SADLER
SPORTS & RECREATION INSURANCE
P. O. Box 5866, Columbia, SC 29250-5866
Phone: (800) 622-7370, Fax: (803) 256-4017

Martial Arts Schools & Programs

Insurance Program & Enrollment Form
Rates shown are effective 01-01-2015 to 12-31-2015

PROGRAM DESCRIPTION

This program has been designed for U.S.-based martial arts schools and other organizations specializing in the instruction of martial arts. Coverage provided includes important liability protection for the school or organization, including its employees and volunteers, for liability claims arising out of its operations.

For eligible martial arts schools or programs, coverage extends to the ownership, maintenance or use of the premise(s) reported to the Company as well as to your "Covered Operations". Covered Operations consist of those operations and activities at your locations involving registered members/participants, under your direct supervision or organized by you, that have been reported to and approved by the Company, and for which the applicable premium has been paid. As well as, off-site competitions, demonstrations, parades and fundraising activities, directly associated with those operations and activities at your location involving registered members/participants that are under your direct supervision, or organized by you; and ancillary events or activities at off-site locations involving registered members/participants under your direct-supervision, or organized by you, that have been reported to and approved by the Company, and for which the applicable premium has been paid.

In addition, coverage can be considered for birthday/Social parties at your premises that are under your direct supervision or organized by you, that have been reported to and approved by the Company, and for which the applicable premium has been paid; as well as for, activities involving non-registered members/participants, under your direct supervision or organized by you, that have been reported to and approved by the Company, and for which the applicable premium has been paid; and tournaments or competitions hosted by you under your direct supervision or organized by you, that have been reported to and approved by the Company, and for which the applicable premium has been paid.

ELIGIBLE OPERATIONS

Schools or organizations providing instruction, practice, demonstrations and exhibitions in the following styles of martial arts are eligible for this program. Note: If your style of martial arts is not listed, contact us for proper classification.

Aikido	Fitness boxing (non-contact)	Juijitsu	Kickboxing (cardio/fitness only)		Tai chi
Brazilian jiu jitsu	Goju-ryu	Kali/escrima*	Kickboxing (contact/sparring)		Taijiquan
Capoeira	Haganah*	Karate**	Mixed Martial Arts		Tang soo do
Chi kun	Hapkido	Kenjitsu	(Ultimate/extreme/cage fighting)*		Thai boxing/muay thai*
Dim mak*	Jeet kune do	Krav maga	Savate*	Shaolinqan	Wushu
	Judo	Kung fu	Sayoc kali*	Taekwondo	

***Coverage for these styles apply only to instruction/training type of programs. Events/competitions/tournaments in which the insured's members participate with these styles are excluded and not covered under this program.**

**Karate includes various styles such as: Chito-ryu, Goju-ryu, Isshin-ryu, Shuri-ryu, Kyokushinkai, Seido juku, Keichu do, Keichu-ryu, Shorin-RYU, Shotokan, Shito-ryu, Uechi-ryu, Wado-ryu and Yoshukai karate

INELIGIBLE OPERATIONS

Operations not eligible for this program include, but are not limited to, the following:

- Boxing (contact/sparring)
- Trampoline parks or facilities
- Training programs for law enforcement, public safety and military personnel
- Wrestling

EXCLUSIONS

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

Abuse, Molestation, Harassment or Sexual Conduct	Asbestos	Fireworks	Operations listed as ineligible
	Communicable diseases		Non-registered participants at events / tournaments hosted by the named insured
Acupuncture and acupressure	Distribution or sale of herbal, medicinal and/or nutritional products		
Amusement devices (eg: rides, slides, inflatables (unless reviewed and approved by us,) bungees, or dunk tanks)			Transportation of participants
	Employment-related practices		Use of sharpened/ bladed weapons
	Child care – babysitting services		
Use of projectile weapons including, but not limited to, firearms and tasers, and defense sprays		Violation of statutes that govern e-mails, faxes, phone calls or other methods of sending material or information.	
Parkour, Free running, tricking, urban gymnastics, extreme tumbling and/or any similar type programs/activities, unless reviewed and approved by us.			
Tournaments or competitions involving the following styles: muay thai/thai boxing; kali/escrima; savate; sayoc kali; dim mak; haganah; and full contact mixed martial arts, including but not limited to: cage events, extreme and ultimate fighting			
Vertical climbing devices or equipment used for climbing (either permanently affixed or temporarily erected) exceeding ten (10) feet with no safety harness system, unless reported/approved by us			

