

# SADLER

**SPORTS & RECREATION INSURANCE**

PO Box 5866, Columbia, SC 29250-5866

Phone (800)622-7370 Fax (803)256-4017

Email [amateur@sadlersports.com](mailto:amateur@sadlersports.com)

## 2015 Amateur Sports Tournaments & Events

**Insurance Program and Enrollment Form**

Valid for effective dates from 3/01/2015 through 2/29/2016

### PROGRAM DESCRIPTION

This program has been designed to provide coverage on a short-term basis for a single amateur sports tournament or event or on an annual basis for those promoters with multiple events (coverage only applies to those tournaments/events that are reported and approved prior to taking place). Coverage provided under this program includes important liability coverage for the U.S.-based organization conducting the event(s), including the employees and volunteers, for liability claims arising out of its operations. Coverage is also included for ancillary activities (banquets, concerts, awards ceremonies) that are for those participants in your sports tournament(s) or event(s). Coverage is provided by a carrier rated A+ (Superior) by A.M. Best Company.

### ELIGIBLE OPERATIONS

An amateur sports tournament or event that meets all of the following criteria listed below is eligible to submit an enrollment form for coverage under this program. If you do not meet all of the criteria below, please contact Sadler & Company at 1-800-622-7370 for other program options that may be available.

- Maximum number of participants is 2,500 per event
- Maximum spectator attendance per day is 7,500
- Maximum number of event days (including practice days) per event is not to exceed a time frame of 14 days (not including setup and tear down)
- The sport activity being conducted falls into one of the listed eligible "sport classifications" below

### SPORTS CLASSIFICATIONS

#### CLASS ONE

Bowling  
Dance  
Golf  
Tennis  
Volleyball

#### CLASS TWO

Baseball  
Kickball  
Softball

#### CLASS THREE

Basketball  
Cheerleading (age 19 & under)  
Flag or Touch Football  
Lacrosse (age 19 & under)  
On-shore Fishing  
Racquetball  
Soccer (age 19 & under)  
Swimming  
Tackle & Contact Football (age 19 & under)  
Wrestling (age 19 & under)

#### CLASS FOUR

Cheerleading (age 20 & over)  
Diving  
Dodgeball  
Gymnastics  
Ice Hockey  
In-line hockey  
Inline Skating (speed/racing)  
Martial Arts  
Soccer (age 20 & over)  
Box Lacrosse  
Lacrosse (age 20 & over)

\*For Walk/Run events, please call 1-800-622-7370 for an application.

If you do not see your sport listed above or you have multiple sports for a single tournament please contact us at 1-800-622-7370.

**College recruit/showcases and all-star/bowl games (including practices) are eligible operations under this program.**

### INELIGIBLE OPERATIONS

Sports tournaments or events that do not meet the eligibility criteria listed in this brochure are not eligible for this program as well as:

- Events involving animals other than service animals
- Professional sports events, try-outs and training camps/clinics
- Glow Runs/color runs/similar type events or runs
- College or university level championship events
- Highland games
- Mud runs/warrior runs/zombie runs/obstacle course runs/urbanathons (competitions, exhibitions or foot races that involve man-made obstacle courses, man-made mud pits, man-made slippery slopes, wall climbs or other similar man-made obstacles)
- Sanctioned USA Hockey tournaments and events
- Events in the following sport categories: (please note, this is not a complete listing of ineligible sports)
  - Adventure Races
  - BMX Biking
  - Boxing
  - Cycling
  - Endurance Races
  - Equestrian
  - Kite Surfing
  - Inline (extreme/ stunt/ aggressive/ free-style) Skating
  - Marathons (26.2 miles or more)
  - Mixed Martial Arts
  - Mountain Biking and/or Hiking
  - Open Water Events
  - Rugby
  - Skateboarding
  - Skiing (snow or water)
  - Snowboarding
  - Streetball
  - Tackle & Contact Football (age 20 & over)
  - Triathlons/Duathlons
  - Wrestling (age 20 & over)

