not eligible for coverage by this program. We reserve the right to decline any request for coverage.

TO AVOID PROCESSING DELAYS, PLEASE: 1. Complete all sections (print legibly) 2. Sign and date where required 3. Remit completed enrollment form (pages 5 - 12) with payment

<table>
<thead>
<tr>
<th>BUSINESS INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am a new account</td>
</tr>
</tbody>
</table>

Full legal name of business: ______________________________________________________

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:  ○ Sole Proprietorship ○ Limited Liability Co. ○ Corporation ○ Partnership

Other (describe): ______________________________________

Mailing address: _______________________________________________________________

City: ___________________________ State: ________ Zip: __________

Contact name: ___________________________ Phone: (______) ________

Cell: (______) __________ Fax: (______) ________

E-mail: ___________________________ Website: __________________________

(By listing an email address, you are giving us permission to contact you by email about your policy. Refer to page 11 of the application for Electronic Disclosure and Consent)

<table>
<thead>
<tr>
<th>DATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coverage will begin the day after 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 the expiration date of your current policy.) ○ Start my coverage on this date: ______ / ______ / ______</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1. Are any of your camp/clinic attendees age 20 or over?</th>
<th>○ Yes ○ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, do you allow more than two parents or adults to accompany youth participants in camp activities?</td>
<td>○ Yes ○ No</td>
</tr>
<tr>
<td>If you allow parent or adult participation, do you offer any “adult-only” instruction or competitions?</td>
<td>○ Yes ○ No</td>
</tr>
</tbody>
</table>

| 2. Are you an after school, day care or latch key program? | ○ Yes ○ No |

| 3. Do you own or maintain the facility(s) where the camps/clinics take place? | ○ Yes ○ No |

| 4. Are you a weight loss camp/program? | ○ Yes ○ No |

| 5. Does any of your camps/clinics include an all star game or bowl game? | ○ Yes ○ No |

| 6. Are any of your camps/clinics a professional try-out or training camp? | ○ Yes ○ No |

| 7. Are any of your camps/clinics a recruiting event, showcase or combine? | ○ Yes ○ No |

| 8. Are any of your camps/clinics held on the property of a private home or residence? | ○ Yes ○ No |

| 9. Does your program include any trips away from the main location? | ○ Yes ○ No |
| If yes, please submit additional details. Trips made away from the main location must be reported prior to occurring, and approved by us. | |

The exposures/activities listed above are not covered by this program and any resulting claims will be denied. If you wish to cover any of these activities, please contact us to determine if other coverage options are available.
10. Are any of your camps/clinics by invitation only?  ○ Yes  ○ No
11. Is this a Pop Warner Little Scholars football or cheer camp/clinic?  ○ Yes  ○ No
12. If you suspect an athlete has a concussion, do you have an action plan that includes:
   a. Immediately removing the athlete from play or practice  ○ Yes  ○ No
   b. Keeping the athlete out of play or practice until they provide written clearance from a
      licensed physician?  ○ Yes  ○ No
13. Does your operation involve football?  ○ Yes  ○ No
   If yes, Do you maintain a system for your football activities that includes communication (in written or electronic form) of
   education materials to participants, parents and coaches about the nature of risk of concussions, including but not
   limited to information such as: focusing on prevention and preparedness to keep athletes safe; understanding
   concussions and potential consequences of the injury; recognizing concussion symptoms and how to respond;
   and learning about steps for returning to play after a suspected concussion?  ○ Yes  ○ No
   Note: The Center for Disease Control and Prevention offers free information, as well as a free online concussion
   training course for coaches on their website: www.cdc.gov/concussion/HeadsUp/youth.html.

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**RATES AND MINIMUM PREMIUMS**