NOTE TO ALL AGENTS & BROKERS – there are no commissions included in this program. Premiums are NET and may not be altered on the enrollment form. A fee may be separately charged, subject to state insurance regulations. In addition, proof of insurance will be sent directly to the named insured and will not be sent to an agent or broker.

COVERAGES	LIMITS	
Commercial General Liability	**OPTION 1**	**OPTION 2**
Each Occurrence	$1,000,000	$2,000,000
General Aggregate (Other than Products-Completed Operations)	$5,000,000 per owned location	$5,000,000 per owned location
Products-Completed Operations Aggregate	$1,000,000	$2,000,000
Personal & Advertising Injury	$1,000,000	$2,000,000
Medical Expense (other than participants)	$ 5,000	$ 5,000
Damage to Premises Rented to You (Fire Legal Liability)	$ 500,000	$ 500,000
Professional Liability	$1,000,000	$2,000,000
Legal Liability to Participants	$1,000,000	$2,000,000
Hired Auto and Employers' Nonownership Liability (not provided while in Hawaii)	$1,000,000	$2,000,000
Medical Payments for Participants (excess) $250 per claim deductible applies	$ 150,000	$ 150,000

For Higher Limits please contact Sadler & Company at 1-800-622-7370

RATES AND MINIMUM PREMIUMS		
Rates (per student/member)	$17.50	$22.35
Minimum Premium	$750.00	$1,125.00

CARRIER - Coverage is provided by a carrier rated A+ (Superior) by A.M. Best Company.

COVERAGE PROVIDED UNDER THIS PROGRAM INCLUDES:

Commercial General Liability with Broadening Endorsement – coverage that 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 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
  - * Key Individual Replacements Cost - $50,000
  - * Temporary Meeting Space - $25,000
  - * Workplace Violence Counseling - $25,000
  - * Identity Theft Exposure (for directors or officers) - $25,000
  - * Lease Cancellation Moving Expense - $2,500
  - * Terrorism Travel Reimbursement (for directors or officers) - $25,000

Legal Liability to Participants – coverage which offers protection against bodily injury liability claims brought by persons participating in covered activities of your martial arts school operations.

Professional Liability – provides protection against claims that arise out of the rendering, or failure to render: instruction, demonstration, direction and/or advice relating to the sports activity.

Medical Payments for Participants – coverage which pays the medical and dental expenses incurred by a "participant" when an accidental injury occurs while participating in your covered martial arts school operations. "Participant" means any person practicing, instructing or participating in any physical exercises or games, sports or athletic contests. Participant does not include any compensated member of your staff, including employees or independent contractors. 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 $250 deductible applies to each claim and the benefit period is two years from the date of the accident.

Hired Auto and Employers Non-ownership Liability (not provided while in Hawaii) – coverage which protects the insured against liability claims arising out of the maintenance or use of motor vehicles hired or borrowed by the insured on a short-term basis, as well as coverage for those autos your organization does not own, lease, hire, rent or borrow that are used in conjunction with your operations. Coverage does not extend to the transporting of participants or to those vehicles that are rented, hired or borrowed on a long-term basis.

OPTIONAL COVERAGES AVAILABLE:

NON-REGISTERED MEMBER ACTIVITY COVERAGE:	RATE PER PARTICIPANT: Opt 1: $13.25 / Opt 2: $17.78

This coverage is available for events and/or activities you conduct at your facility that involve non-registered members of your martial arts school and are incidental to your martial arts operations. When reported and paid for, coverage is extended to provide liability and excess medical coverage for non-registered members while participating in an event/activity you are hosting and supervising. Examples of such events and activities are: basketball and/or volleyball programs or classes, camps or clinics; meetings and/or seminars; yoga and/or exercise classes.

