

EQUIPMENT INSURANCE APPLICATION

FOR NON-PROFIT SPORT ORGANIZATIONS

Carrier: A+ rated by AM Best Company

IMPORTANT: All questions MUST BE ANSWERED / FILL IN BOXES BELOW – Please Print or Type– Use Black Ink

Organization Name:		
Authorized Representative:		County:
Mailing Address:		
City:	State:	Zip:
Home Phone: ()	Daytime Phone: ()	Fax #: ()
Email:		Website:

SPORTS EQUIPMENT COVERAGE **I AM A NEW ACCOUNT** **I AM RENEWING MY COVERAGE**

Policy period: Effective only upon underwriting and acceptance by the insurance company.

Coverage expires 12:01 am on the Expiration Date **\$500 Deductible Per Loss**

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.)

PART 1: EQUIPMENT VALUED LESS THAN \$1,000 PER ITEM:

Please check the type of UNSCHEDULED EQUIPMENT with REPLACEMENT COST VALUES LESS THAN \$1,000 PER ITEM that you will be insuring:

<input type="checkbox"/> Sports Equipment	<input type="checkbox"/> Uniforms	<input type="checkbox"/> Field / Facility 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:

*Permanent structures or buildings over 500 sq ft cannot be scheduled to this policy. Please contact us to discuss options.

Part 1: Total of Unscheduled Equipment valued less than \$1,000 per item: \$

PART 2: 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:

(Attach separate sheet of paper if necessary)

Description	Replacement Cost Value
<i>Example: 1990 John Deere Tractor Serial # A439v903</i>	\$8,000.00
	\$
	\$
	\$

Part 2: Total of scheduled Equipment valued \$1,000 or more PER ITEM: \$

OFF-SEASON STORAGE LOCATION OF EQUIPMENT (GIVE COMPLETE STREET ADDRESS):

LIST ANY LOSSES/CLAIMS IN THE PAST 3 YEARS. PLEASE INCLUDE DATE & DESCRIPTION OF LOSS AND TOTAL AMOUNT OF LOSS. (Attach a Separate Sheet if Necessary) Note N/A if None

*PREMIUM / CHARGE COMPUTATION:

\$ _____ (Part 1 Total)	+ \$ _____ (Part 2 Total)	= \$ _____ 100% Value of Equipment
100% Value of Equipment: \$ _____	divided by 100: _____	X \$2.00 = \$ _____ (premium)
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.

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 Acknowledged: (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

If Applicable - SUBMITTING AGENT:

NOTE: Agents do not have authority to bind coverage, issue binders or certificates of insurance on behalf of this program.

Agency Name:		
Contact Person:		
Mailing Address:		
City:	State:	Zip:
Email:	Phone:	Fax:

SUBMIT PAYMENT WITH COMPLETED APPLICATION

Sports - Equipment Plan Description For Non-Profit Sport Organizations

Carrier: A+ rated by AM Best Company

(The Accident/General Liability Policy Must Be Purchased From Sadler & Company To Qualify For This Coverage)

DESCRIPTION: 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. This coverage is for loss or damage to your equipment due to fire, theft, vandalism, or other specified causes (subject to actual policy terms and conditions.) Payment will be made on a Replacement Cost Basis.

PREMIUM / CHARGE: \$ 2.00 per \$100 of coverage *(subject to a \$200 minimum premium)*

Example: \$8,500 limit divided by 100 = 85 x \$ 2.00 = \$170.00 total

(\$200 total payment due in order to meet minimum premium.)

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

CONDITIONS:

❖ Policy is subject to a minimum premium of \$200

❖ \$500 Deductible (per claim)

❖ 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.)*

❖ You must provide the storage location of your equipment during the off-season.

❖ 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.)

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 Acknowledged: (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



This brochure is not a solicitation but only a description of this insurance program. The precise coverage afforded is subject to the terms, conditions and exclusions of the policy issued. Refer all questions to Sadler & Company, Inc. (803) 254-6311 or (800) 622-7370.

SUBMIT PAYMENT WITH COMPLETED APPLICATION

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 #19495) / Sadler and Company-VT (License #577)