## EXCLUSIONS

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

- |  |   |  |
|--|---|--|
| <ul style="list-style-type: none"> <li>-24-hour premises liability</li> <li>-Abuse, molestation, harassment or sexual conduct</li> <li>-Amusement devices (e.g.: rides, slides, inflatables, bungees, climbing walls, dunk tanks)</li> </ul> | <ul style="list-style-type: none"> <li>-Ancillary activities that require a separate admission charge and are open to the public</li> <li>-Claims arising out of the operations of independent concessionaries, exhibitors and vendors at your event</li> <li>-Fireworks</li> </ul> | <ul style="list-style-type: none"> <li>-Legal liability to participants coverage and medical payment for participants coverage for professional athletes and celebrity (national/local) participants</li> <li>-Room and board liability</li> <li>-Use of haunted attractions</li> <li>- Those operations listed as ineligible</li> </ul> |
|--|---|--|

## COVERAGES AND LIMITS – Coverage provided under this program includes:

COVERAGES	OPTION A	OPTION B	OPTION F	OPTION G
<b>Commercial General Liability (CGL)</b>				
Each Occurrence	\$1,000,000	\$2,000,000	\$1,000,000	\$2,000,000
General Aggregate (Other than Products – Completed Operations)	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
Products – Completed Operations Aggregate	\$1,000,000	\$2,000,000	\$1,000,000	\$2,000,000
Personal and Advertising Injury	\$1,000,000	\$2,000,000	\$1,000,000	\$2,000,000
Legal Liability to Participants (LLP) * For Tackle & Contact Football (age 19 & under), Cheerleading (age 19 & under), Lacrosse (19 & under), Soccer (19 & under), and Wrestling (19 & under), the LLP limit for Option B is \$1,000,000	\$1,000,000	\$2,000,000*	Excluded	Excluded
Damage to Premises Rented to You (Fire Legal Liability)	\$ 300,000	\$ 300,000	\$ 300,000	\$ 300,000
Medical Expense (Other than Participants)	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000
Medical Payments for Participants (Excess) \$100 per claim deductible applies	\$ 25,000	\$ 25,000	Excluded	Excluded
<b>Rates &amp; Minimum Premium</b>	<b>Rates (Per Participant)</b>		<b>Rates (Per Spectator)</b>	
Class 1	\$1.51	\$1.91	Class 1-4 \$ .23	Class 1-4 \$ .35
Class 2	\$1.72	\$2.12		
Class 3	\$2.01	\$2.41		
<b>Minimum Premium-Per Event Policy</b>	<b>\$300.00</b>	<b>\$450.00</b>	<b>\$300.00</b>	<b>\$450.00</b>
<b>Minimum Premium-Annual Policy</b>	<b>\$1,000.00</b>	<b>\$1,500.00</b>	<b>\$1,000.00</b>	<b>\$1,500.00</b>

**Higher limits are available upon request. Call 1-800-622-7370 for additional information.**

**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. 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	Identity Theft Exposure (for directors and officers) - \$25,000
Key Individual Replacement Cost - \$50,000	Lease Cancellation Moving Expense - \$2,500
Temporary Meeting Place - \$25,000	Terrorism Travel Reimbursement (for directors and officers) - \$25,000
Workplace Violence Counseling - \$25,000	

**Coverage options A & B provide commercial general liability, legal liability to participants and medical payments for participants. Coverage options F & G only provide commercial general liability coverage to spectators only. Coverage for bodily injury liability and medical claims to participants are excluded.**

NOTE: For Tackle and contact football (19 & under), Cheerleading (19 & under), Lacrosse (19 & under), Soccer (19 & under) and Wrestling (19 & under), the LLP limit will be limited to \$1,000,000 regardless of general liability occurrence limit purchased.

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 – (continued)

**Legal Liability to Participants** – coverage which offers protection against bodily injury liability claims brought by persons participating in covered sports activities.

**Medical Payments for Participants** – coverage which pays the medical and dental expenses incurred by a participant when an accidental injury occurs while participating at the tournament or event you’re organizing. 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.