<table>
<thead>
<tr>
<th>Class 1 Sports</th>
<th>$1,000,000 CGL and $25,000 MPP</th>
<th>$2,000,000 CGL and $250,000 MPP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Camp Sessions</td>
<td>Option 1</td>
<td>Option 2</td>
</tr>
<tr>
<td>Daily (no overnight exposures) =</td>
<td>$1.37</td>
<td>$1.87</td>
</tr>
<tr>
<td>• 2 consecutive days or less; OR</td>
<td>Per Day/Per Commuter Camper</td>
<td>Per Day/Per Commuter Camper</td>
</tr>
<tr>
<td>• Multiple non-consecutive days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weekly (no overnight exposures) =</td>
<td>$4.12</td>
<td>$5.70</td>
</tr>
<tr>
<td>• 3-7 consecutive days</td>
<td>Per Week/Per Commuter Camper</td>
<td>Per Week/Per Commuter Camper</td>
</tr>
<tr>
<td>Overnight/Resident =</td>
<td>$5.48</td>
<td>$7.57</td>
</tr>
<tr>
<td>• 1-7 consecutive days</td>
<td>Per Resident Camper</td>
<td>Per Resident Camper</td>
</tr>
<tr>
<td>Note: Adult accompanied camps are not eligible for this option</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MINIMUM PREMIUMS:</strong></td>
<td>$240.00</td>
<td>$360.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Class 2 Sports</th>
<th>$1,000,000 CGL and $25,000 MPP</th>
<th>$2,000,000 CGL and $250,000 MPP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Camp Sessions</td>
<td>Option 1 with Limited Brain Injury Coverage</td>
<td>Option 2 with Limited Brain Injury Coverage</td>
</tr>
<tr>
<td>Daily (no overnight exposures) =</td>
<td>$1.51</td>
<td>$2.08</td>
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<td>Per Day/Per Commuter Camper</td>
</tr>
<tr>
<td>• Multiple non-consecutive days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weekly (no overnight exposures) =</td>
<td>$4.55</td>
<td>$6.34</td>
</tr>
<tr>
<td>• 3-7 consecutive days</td>
<td>Per Week/Per Commuter Camper</td>
<td>Per Week/Per Commuter Camper</td>
</tr>
<tr>
<td>Overnight/Resident =</td>
<td>$6.05</td>
<td>$8.41</td>
</tr>
<tr>
<td>• 1-7 consecutive days</td>
<td>Per Resident Camper</td>
<td>Per Resident Camper</td>
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<td></td>
</tr>
<tr>
<td><strong>MINIMUM PREMIUMS:</strong></td>
<td>$240.00</td>
<td>$360.00</td>
</tr>
</tbody>
</table>

*Class 2 sports have the option to exclude coverage for brain injuries in order to receive premium credits. In order to receive credits, you must contact Sadler & Company directly at sport3@sadlersports.com*
1. Please list all camp sessions individually below.

<table>
<thead>
<tr>
<th>Type of Camp Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Daily</strong> (no overnight exposures) = 2 consecutive days or less; OR Multiple non-consecutive days</td>
</tr>
<tr>
<td><strong>Weekly</strong> (no overnight exposures) = 3-7 consecutive days (max 7 consecutive days)</td>
</tr>
<tr>
<td><strong>Overnight/Resident</strong> (Note: Adult accompanied camps are not eligible for this coverage) = 1 – 7 consecutive days</td>
</tr>
</tbody>
</table>

2. Coverage only applies to those camp sessions specifically reported and each session must be individually listed.

3. Should you have more than 4 camps, please provide information on an additional sheet.

**CAMP/SESSION #1**

Name of Camp: ______________________________________________________________________________________

Type of camp (list type(s) of sport(s)/activity(s)): _______________________________________________________

Dates of camp: _______ / _______ / _______ to _______ / _______ / _______ Hours of operation: ______A.M./P.M. to ______A.M./P.M.

Camp days (circle all that apply): Mon        Tues        Wed        Thurs        Fri        Sat        Sun

Camp Location(s) ______________________________________________________________________________________

# of youth campers/participants (below age 19): ______________                           # of adult campers/participants: __________________

Check all that apply: ☐ Daily  ☐ Weekly  ☐ Overnight/Resident

**CAMP/SESSION #2**

Name of Camp: ______________________________________________________________________________________

Type of camp (list type(s) of sport(s)/activity(s)): _______________________________________________________

Dates of camp: _______ / _______ / _______ to _______ / _______ / _______ Hours of operation: ______A.M./P.M. to ______A.M./P.M.

Camp days (circle all that apply): Mon        Tues        Wed        Thurs        Fri        Sat        Sun

Camp Location(s) ______________________________________________________________________________________

# of youth campers/participants (below age 19): ______________                           # of adult campers/participants: __________________

Check all that apply: ☐ Daily  ☐ Weekly  ☐ Overnight/Resident

**CAMP/SESSION #3**

Name of Camp: ______________________________________________________________________________________

Type of camp (list type(s) of sport(s)/activity(s)): _______________________________________________________

Dates of camp: _______ / _______ / _______ to _______ / _______ / _______ Hours of operation: ______A.M./P.M. to ______A.M./P.M.