Unless this option is purchased, coverage is excluded for non-registered members who participate in any activities referenced above.

Coverage conditions:

1. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your martial arts school or organization with our Martial Arts Schools & Programs RPG Insurance Program.
2. The same coverages and limits would apply to this optional coverage as purchased for your school or organization.
3. A birthday party is not considered to be a subsidiary activity and a separate premium charge will apply.
4. Non-registered members are only to be counted once in your premium calculation, regardless of the number of times that they may participate in those activities. Also include members of your school if they are charged a separate registration fee to participate in the activity.

HOSTED TOURNAMENT COVERAGE

Hosted tournaments are those you organize and operate that include participants who are not members of your school or organization. Coverage excludes liability claims by non-registered members/participants that participate in tournaments you host unless this optional coverage is purchased. The named insured and their registered members are automatically covered for participation in tournaments conducted by others without purchasing this additional coverage. Please contact us for additional information and supplemental questionnaire on this available optional coverage.

Coverage conditions:

1. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your martial arts school or organization with our Martial Arts Schools & Programs RPG Insurance Program.
2. Hosted tournament premiums are 100% fully earned and non-refundable once the tournament begins.
3. The same coverages and limits would apply to this optional coverage as purchased for your school or organization, EXCEPT for medical payments for participants coverage which is not extended to those non-registered members/participants of your hosted tournament. (Note: You should require proof of medical payments for participants coverage being in place for all non-registered members/participants taking part in your hosted tournament.

EQUIPMENT AND CONTENTS COVERAGE (INLAND MARINE) with Additional Coverage Endorsement

This provides coverage for direct loss or damage to your supplies and equipment, furnishings, improvements and betterments, signs and non-structural glass due to fire, theft, vandalism or other covered causes (subject to actual policy terms and conditions). 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.

Additional coverages automatically included in the coverage form are:

- Business Income with Extra Expense – Actual Loss Sustained (up to $50,000)
- Money and Securities Coverage – $5,000 any one occurrence
- Valuable Papers and Records Coverage – $10,000 at premises / $2,500 away from premises
- Account Receivable Coverage – $10,000 at premises / $2,500 away from premises

Coverage conditions:

1. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your martial arts school or organization with our Martial Arts Schools & Programs RPG Insurance Program.
2. Coverage will be effective the day after we receive the proper completed enrollment form with premium and will expire on the expiration date of your Martial Arts Schools & Programs RPG Insurance Program.
3. Receipt of purchase is required at the time of loss to show verification of purchase for any improvements or betterments.

Rates			
Total Value Per Location	**Rate**	**Deductible**	**Minimum Premium**
$ 1 - $ 10,000	$ .03	$ 250	$100.00
$ 10,001 - $100,000	$.026	$1,000	$100.00
$100,001 +	$.026	$2,500	$100.00

DIRECTORS' & OFFICERS' LIABILITY Including Employment Practices Liability for Not-for-Profit Organizations

This coverage provides important protection for not-for-profit martial arts schools and organizations for claims arising out of allegations of errors, omissions, or wrongful acts committed by its directors, officers, employees or volunteers. This coverage will respond to allegations of discrimination, wrongful dismissal, acts beyond granted authority, failure to deliver services and wrongful employment practices. Please contact us for additional information on this 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 sexual molestation. Limit is part of, and not in addition to , the general liability limit selection.

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 underwriting questions found on page 3 of the application.
2. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your studio with our Martial Arts Schools and Programs RPG Insurance Program.
3. Only one option may be purchased.
4. This coverage is 100% fully earned at inception.

Options	Rates
Option 1 - $1,000,000 Sexual Abuse or Sexual Molestation Liability	See page 4 of application for rates ($150.00 minimum premium)
Option 2 - $100,000 Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement	$100.00 (flat rate)

BIRTHDAY PARTY COVERAGE:	**RATE PER PARTY: Opt 1: $16.50 / Opt 2: $22.00**

Coverage can be extended to cover birthday parties held at your martial arts school or organization premises.