### OPTIONAL COVERAGE – 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 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 questionnaire found on page 5.
2. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your event with our Amateur Sports Tournaments & Events RPG Insurance Program.
3. Only one option may be purchased.

Options	Rates
<b>Option 1</b> - \$1,000,000 Sexual Abuse or Sexual Molestation Liability	\$0.16 per participant or \$0.05 per spectator (\$150.00 minimum premium)
<b>Option 2</b> - \$100,000 Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement	\$100.00 (flat rate)

### FREQUENTLY ASKED QUESTIONS

1. **How do I determine who should be the Named Insured?** The named insured is the organization hosting the tournament or event and who is to be protected by this coverage in the event of a lawsuit. The organization is typically required to sign the contract with the facility where the tournament/event is being held. If an entry fee is charged to participate in the tournament/event, the entry fee is paid to the organization as well.
2. **If my event includes multiple sports how do I know which sport classification to use according to your eligible operations?** You will use the highest sport classification for all participants.
3. **I am not sure how many participants or spectators will attend my tournament or event, what do I report?** If this tournament/event is held annually, base your participant or spectator count on the prior year’s total numbers. If this is a new tournament/event, please use the maximum number of participants or spectators that your tournament/event can accommodate.
4. **What happens if I need to cancel or re-schedule my tournament or event?** Cancellations or changes must be reported prior to the scheduled start date of your tournament or event, and confirmed in writing for a refund or credit to be considered.
5. **What is a Risk Purchasing Group (RPG)?** 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 membership fee may be charged for each application. A \$15 RPG fee is required by the insurance carrier for this application.

### HOW TO OBTAIN COVERAGE

1. Remit the completed and signed enrollment form (pages 1 – 7), corresponding premium payment, and a copy of your tournament/event brochure form via Mail to: Sadler & Company Inc, PO Box 5866, Columbia SC 29250-5866 OR fax to: 803-256-4017 OR email to: [amateur@sadlersports.com](mailto:amateur@sadlersports.com).
2. 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.
3. 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.
4. 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.
5. Please allow 6 business days for processing – we CANNOT rush your proof of coverage.

Sadler & Company Inc. PO Box 5866, Columbia SC 29250 Agent: John Sadler  
(P) 800-622-7370 (F) 803-256-4017 Email: [amateur@sadlersports.com](mailto:amateur@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)

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# 2015 Amateur Sports Tournaments & Events

## Enrollment Form

Valid for effective dates from 3/1/2015 through 2/29/2016

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group (RPG). An 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 membership fee may be charged. The submission of this enrollment form and/or 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.

### GENERAL INFORMATION

I AM A NEW ACCOUNT

I AM RENEWING MY COVERAGE

#### NAMED INSURED:

(as it should appear on the policy, legal name of the business/organization)

**DOING BUSINESS AS:** (additional name(s) under which the named insured operates)

#### MAILING ADDRESS:

**CITY:**

**STATE:**

**ZIP:**

**CONTACT NAME:**

**PHONE:**

**EMAIL ADDRESS:**

**CELL PHONE:**

**WEBSITE:**

**FAX:**

### BUSINESS INFORMATION

1. Does your event(s) involve any animals other than service animals?  YES  NO
2. Do you host any professional sports events, try-outs or training camps?  YES  NO
3. Do you host any college or university level championship events?  YES  NO
4. Is this a sanctioned USA hockey tournament or event?  YES  NO

5. Does your event(s) have any of the following exposures? (circle all that apply)

Check here if you have none of the activities below

Adventure race	Inline (extreme/stunt/ aggressive/freestyle) skating	Rugby
BMX biking	Marathon (26.2 miles or more)	Skateboarding
Boxing	Mixed martial arts	Skiing (water or snow)
Cycling	Mountain biking and/or hiking	Snowboarding
Endurance race	Mud runs/ warrior runs/ obstacle course runs/ urbanthons /zombie runs	Streetball
Equestrian	Open water events	Tackle & contact football (age 20 & over)
Highland games		Triathlons/Duathlons
Kite surfing		Wrestling (age 20 & over)