Camp days (circle all that apply): Mon        Tues        Wed        Thurs        Fri        Sat        Sun

Camp Location(s) ______________________________________________________________________________________

# of youth campers/participants (below age 19): ______________                           # of adult campers/participants: __________________

Check all that apply: ☐ Daily  ☐ Weekly  ☐ Overnight/Resident

**CAMP/SESSION #4**

Name of Camp: ______________________________________________________________________________________

Type of camp (list type(s) of sport(s)/activity(s)): _______________________________________________________

Dates of camp: _______ / _______ / _______ to _______ / _______ / _______ Hours of operation: ______A.M./P.M. to ______A.M./P.M.

Camp days (circle all that apply): Mon        Tues        Wed        Thurs        Fri        Sat        Sun

Camp Location(s) ______________________________________________________________________________________

# of youth campers/participants (below age 19): ______________                           # of adult campers/participants: __________________

Check all that apply: ☐ Daily  ☐ Weekly  ☐ Overnight/Resident
1. Use rates on page 6 to calculate premium. Premium is determined by applying the appropriate rate for the coverage option selected to the maximum amount of expected campers/participants. Day camps/clinics with an accompanied adult(s) need to count all participants in their program including the adults. TBD cannot be accepted.

2. If calculated premium is less than minimum (see chart on page 6), use the minimum premium.

3. The same limit option must be used for all camps.

4. If multiple sports are in a single camp, then the highest sport class applies.

5. OPTIONAL LIMITS AVAILABLE – For liability limits of $3,000,000, $4,000,000 and $5,000,000. Visit us online for an immediate quote or check here if a higher liability limit is needed.
   ☐ Limit needed: ________________________________

6. Costs are 100% non-refundable/non-transferrable once coverage begins. Coverage is contingent upon receipt of payment and a fully completed enrollment form. No coverage will be deemed in effect until accurate payment is received by the company or their representative.

   **NOTE:** Cancellations must be reported prior to the scheduled start date or the first day of the camp/clinic session, and confirmed in writing for a refund or credit to be considered. Refunds may be subject to a cancellation penalty. Cancellations/changes can only be made by the named insured.

<table>
<thead>
<tr>
<th>Camp/Session # (from page 7)</th>
<th>Coverage Option (1 or 2)</th>
<th># of Days OR Weeks</th>
<th>X</th>
<th>Daily OR Weekly Rate (from page 6)</th>
<th>X</th>
<th># of Campers</th>
<th>=</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>$</td>
<td>X</td>
<td></td>
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<td>X</td>
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**Calculated Premium** (add premium lines above) $ (A)

**Minimum Premium** (from page 6)
- Option 1 minimum premium = $240
- Option 2 minimum premium = $360 $ (B)

**Program Premium Due** (greater amount from line A or B) $
**Sexual Abuse or Sexual Molestation Liability Coverage OR Abuse, Molestation or Harassment or Sexual Conduct Defense Cost Reimbursement**

- **Check here and skip this section if you do not want this coverage option**

Coverage is contingent upon underwriting review and approval of the following questionnaire.

1. Does your organization currently have employees, volunteers or independent contractors?  
   - Yes  
   - No

   The term “Volunteers” means someone, including parent volunteers, who exerts control over or supervises participants.

2. Have any claims, allegations or charges of abuse, molestation or sexual misconduct been made against you or your organization or anyone working on behalf of your organization?  
   - Yes  
   - No

   a. Are you aware of any occurrences that could lead to a claim?  
      - Yes  
      - No

   If yes to 2. or 2.a., please explain: ____________________________

3. Do you, your organization or sanctioning/governing body have written procedures in place regarding the prevention and mitigation of abuse, molestation or sexual misconduct?  
   - Yes  
   - No

   a. Do the procedures require that known or suspected abuse incidents must be reported to law enforcement?  
      - Yes  
      - No

   b. Are written procedures provided or available to each employee, volunteer, independent contractor or sanctioning/governing body member?  
      - Yes  
      - No

   c. Does your written plan include reasonable procedures to limit one-on-one interactions between a minor and an adult (who is not the minor’s legal guardian) to those that are observable by another adult and within an interruptible distance, except under emergency circumstances?  
      - Yes  
      - No

4. Please complete the following questions regarding employee, volunteer, or independent contractor screening controls used by your organization.

