

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 DISABILITY INSURANCE
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
Sports Team Or Organization: _____
Type of Sport Played: _____
Benefits To Be Paid To (circle): Individual or Team
Annual Income: \$ _____
Guaranteed Contract: Y or N
Length of Guaranteed Contract: _____
Date of Birth: _____
Month/Day/Year
Has the Applicant Received Medical Treatment From a Licensed Physician For Any Injuries Or
Illnesses Within The Past 12 Months? If yes, please Describe: _____

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