*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.*

6. Do you award any form of monetary compensation or prize money to the participants?  YES  NO  
If yes, please provide the payout schedule for each event.
7. Do you have an admission charge for spectators over \$20 for any events?  YES  NO
8. Do you have any vendors at your event(s)?  YES  NO
9. Do any of your ancillary activities require a separate admission charge or are open to the public?  YES  NO
10. Will alcoholic beverages be sold at any of your events?  YES  NO  
If yes, who holds the liquor permit?  Insured  Facility  Caterer/Vendor  Sponsor
11. If you suspect an athlete has a concussion, do you have an action plan that includes:
- Immediately removing the athlete from play or practice?  YES  NO
- Keeping the athlete out of play or practice until they provide written clearance from a licensed physician?  YES  NO

## BUSINESS INFORMATION (continued)

12. Does your operation involve tackle or contact football  YES  NO

If **yes**, Do you maintain a system for your tackle/contact 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 on their website: [www.cdc.gov/concussions/HeadsUP/youth.html](http://www.cdc.gov/concussions/HeadsUP/youth.html)

**Regardless of general liability occurrence limits purchased, legal liability to participants for coverage for tackle and contact football (age 19 & under), cheerleading (age 19 & under), lacrosse (age 19 & under), soccer (age 19 & under), and wrestling (age 19 & under) will be limited to \$1,000,000 per occurrence.**

## EVENT/TOURNAMENT INFORMATION

Please provide information on your event(s):

- Please provide all information on a per event basis as requested below, or on a separate piece of paper.
- Coverage is subject to review and approval of additional information (i.e.: copy of your brochure or flyer).
- Coverage applies only to those tournaments/events reported and approved prior to taking place.

**EVENT #1** – Name of Event:

Type of competition/sport(s):

Dates of event (include set-up and tear-down): \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Hours of event (include set-up and tear-down): \_\_\_ A.M./P.M. to \_\_\_ A.M./P.M.

Event Location(s) (street, city, state, zip):

Age group of athletes: \_\_\_\_\_ Total number of athletes: \_\_\_\_\_

Average daily spectator attendance: \_\_\_\_\_ Total spectator attendance: \_\_\_\_\_

**EVENT #2** – Name of Event:

Type of competition/sport(s):

Dates of event (include set-up and tear-down): \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Hours of event (include set-up and tear-down): \_\_\_ A.M./P.M. to \_\_\_ A.M./P.M.

Event Location(s) (street, city, state, zip):

Age group of athletes: \_\_\_\_\_ Total number of athletes: \_\_\_\_\_

Average daily spectator attendance: \_\_\_\_\_ Total spectator attendance: \_\_\_\_\_

**If applying for single event/tournament coverage OR if you have 3 events or less, please complete page 3.  
If applying for annual event/tournament coverage OR if you have 4 or more events, please complete page 4.**

**ENCLOSE A COPY OF YOUR BROCHURE AND/OR REGISTRATION FORM.  
COVERAGE CANNOT BE BOUND WITHOUT THIS INFORMATION.**

## DATE CHANGE/CANCELLATION INFORMATION

Event cancellations or changes must be reported prior to the scheduled start date of your tournament or event, and confirmed in writing in order to be eligible for a premium refund or credit. These can be faxed to us at 803-256-4017 or emailed to [amateur@sadlersports.com](mailto:amateur@sadlersports.com).

## ADDING ADDITIONAL EVENTS

**Changes must be made, in writing, prior to the event date or the first day of event.** If you need to add additional dates, you must inform us of the new dates in writing and forward additional premium for those dates **prior to the first day of that event.** These can be faxed to us at (803)- 256-4017 or emailed to: [amateur@sadlersports.com](mailto:amateur@sadlersports.com).