- **Check here and skip the chart below if you have no employees, volunteers, or independent contractors**

### Please Complete All Questions
The term “Volunteers/Independent contractors” in the following questions means someone who exerts control over or supervises participants.

<table>
<thead>
<tr>
<th>Employees (Check Here if No Employees ☐ )</th>
<th>Volunteers/Independent contractors (Check Here if No Volunteers/Independent contractors ☐ )</th>
</tr>
</thead>
</table>
| Are employee/volunteer applications required?  
   If yes, does the application include questions about whether the individual has ever been convicted for any crime involving physical violence or sex related offenses?  
   If yes and applicant checks yes, do you reject the applicant?  
   | ☐ Yes  ☐ No  ☐ Yes  ☐ No  ☐ Yes  ☐ No  ☐ Yes  ☐ No  ☐ Yes  ☐ No  |
| Are background checks provided by a third party vendor/service?  
   If yes, do you reject an applicant with any history of physical violence or sex related offenses?  
   | ☐ Yes  ☐ No  ☐ Yes  ☐ No  ☐ Yes  ☐ No  ☐ Yes  ☐ No  |

Please explain any “No” responses to questions asked in #4: ____________________________

5. Please select Option 1 or 2 below and complete

- **Option 1 - $1,000,000 Sexual Abuse or Sexual Molestation Liability**
  - **Rates:**
    - Daily Rate = $.14  
    - Weekly Rate = $.43  
    - Overnight/Resident Rate = $.57

  

<table>
<thead>
<tr>
<th>Camp/Session # (as reported on page 8)</th>
<th># of Days OR Weeks</th>
<th>Daily OR Weekly Rate (from above)</th>
<th># of Campers</th>
<th>Premium</th>
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<td>Add all lines above for calculated premium</td>
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**Option 1 Total Premium** - Calculated premium total from line above  
 OR  
 $150.00 minimum premium – whichever amount is higher  

- **$**

- **Option 2 - $100,000 Abuse, Molestation, or Harassment of Sexual Conduct Defense Cost Reimbursement**  
  - $100.00
COVERAGE EXCLUSIONS

The following exclusions are contained in the commercial general liability coverage you are purchasing. Abuse, molestation, harassment or sexual conduct (unless optional liability coverage is purchased); Aircraft/hot air balloon; Airport; Amusement devices (the ownership, operation, maintenance or use of: any mechanical or non-mechanical ride, slide, or water slide, any inflatable recreational device, any bungee operation or equipment, any vertical device or equipment used for climbing—either permanently affixed or temporarily erected, or dunk tank. Amusement devices do not include any video or computer games or any device that is specifically designed for the training or instruction of the activity for which you are enrolled.); Ancillary activities/trips held away from the reported camp/clinic location unless supervised, approved and on file with the company; Animals (injury or death to, or injury, death or property damage caused by any animal owned, rented or hired by you); Asbestos; Commercial general liability standard exclusions (CG0001 04/13 edition); Cryogenic chambers/therapy; Employment-related practices; Fireworks; Fungi or bacteria; Haunted attractions; Lead; Nuclear energy liability; Operation, maintenance or management of any athletic facility or field, other than while being used for covered activities; Performers; Rodeos; Saddle animals; Snowmobile; Transportation of participants; Violation of statutes that govern e-mails, faxes, phone calls or other methods of sending materials or information; Those operations listed as ineligible: After school, day care and latch key programs; All star/bowl games; Hunting and/or nature camps/programs; Pro-sport try-out and training camps; Recruiting camps, showcases, or combines; Sports camp/clinic operators who own or maintain their own facility; Weight loss camps/programs; Sports campsclinics offering instruction of: Adventure races; Bandy; Biathlon; Bobsled; Body boarding; Boxing; Box lacrosse; BMX or stunt cycling; Broomball; Canoeing; Climbing; Cycling; Diving; Dodgeball; Equestrian; Hang gliding; Hammer throw; Highland games; Hostelling; Hurling; Inline (extreme, aggressive, freestyle) skating; Inline Stunt performing; Jai alai; Javelin; Karate; Kayaking; Kite surfing; Luge (street); Marathon; Martial arts styles consisting of: contact or sparring boxing, dim mak, haganah, kali/escrima, mixed martial arts, savate, sayoc kali, thai boxing, muay thai, ultimate fighting, extreme fighting, cage fighting, or wrestling; Modern pentathlon; Mountain biking and/or hiking; Mountain boarding; Open water activities/events; Open water fishing; Orienteering; Outrigging; Parasailing; Polo (horse); Rafting; Rodeo; Roller derby; Rowing/Crew; Rugby; Sailing; Scuba diving; Shooting sports/events; Skateboarding; Skiing (snow or water); Sky diving; Sky surfing; Sled/Crew dog racing; Snorkeling; Snowboarding/snow surfing; Sports parachuting; Streetball; Surfing (including boogie boards); Tae Kwon Do; Trapeze; Takraw; Trampoline (unless reported, reviewed and approved by us); Triathlon; Unicycling; Wake boarding; Wind surfing; Wrestling (Roman/Greco); Yachting.