Coverage conditions:

1. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your martial arts school or organization with our Martial Arts Schools & Programs RPG Insurance Program.
2. The same coverages and limits would apply to this optional coverage as purchased for your school or organization.

FREQUENTLY ASKED QUESTIONS

1. **How soon does coverage start? When will we receive proof of coverage?** Coverage can be bound the date after we receive a completed enrollment form and the appropriate premium. Please allow adequate time for us to process your enrollment form and issue certificates.
2. **How do I add another entity or organization as an additional insured to my policy?** A written request is required from you, the individual instructor. Please contact Sadler at 1-800-622-7370 for a form.
3. **We are a newly formed school and we are not sure how many students we will have, how should I report my student count?** You need to report the number of students you project to have within an annual term.
4. **Am I allowed to transport students to activities such as classes, tournaments or exhibitions?** This insurance program does not provide coverage for the transportation of students. Should the transportation of students be necessary for your operation, we suggest that you consult a licensed insurance agent in your area to provide you with commercial automobile coverage for this type of exposure.
5. **Do you provide coverage for mixed martial arts?** We are able to provide coverage for mixed martial arts, but only for your instructional and training programs. Mixed martial arts events, competitions and tournaments in which you or your members participate are not covered under this program.
6. **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.

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 Sadler & Company Inc.

SADLER
SPORTS & RECREATION INSURANCE
P. O. Box 5866, Columbia, SC 29250-5866
Phone: (800) 622-7370, Fax: (803) 256-4017

Martial Arts Schools & Programs

Enrollment Form

Valid for effective dates from 01-01-2015 to 12-31-2015

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. 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.

❑ I AM A NEW ACCOUNT	❑ I AM RENEWING MY COVERAGE	
NAMED INSURED: (as it should appear on the policy) (the legal name of the business or organization; an individual name is acceptable if you are a sole proprietor)		
DOING BUSINESS AS (DBA): (additional name(s) under which the named insured operates)		
MAILING ADDRESS:		
CITY:	**STATE:**	**ZIP:**
CONTACT NAME:	**PHONE:**	
EMAIL ADDRESS:	**CELL:**	
WEBSITE:	**FAX:**	

List Operating Location(s) If Different From Mailing Address:				
	STREET ADDRESS	**CITY**	**STATE**	**ZIP**
LOCATION 1				
LOCATION 2				

DESIRED EFFECTIVE DATE:

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 expiration date of your current policy.)

❑ Start my coverage on this date: _____ /_____ /_____

STYLES OF MARTIAL ARTS OFFERED and any other types of operations/activities provided by your operation (CHECK ALL THAT APPLY):

❑ Aikido	❑ Haganah*	❑ Kenjitsu	❑ Sayoc kali*
❑ Brazilian jiu jitsu	❑ Hapkido	❑ Kickboxing (cardio/fitness only)	❑ Shaolinquan
❑ Capoeira	❑ Jeet kune do	❑ Kickboxing (contact/sparring)	❑ Taekwondo
❑ Chi kun	❑ Judo	❑ Krav maga	❑ Tai chi
❑ Dim mak*	❑ Juijitsu	❑ Kung fu	❑ Taijiquan
❑ Fitness boxing (non-contact)	❑ Kali/escrima*	❑ Mixed Martial Arts (ultimate/extreme/cage fighting)*	❑ Tang soo do
			❑ Thai boxing/muay thai*
❑ Goju-ryu	❑ Karate	❑ Savate*	❑ Wushu

❑ Other. Please describe (subject to approval):_____

***Note: Coverage for these styles apply only to instruction/training type programs. Events/competitions/tournaments in which the insured's members participate with these styles are excluded and not covered under this program.**

FOR NEW ACCOUNTS ONLY: (If not a new account, please skip these three questions and proceed to next section)

1. What is the name of your current insurance carrier(s) and the expiration date(s) of coverage?
Name:_____ Expiration Date(s):_____
2. Is your current carrier non-renewing your coverage? ❑Yes ❑No
3. Please list and describe any liability or medical claims that have been paid under your insurance coverage for the past three (3) years, including the amount paid. (If you have loss information, please provide a copy.) _____