## SINGLE EVENT PREMIUM CALCULATION

**Use this calculation page if you are seeking coverage for a single event OR you have 3 events or less.**

- Use the rates below to calculate premium. Premium is determined by applying the appropriate rate for the coverage option selected to the maximum amount of participants/spectators, per event. TBD cannot be accepted.
- If calculated premium is less than minimum premium, use the minimum premium. **Minimum premiums apply per event. Separate coverage documents will be issued for each event.**
- Coverage applies only to those tournaments/events reported and approved prior to taking place.
- If you have multiple sports for a single tournament or event, please contact us for proper classification.
- **OPTIONAL LIMITS AVAILABLE-** For liability limits of \$3,000,000, \$4,000,000, and \$5,000,000

**NOTE:** Regardless of general liability occurrence limits purchased, legal liability to participants for coverage for tackle and contact football (age 19 & under), cheerleading (age 19 & under), lacrosse (age 19 & under), soccer (age 19 & under), and wrestling (age 19 & under) will be limited to \$1,000,000 per occurrence.

### 1. CHOOSE YOUR SPORT CLASS & THEN CHOOSE COVERAGE OPTION & RATE (BY CLASS)

#### SPORT CLASS

<b>CLASS ONE</b> Bowling Dance Golf Tennis Volleyball	<b>CLASS THREE</b> Basketball Cheerleading (age 19 & under) Flag or Touch Football Lacrosse (age 19 & under) On-shore Fishing Racquetball Soccer (age 19 & under) Swimming Tackle & Contact Football (age 19 & under) Wrestling (age 12 & under)	<b>CLASS FOUR</b> Cheerleading (age 20 & over) Diving Dodgeball Gymnastics Ice Hockey In-line hockey Inline Skating (speed/racing) Martial Arts Soccer (age 20 & over) Box Lacrosse Lacrosse (age 20 & over)
<b>CLASS TWO</b> Baseball Kickball Softball		

#### COVERAGE OPTIONS & RATES

Sport Classification (Refer to Chart Above)	OPTION A \$1,000,000 CGL \$25,000 MPP (per participant, per event)	OPTION B \$2,000,000 CGL \$25,000 MPP (per participant, per event)	OPTION F \$1,000,000 CGL Only (per spectator, per event)	OPTION G \$2,000,000 CGL Only (per spectator, per event)
<b>CLASS 1</b>	\$1.51	\$1.91	\$0.23	\$0.35
<b>CLASS 2</b>	\$1.72	\$2.12	\$0.23	\$0.35
<b>CLASS 3</b>	\$2.01	\$2.41	\$0.23	\$0.35
<b>CLASS 4</b>	Not Available	Not Available	\$0.23	\$0.35

#### MINIMUM PREMIUMS

PER EVENT	\$300.00	\$450.00	\$300.00	\$450.00
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### 2. PREMIUM CALCULATION

EVENT # from prior page	COVERAGE OPTION (A, B, F or G)	SPORT CLASS (1-4)	NUMBER OF PARTICIPANTS (OPTION A or B) Or NUMBER OF SPECTATORS (OPTION F or G)	X	RATE FROM TABLE ABOVE	=	COLUMN A	COLUMN B	PREMIUM DUE PER EVENT (Greater of Column A & Column B)
							CALCULATED PREMIUM PER EVENT	MINIMUM PREMIUM PER EVENT (from above)	
				X		=			\$ (1)
				X		=			\$ (2)
				X		=			\$ (3)
<b>PREMIUM DUE [add lines (1) + (2) + (3) = (C)]</b>									<b>\$ (C)</b>

**COSTS ARE 100% FULLY EARNED AND NON-REFUNDABLE ONCE COVERAGE BEGINS**

No Coverage will be deemed in effect until the accurate payment is received and application is approved by Sadler & Company.