CERTIFICATE REQUESTS

Once your enrollment form is approved, you will receive a Certificate of Insurance as evidence that coverage is bound. Complete this section if you require additional certificates listing a facility, property owner or similar third-party as an additional insured on your policy. Provide a separate request for each additional certificate needed.

Note: Please request all additional insureds needed for this policy term. Additional insureds from the expiring policy term will not be automatically renewed.

Camp #: ____________________

When is this certificate needed? : _____/_____/_____

What is the additional insured’s relationship to you?

☐ Owner/manager/lessor of premises (facility or venue) ☐ Sponsor ☐ Co-promoter

☐ Other (please identify/explain): ____________________________

NOTE: The certificate holder will automatically be an Additional Insured for an Owner/manager/lessor, Sponsor or Co-Promoter relationship

Certificate holder/additional insured name: ____________________________

Mailing address: ________________________________________________

City: ____________________________ State: _________ Zip: __________

Does the certificate holder/additional insured require any special wording or endorsements? ☐ Yes ☐ No

If yes, check all that apply: ☐ CG2026 ☐ Primary ☐ Waiver of subrogation

☐ Other (please explain): ______________________________________

NOTE: If you are not sure, please attached a copy of the insurance requirements/instructions you’ve received.

The most common delay in certificate processing is caused by providing partial or incorrect name and/or instructions. Please check your request carefully before submitting.
**Program Premium** (from page 8)  
$ 

**Sexual Abuse/Sexual Molestation Premium:** (from page 9) - Optional Coverage  
☑️ $100,000 Defense Reimbursement Only  OR  ☐ $1,000,000 Liability Limit  

**Subtotal Due** (add all lines above)  
$  

**Risk Purchasing Group Administration Fee** (required)  
$ 15.00  

**Total Cost Due** (add A + B)  
$ 

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**COSTS ARE 100% NON-REFUNDABLE/NON-TRANSFERRABLE ONCE COVERAGE BEGINS.**  
**COVERAGE IS CONTINGENT UPON RECEIPT OF PAYMENT AND A FULLY COMPLETED ENROLLMENT FORM.**  
**NO COVERAGE WILL BE DEEMED IN EFFECT UNTIL THE ACCURATE PAYMENT IS RECEIVED BY THE COMPANY OR THEIR REPRESENTATIVE.**  
**CANCELLATIONS/CHANGES CAN ONLY BE MADE BY THE NAMED INSURED.**

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**Electronic Disclosure and Consent and Warranty**  
**PLEASE READ, COMPLETE #9 BELOW, AND SIGN ON PAGE 12**

**Electronic Signature Disclosure and Consent**  
The Electronic Signatures in Global and National Commerce Act (15 U.S.C. § 7001, et seq.) provides that a signature, contract or other record may not be denied legal effect, validity or enforceability solely because it is in electronic form or because an electronic signature was used in a transaction.

Sadler & Company, Inc. (Sadler), whether on its own behalf, and/or on behalf of an insurer and/or third parties, may utilize the internet, email, cloud services, digital storage, digital media or similar electronic means to transmit Policy Documents to its clients. This Agreement informs you of your rights when we are delivering and you are receiving such documents from us electronically.

