

**SADLER &**  
**COMPANY, INC.**

*P. O. Box 5866, Columbia, SC 29250-5866,  
Phone (803) 254-6311, Fax (803) 256-4017  
Toll Free (800) 622-7370*

**ATHLETE ACCIDENTAL DEATH & DISMEMBERMENT  
QUICK QUOTE INDICATION**

**1. Information On Person Completing This Form**

Name: \_\_\_\_\_  
Business Phone: (\_\_\_\_\_) \_\_\_\_\_  
Cell Phone: (\_\_\_\_\_) \_\_\_\_\_  
Fax: (\_\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_@\_\_\_\_\_

**2. Information On Person To Be Insured**

Name: \_\_\_\_\_  
Address of Residence: \_\_\_\_\_  
City State Zip

Affiliated With Team? If yes, name: \_\_\_\_\_

Type of Sport Played: \_\_\_\_\_

Benefits To Be Paid To (circle): Individual or Team

Date of Birth: \_\_\_\_\_ Sex: M or F  
Month/Day/Year

Amount of Coverage Requested: \_\_\_\_\_

Policy Term of Coverage: \_\_\_\_\_

Number of Air Flights Over the Next 12 Months:

Commercial Airlines: \_\_\_\_\_ trips  
Chartered Airplanes: \_\_\_\_\_ trips  
Company Owned Airplanes: \_\_\_\_\_ trips  
Private Airplanes: \_\_\_\_\_ trips

Will Insured Undertake Foreign Travel Over the Next 12 Months? Y or N

If yes, indicate the names of country(ies) to be visited, length of each stay, and purpose of each visit: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Return This Application To:**

Sadler & Company, Inc., P.O. Box 5866 Columbia, SC 29250  
Phone: 803-254-6311 Toll Free: 800-822-7370 Fax: 803-256-4017