## ANNUAL PREMIUM CALCULATION

**Use this calculation page if you are seeking coverage for an annual coverage term OR if you have 4 or more events.**

- Use the rates below to calculate premium. Premium is determined by applying the appropriate rate for the coverage option selected to the maximum amount of participant/spectators, per event. TBD cannot be accepted.
- All events must carry the same liability limits.
- If calculated premium is less than minimum premium, use the minimum premium.
- **Coverage only applies to those tournaments/events that are reported and approved prior to taking place.**
- **To add a tournament/event through out the year please contact us for an add form.**
- **If you have multiple sports for a single tournament or event, please contact us for proper classifications.**
- **OPTIONAL LIMITS AVAILABLE-** For liability limits of \$3,000,000, \$4,000,000, and \$5,000,000

**NOTE: Regardless of general liability occurrence limits purchased, legal liability to participants for coverage for tackle and contact football (age 19 & under), cheerleading (age 19 & under), lacrosse (age 19 & under), soccer (age 19 & under), and wrestling (age 19 & under) will be limited to \$1,000,000 per occurrence.**

### 1. CHOOSE YOUR SPORT CLASS & THEN CHOOSE COVERAGE OPTION & RATE (BY CLASS)

#### SPORT CLASS

<b>CLASS ONE</b> Bowling Dance Golf Tennis Volleyball  <b>CLASS TWO</b> Baseball Kickball Softball	<b>CLASS THREE</b> Basketball Cheerleading (age 19 & under) Flag or Touch Football Lacrosse (age 19 & under) On-shore Fishing Racquetball Soccer (age 19 & under) Swimming Tackle & Contact Football (age 19 & under) Wrestling (age 19 & under)	<b>CLASS FOUR</b> Cheerleading (age 20 & over) Diving Dodgeball Gymnastics Ice Hockey In-line hockey Inline Skating (speed/racing) Martial Arts Soccer (age 20 & over) Box Lacrosse Lacrosse (age 20 & over)
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#### COVERAGE OPTIONS & RATES

Sport Classification (Refer to Chart Above)	OPTION A \$1,000,000 CGL \$25,000 MPP (per participant, per event)	OPTION B \$2,000,000 CGL \$25,000 MPP (per participant, per event)	OPTION F \$1,000,000 CGL Only (per spectator, per event)	OPTION G \$2,000,000 CGL Only (per spectator, per event)
<b>CLASS 1</b>	\$1.51	\$1.91	\$0.23	\$0.35
<b>CLASS 2</b>	\$1.72	\$2.12	\$0.23	\$0.35
<b>CLASS 3</b>	\$2.01	\$2.41	\$0.23	\$0.35
<b>CLASS 4</b>	Not Available	Not Available	\$0.23	\$0.35

#### MINIMUM PREMIUMS

<b>ANNUAL COVERAGE</b>	\$1,000.00	\$1,500.00	\$1,000.00	\$1,500.00
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### 2. PREMIUM CALCULATION

EVENT # from prior page	COVERAGE OPTION (A, B, F or G)	SPORT CLASS (1-4)	NUMBER OF PARTICIPANTS (OPTION A or B)	NUMBER OF SPECTATORS (OPTION F or G)	X	RATE FROM TABLE ABOVE	=	PREMIUM
					X		=	\$
					X		=	\$
					X		=	\$
<b>PREMIUM DUE: Add all premium lines above to obtain premium due</b>								<b>(A)</b>
<b>MINIMUM PREMIUM from the chart above</b>								<b>(B)</b>
<b>TOTAL PREMIUM DUE [whichever is greater of (A) or (B) = (C)]</b>								<b>(C)</b>

**COSTS ARE 100% FULLY EARNED AND NON-REFUNDABLE ONCE COVERAGE BEGINS**

**PAGE 4 OF 7 – YOU MUST COMPLETE AND RETURN ALL 7 PAGES**

**OPTIONAL COVERAGE:  
SEXUAL ABUSE OR SEXUAL MOLESTATION LIABILITY  
OR  
ABUSE, MOLESTATION, HARASSMENT OR SEXUAL CONDUCT  
DEFENSE COST REIMBURSEMENT**

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

If you are interested in purchasing this coverage, complete the questionnaire.