By agreeing to proceed with this transaction, you acknowledge and consent to the following:

1. I hereby voluntarily consent to proceeding with this transaction, and all subsequent actions related to this transaction, electronically.
2. I understand that further documents relating to this insurance purchased through Sadler, including but not limited to correspondence, communications, confirmations, requests for premium payments and policy documents, may, to the extent permitted by law, be transmitted by electronic means to me, including by e-mail sent to the e-mail address I have provided as part of this transaction and/or my on-line registration. I consent to such documents being provided to me electronically.
3. Notwithstanding paragraph 2, any notice of cancellation shall be sent to me by mailing to the address I have provided as part of my registration and/or application for insurance, or to such other address for which I have provided notice pursuant to the terms of the policy.
4. Any change or revision to the e-mail address or other electronic contact information which I have provided as part of this transaction and/or my on-line registration process shall be requested by me by logging onto this website, or by mailing a written notice to: Sadler & Company, Inc., P.O. Box 5866, Columbia, SC 29250.
5. I understand that I have the right to obtain a paper copy of any electronic record provided to me pursuant to this transaction or any subsequent transaction involving my coverage by mailing a written request to the address provided in paragraph 4.
6. In order to access the electronic records provided, the following hardware and software are required: (a) a personal computer or other device through which Internet access is available, (b) an Internet connection, (c) an e-mail account with an Internet service provider, and (d) Adobe Acrobat Reader.
7. I understand that I have the right and option to withdraw my consent to the receipt of further electronic documents at any time, by mailing a written request to the address provided in paragraph 4. By withdrawing my consent to electronic delivery of documents I understand that I will receive a paper copy of future policy documentation.
8. Information relating to this transaction is subject to the terms of our privacy statement, a copy of which is provided at www.sadlersports.com.
9. **DOCUMENT DELIVERY.** After this enrollment form is approved, you will receive a certificate of insurance showing evidence that coverage has been bound. When submitted through an insurance agent or broker, this coverage document will only be delivered to them. Additional certificate requests will be issued to the same person. Please select preferred method for document delivery. Providing an email address in this application will be deemed consent to us to deliver documents and communication to you electronically.
   - ☑️ E-mail to: __________________________________________ attn: _________________________________________
   - ☑️ Fax to: __________________________________________ attn: _________________________________________
   - ☑️ Mail to: __________________________________________ attn: _________________________________________

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**IMPORTANT INFORMATION. PLEASE READ.**

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Page 11 of 12  
1032-Sadler 2/19
IMPORTANT INFORMATION.

Warranty Statement: 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 premium calculation. I understand that my book and records may be examined or audited by the insurance company at any time during the coverage period and up to three years thereafter. Intentional misrepresentation or misreporting may jeopardize coverage. We reserve the right to decline/void any ineligible coverage.

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

Applicant name (from page 5): _______________________________ Date: _______________________________

Applicant or agent signature: _______________________________ Title: _______________________________

Warranty Statement: _______________________________ Date: _______________________________

If an agent: Check here to acknowledge you are signing on behalf of the named insured ☐

AGENT INFORMATION

AGENTS: Please complete the information below.

Agency name: ___________________________________________

Agent/contact name: ______________________________________

Agency complete mailing address: __________________________

Agency telephone: (_____) __________________________ Agency fax: (_____) __________________________

Agent/contact e-mail address: ___________________________ Tax I.D. ___________________________

I represent and warrant as an insurance producer that I currently maintain, and will maintain, all individual, corporate or agency licenses or permits to conduct insurance business in the state coverage for this insured is being written. I further represent and warrant that I currently maintain errors and omissions insurance with a minimum limit of $1,000,000 for myself, my officers, and employees. If requested by the company, I will provide them with reasonably satisfactory evidence of all of the above mentioned items.

I understand that agents do not have authority to issue binders or a certificate of insurance on behalf of this program.

Agent signature: _______________________________ Date: _______________________________

AGENT INFORMATION

Applicable in AL, AR, DC, LA, MD, NM, RI and WV Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK Any person knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS Any person who knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

READ AND SIGN.

Agent signature: _______________________________ Date: _______________________________

Applicant or agent signature: _______________________________ Date: _______________________________

Applicant name (from page 5): _______________________________ Date: _______________________________

Agent signature: _______________________________ Date: _______________________________