



Amateur Sports Equipment (Inland Marine) and Crime for Not-For-Profits

Insurance Program and Enrollment Form

This brochure is valid for effective dates of 3/1/24 through 2/28/25

EQUIPMENT DESCRIPTION

This coverage is for direct loss or damage to your sports equipment, field maintenance equipment, concession stand equipment (excluding products) and small portable storage units, scoreboards, dugouts, bleachers, and other incidental structures under 500 square feet and/or under 20 feet in height.

You must insure the full replacement cost of all of your equipment and contents to avoid a co-insurance penalty at the time of loss. Should you add additional equipment or contents to your inventory, please contact us to have your insured value amended to avoid a co-insurance penalty.

ELIGIBLE OPERATIONS

Not-For-Profit Sport Organizations

CRIME COVERAGES

This program automatically includes these crime coverages.

- \$25,000 Employee Theft
- \$25,000 Money & Securities
- \$25,000 Forgery or Alteration
- \$25,000 Robbery or Safe Burglary of Other Property - inside the premises
- \$15,000 Robbery or Burglary of Other Property - outside the premises
- \$10,000 Accounts Receivable - on premises
- \$2,500 Accounts Receivable - off premises
- \$10,000 Valuable Papers and Records - on premises
- \$2,500 Valuable Papers and Records - off premises

CRIME DESCRIPTION

This policy protects the local sports organization against a monetary loss caused by forgery or theft of money, securities, or other property (equipment, machinery, concession supplies, etc.) by dishonest employees, volunteers, directors, or officers. Coverage is also provided for theft of money or securities by outsiders. See the actual policy for a full description of terms, coverages, exclusions, and conditions.

EASY WAYS TO ENROLL FOR COVERAGE

WEB Receive coverage immediately by purchasing online at www.sadlersports.com

OR

Submit this enrollment form, with payment, to us.

FAX 1-803-256-4017

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

FOR SERVICE REQUESTS ONLY

E-MAIL sports3@sadlersports.com

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 coverage document for complete information regarding coverage terms, conditions and exclusions as they may change from one coverage term to the next. You may request a copy of the full policy by submitting a written request to us.



Amateur Sports Equipment (Inland Marine) and Crime for Not-For-Profits

This is valid for effective dates of 3/1/24 - 2/28/25

Completion of this enrollment form confirms your desire to obtain insurance through our Amateur Sports Inland Marine program. 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.

* Indicates a mandatory field.

- TO AVOID PROCESSING DELAYS, PLEASE:**
- 1. Complete all sections (print legibly)**
 - 2. Sign and date where required**
 - 3. Remit completed enrollment form (pages 2 - 7) with payment**

GENERAL INFORMATION

- I am a new account I am renewing my coverage

*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 a: Sole Proprietorship Limited Liability Co. Corporation Partnership
 Other (describe): _____

*Form of business: Not-for-profit For-profit

*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 4 of the application for Electronic Disclosure and Consent)

DATES

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: _____ / _____ / _____

Sadler & Company Inc. PO Box 5866, Columbia, SC 29250 Agent : John Sadler
(P) 800-622-7370 (F) 803-256-4017 Email: sport3@sadlersports.com
 Sadler & Company of SC, Inc. - AR (License #254179) D/B/A Sadler Insurance Agency - CA (License #0B57651 John Sadler Insurance Services - MA
 Sadler Agency - NY (PC - 532473 and LA - 532473) / Sadler Insurance Agency - OK / Sadler & Company, Inc. - (TX License #194495, FL #L006784)
 Sadler and Company - VT (License #577)

PREMIUM CALCULATION

TO AVOID A CO-INSURANCE PENALTY, YOU MUST INSURE 100% OF THE REPLACEMENT COST OF YOUR EQUIPMENT AND CONTENTS FOR ALL OF YOUR LOCATIONS.

Step 1: Fill in the values to determine your total replacement cost amount for ALL locations

Individually list any items with values over \$5,000

	\$ _____
	\$ _____

Provide values for categories below

(DO NOT include those values already shown above)

Sports equipment (such as balls, uniforms, pads, helmets, netting) \$ _____

Field maintenance equipment (such as lawn mowers, grooming equipment) \$ _____

Concession stand equipment, excluding products (such as popcorn, hot dog and soda machines) \$ _____

Portable storage units (not permanent structures) \$ _____

Misc. equipment - please describe _____ \$ _____

Total replacement value for all location(s) (add all lines above) \$ _____

Step 2: Complete ONLY if your replacement cost value is over \$100,000

1. Please describe the building type your equipment is stored in (e.g.: frame or fire resistive warehouse)

2. Do you have a security system in place? Yes No

a. If yes, please describe: _____

3. Is any other operations, besides your own, or equipment of others stored in the same facility in which you store your equipment? Yes No

a. If yes, please describe: _____

4. Please attach a complete inventory list with values of each item

Step 3: Calculate premium

Equipment (Inland Marine) and Crime Premium (A \$500 deductible will apply)					
RATES		x	Total Replacement Value	=	Premium
<input type="radio"/> Equipment Rate - All States, but HI & NY	<input type="radio"/> Equipment Rate HI & NY Only				
\$.0153	\$.0122	x	\$	=	\$ (a)
Crime Coverage(s) Premium:				+	\$ 280.00 (b)
Total Premium: (add lines a and b)				=	\$
Minimum Premium:				=	\$ 300.00
Total Premium Due: NOTE: If the total calculated premium is less than \$300.00, the total premium due is the Policy Minimum Premium of \$300. Please enter the greater amount.				=	\$

CERTIFICATE REQUESTS FOR LOSS PAYEES AND LENDER'S LOSS PAYEES

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 a loss payee or lender's loss payee certificate. Provide a separate request for each additional certificate needed.**

Note: Please request only certificates needed for this policy term. Requests from the expiring policy term will not be automatically renewed.