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Does your organization currently have employees, volunteers or require the presence of at least two adults when minors are present?				
<input type="checkbox"/> Yes <input type="checkbox"/> No	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?				
<input type="checkbox"/> Yes <input type="checkbox"/> No	2a. Are you aware of any occurrences that could lead to a claim? If yes to 2 or 2a, please explain: _____				
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Do you, your organization or sanctioning/governing body have written procedures in place regarding the prevention or mitigation of abuse, molestation or sexual misconduct?				
<input type="checkbox"/> Yes <input type="checkbox"/> No	3a. Do the procedures require that known or suspected abuse incidents must be reported to law enforcement?				
<input type="checkbox"/> Yes <input type="checkbox"/> No	3b. Are written procedures provided or available to each employee, volunteer or sanctioning/governing body member?				
<input type="checkbox"/> Yes <input type="checkbox"/> No	3c. Do the written procedures establish and require adherence to the "three person rule"? ("Three person rule" prohibits one adult from being alone with one youth. A second adult must be present, or there must be two or more youths with an adult.)				
<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, do the procedures establish if and when exceptions to the "three person rule" are permissible as part of your operations/activities?				
4. Please complete the following questions regarding employee and volunteer screening controls used by your organization.					
<input type="checkbox"/> Check here and skip the chart below if you have no employees or volunteers, but always require the presence of at least two adults whenever minors are present.					
Please Complete All Questions The term "volunteers" in the following questions means someone who exerts control over or supervises participants	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Employees (Check Here if No Employees <input type="checkbox"/>)</td> <td style="width: 50%; text-align: center;">Volunteers (Check Here if No Volunteers <input type="checkbox"/>)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	Employees (Check Here if No Employees <input type="checkbox"/> )	Volunteers (Check Here if No Volunteers <input type="checkbox"/> )	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employees (Check Here if No Employees <input type="checkbox"/> )	Volunteers (Check Here if No Volunteers <input type="checkbox"/> )				
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Are written 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?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="width: 50%; text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="width: 50%; text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Please explain any NO responses to questions asked in #4:					

Choose one of the coverage options below:

<input type="checkbox"/> <b>Option 1: \$1,000,000 Sexual Abuse or Sexual Molestation Liability</b>					
CGL Program Option Purchased (check/calculate only one)	Rate	X	Total # of Participants or Spectators as indicated on page 3 or 4	=	Premium
<input type="checkbox"/> Option A	\$ .16	X		=	
<input type="checkbox"/> Option B	\$ .16	X		=	
<input type="checkbox"/> Option F	\$ .05	X		=	
<input type="checkbox"/> Option G	\$ .05	X		=	
Option 1 Total Premium Insert premium total from above or \$150.00 minimum premium. The higher amount applies.					_____(D) (\$150 min. premium)
<input type="checkbox"/> <b>Option 2: \$100,000 Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement</b>					\$ 100.00 (D)



## TOTAL COST SUMMARY

Program Premium (Required Coverage) [(C) from page 3 or page 4]	(C)
Sexual Abuse/Sexual Molestation Premium (Optional Coverage) [(D) from page 5] <input type="checkbox"/> \$1,000,000 Liability Limit OR <input type="checkbox"/> \$100,000 Defense Reimbursement Only	(D)
<b>Premium Due - Subtotal = [(C) + (D) = (E)]</b>	<b>(E)</b>

### ADDITIONAL CERTIFICATES – Complete this section to request additional certificates.

Additional Insured     Evidence of Coverage

ENTITY NAME:		
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
EVENT # from prior page associated with certificate holder: _____		
<input type="checkbox"/> Owner/Lessor of Premises	<input type="checkbox"/> Sponsor	<input type="checkbox"/> Co Promoter
<input type="checkbox"/> Other: _____		
Endorsement(s) Required: <input type="checkbox"/> CG 2011 <input type="checkbox"/> CG 2026 <input type="checkbox"/> Waiver of Subrogation		

If you need additional certificates please include another piece of paper with your submission that includes the additional requests with all of the required information from above.

### GENERAL FRAUD STATEMENT

**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 prepared with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written 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.

## EXCLUSIONS

The following exclusions are contained in the commercial general liability coverage provided by this program. 24-hour premises liability; Abuse, molestation, harassment or sexual conduct (unless optional 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.); Ancillary activities that require a separate admission charge and is open to the public; Animals (injury or death to, or injury, death or property damage caused by any animal owned, rented or hired by you); Asbestos; Athletic or sports participants in: Box lacrosse, Broomball, Cheerleading (age 20 & over), Diving, Dodgeball, Drill/majorette team (age 20 & over), Gymnastics, Hurling, Ice hockey, Inline hockey, Inline skating (speed/racing), Judo, Karate, Lacrosse (age 20 & over), Martial arts, Powerlifting (age 20 & over), Ringette, Roller hockey (inline), Soccer (age 20 & over), Taekwondo, Takraw, Water hockey (age 20 & over), Water polo (age 20 & over), Weightlifting (age 20 & over); Commercial general liability standard exclusions (CG0001 04/13 edition); Employment-related practices; Events that last more than 14 days (not including set-up and tear-down), unless reported, approved and the appropriate premium has been paid; Fireworks; Fungi or bacteria; Haunted attractions; Lead; Legal Liability to Participants for professional athletes and celebrity participants; Medical payments for participants for professional athletes and celebrity participants; Nuclear energy liability; Operation, ownership or management of any athletic facility or field, other than while being used for covered activities; Operations of independent concessionaires, exhibitors and vendors at your event; Performers; Rodeos; Room and board liability; Saddle animals; Snowmobile; Violation of statutes that govern e-mails, faxes, phone-calls or other methods of sending material or information; Those operations listed as ineligible: Events involving animals other than service animals; Glow runs/color runs/similar type events or runs; Professional sports events, try-outs and training camps/clinics; College or university level championship events; Highland games; Mud runs/warrior runs/obstacle course runs/urbanathons/zombie runs (competitions, exhibitions or foot races that involve man-made obstacle courses, man-made mud pits, man-made slippery slopes, wall climbs or other similar man-made obstacles); Sanctioned USA Hockey tournaments and events. Events in the following sport categories: Adventure races, Bandy, Biathlon, Billiards, Bobsled, Body boarding, Boxing, BMX Biking, Canoe, Climbing, Cycling, Darts, Endurance races, Equestrian, Fishing (open water), Tackle & Contact Football (age 20 & over), Hammer throw, Hang gliding, Hostelling, Inline (extreme/stunt/aggressive/free-style) skating, Jai alai, Javelin, Kayaking, Kite surfing, Luge (street), Marathons (26.2 miles or more), Mixed martial arts; Modern pentathlon, Mountain biking and/or hiking, Mountain boarding, Orienteering, Open-water events, Outrigging, Parachute, 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 dog racing, Snorkeling, Snow boarding, Snow surfing, Sports parachuting, Streetball, Surfing (including boogie boards), Trampoline, Trapeze, Triathlon/Duathlon, Unicycling, Wake boarding, Wind surfing, Wrestling (age 20 & over), Yachting.

### FINAL COST COMPUTATION

<b>Premium Due (line E from page 6)</b>	<b>\$</b>
<b>Annual Risk Purchasing Group Membership Fee (REQUIRED)</b>	<b>\$ 15.00</b>
<b>TOTAL COST DUE NOW (Total Premium + Required Fees)</b>	<b>\$</b>

**COSTS ARE 100% FULLY EARNED AND NON-REFUNDABLE ONCE COVERAGE BEGINS.**

**CANCELLATIONS OR CHANGES MUST BE REPORTED PRIOR TO YOUR SCHEDULED START DATE.**

**COVERAGE IS CONTINGENT UPON RECEIPT OF PAYMENT. NO COVERAGE WILL BE DEEMED IN EFFECT UNTIL THE ACCURATE PAYMENT IS RECEIVED BY SADLER & COMPANY.**

## WARRANTY STATEMENT – READ & SIGN

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 accurate.

I am aware that the insurance company expects accurate reporting for my premium calculation. I understand that my books 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.

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

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

### APPLICATION SUBMISSION CHECKLIST

Pages 1-7 are complete     
  Premium check is included     
  Tournament/Event Brochure is enclosed

### 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:**