1. When is this certificate needed? : ____ / ____ / ____
2. This certificate is for: Loss Payee Lender's Loss Payee
3. What is the additional insured's relationship to you? (please identify/explain): _____
4. Certificate holder/loss payee name: _____
Mailing address: _____

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

5. For specific events: Date(s) of event/activity: ____ / ____ / ____ to ____ / ____ / ____
Hours of event/activity: _____ A.M./P.M. to _____ A.M./P.M. Type of event/activity: _____
Name of event/activity: _____ Location of event/activity: _____
6. Type of equipment (please describe): _____ Replacement cost value: _____

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.

IMPORTANT INFORMATION.

PLEASE READ, COMPLETE #9 BELOW (if you do not wish to receive documents via email), AND SIGN ON PAGE 5

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 faxing, emailing 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 faxing, emailing or 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. Providing an email address in this application will be deemed consent to us to deliver documents and communication to you electronically.

If you **DO NOT** want to be emailed please check here and select your preferred method of document delivery.

- Fax to: _____ atn: _____
 Mail to: _____ atn: _____

REPRESENTATION STATEMENT

Representation Statement

The undersigned authorized officer of the applicant declares that the statements set forth herein are true to the best of his or her knowledge. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant to the insurer to complete the insurance.

I am aware that accurate reporting is required for premium calculation and that my books and records, as they relate to this coverage, may be examined or audited by the company at any time during the coverage period and up to three years thereafter. I acknowledge that intentional misrepresentation or misreporting may jeopardize coverage and that the company reserves 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 business name (from page 2): _____

Applicant or agent signature: _____ **Date:** _____

Printed name: _____ **Title:** _____

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

ATTENTION: AGENTS

AGENTS: YOU MUST COMPLETE THE ATTACHED WARRANTY SECTION BELOW. Enrollments cannot be accepted unless this section is completed.

Please complete the information below.

Agency name: _____ Agent/contact name: _____

Agency complete mailing address: _____
Address City State Zip

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 us, I will provide Sadler with reasonably satisfactory evidence of all of the above mentioned items.

Note: Agents do not have authority to issue binders or a certificate of insurance on behalf of this program.

Agent signature: _____ **Date:** _____

IMPORTANT INFORMATION. PLEASE READ.

Fair Credit Report Act Notice

Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us

Fraud Warning

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 CA: For your protection, California law requires that you be advised of the following:

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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 who 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 MN: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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.

Applicable in VT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Applicable in all other states: 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.

PAYMENT OPTIONS

Submit a completed enrollment (including signed Representation Statement) and payment to:

Applicant business name: _____ Effective date: _____

PAY BY ACH (Bank Account):

• **E-mail** sports3@sadlersports.com

or

• **Fax** 1-803-256-4017

I (we) authorize Sadler & Company, Inc. to initiate a single electronic debit from the account shown below:

Name on Bank Account: _____ Bank Name: _____

Draft Amount : \$ _____ Checking, or Savings

Bank Routing Number* _____ Bank Account Number* _____

*See below for an explanation of where to locate these two sets of numbers on your bank check.

Date: _____

Authorized Signature(s) - (Not required if authorization by phone)

Date: _____

Authorized Signature(s) - (Not required if authorization by phone)

EXPLANATION OF CHECK NUMBERS

1. Bank Routing Number - This is a nine digit number separated by a bar and a colon |: 123456789 |:
2. Account Number - This number may appear as the second, first or third series of numbers. Please read carefully.
3. Check Number - Matches number in the upper right corner of check. NOT REQUIRED FOR ACH.

The diagram shows a check with the following fields: YOUR NAME (1234 Main Street, Anywhere, OH 00000), DATE (123), PAY TO THE ORDER OF, \$, and DOLLARS. Below the check, three boxes are labeled: 1. ROUTING NUMBER (044072324), 2. ACCOUNT NUMBER (000123456789), and 3. CHECK NUMBER (123).

1. ROUTING NUMBER
2. ACCOUNT NUMBER
3. CHECK NUMBER

PAY BY CHECK: (Payable to Sadler & Company, Inc.)

• **Mail** Sadler & Company Inc.

PO Box 5866

Columbia, SC 29250

PAY BY CREDIT CARD:

• **Fax only** 1-803-256-4017

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Card number: _____

CSC # (card security) code: _____ Expiration date: _____

I authorize K&K Insurance Group, Inc. to charge my payment to my credit card in the amount of \$ _____

Print name (as on card): _____

Cardholder signature: _____

Cardholder phone number: (____) _____

FATCA Notice: Please go to Aon.com/FATCA to obtain appropriate W-9.