© 2015 Sadler & Company, Inc. All Rights Reserved

BUSINESS INFORMATION - PLEASE ANSWER THE QUESTIONS BELOW	
❑ Yes ❑ No	Do you have birthday parties?
❑ Yes ❑ No	Do you have child-care/babysitting services/pre-schools and/or accredited schools? Note: Child-care and/or babysitting services are excluded under this program.
❑ Yes ❑ No	Do you utilize any inflatable device? (This program contains an exclusion for amusement devices. Amusement devices do not include any video or computer games or any device that is specifically designed for the training or instruction of the activity for which you are enrolled. Limited coverage for inflatable may be available. Please contact us for additional information.)
❑ Yes ❑ No	Do you have any tumbling programs/activities? If yes, • Are all participants in your tumbling program under the age of 18? ❑ Yes❑ No • Is this program for recreational training purposes only (no competitions?) ❑ Yes❑ No • Do you utilize any gymnastic apparatuses (such as trampolines, foam pits, bars, beams, etc.?) ❑ Yes❑ No Please note, only $2,000,000 of Commercial General Liability Coverage is available for martial schools with tumbling exposures. Schools with tumbling exposures are subject to underwriting approval.
❑ Yes ❑ No	Do you have any climbing devices exceeding 10 feet in height? If yes, please provide: • A description of the device:_____ • The maximum height of the climbing device: _____ • Is a safety harness required? ❑ Yes ❑ No • If over 10 feet, please include pictures of the device with this submission for review. Prior approval is required for climbing devices exceeding 10 feet with no safety harness.
❑ Yes ❑ No	Do you have any activities that occur away from the facility/premises other than competitions, demonstrations, parades or fundraising activities? • If yes, please describe:_____ • Activities held off-site must be reported prior to occurring and approved by us except for competitions, demonstrations, parades and fundraising activities.
❑ Yes ❑ No	Do you have camps/clinics? • Do non-members attend? ❑ Yes ❑ No (Non-member campers (those that are not registered members of your school) are excluded from coverage under this policy, unless you purchase the optional non-registered member activity coverage. • Describe the type of camps/clinics you have along with the events/activities taking place at the camps/clinics:_____ (Coverage can only be extended for those types of operations/activities that coverage has been purchased for under this program. Ancillary activities are subject to approval.) • Describe any activities that occur away from your facility: _____ (Activities held off-site are subject to approval.)
❑ Yes ❑ No	Do you have parkour, urban/extreme gymnastics, tricking, free-running and/or similar type programs/activities? (Coverage for these types of operations is excluded under this program. Please contact us for possible coverage options.)
❑ Yes ❑ No	Do you employ independent contractor instructors? • This program provides coverage for instructors and personnel who are employees of the named insured and does not extend to independent martial arts/self defense instructors. Coverage for independent martial arts/self defense instructors can be purchased from us.
❑ Yes ❑ No	Do you have open gym/studio time? (Note: additional premium may apply for open gym/studio exposures.) If yes, a. Please select the type of persons who can participate in your open gym/studio (check all that apply) ❑ Members Only ❑ Members and public b. Is open gym supervised by a staff member at all times? ❑ Yes ❑ No c. Are participants of open gym only allowed to practice techniques for which they have been properly instructed? ❑ Yes ❑ No d. Is your open gym time available to all ages at the same time? ❑ Yes ❑ No
❑ Yes ❑ No	Do you use weapons as part of your instruction? If yes, a. Are they sharpened/bladed? ❑ Yes ❑ No b. Are the weapons replicas and contain no ammunition? ❑ Yes ❑ No c. Do you use tasers or defense sprays? ❑ Yes ❑ No The use of projectile weapons including, but not limited to, firearms and tasers, and defense sprays along with sharpened/bladed weapons are excluded from coverage under this policy.

 © 2015 Sadler & Company, Inc. All Rights Reserved

MARTIAL ARTS SCHOOL PROGRAM PREMIUM CALCULATION

Premium is determined by applying the appropriate option and rate for your school or organization to the greatest number of students/registered members that your program could have during the year. **If the total program premium is less than the minimum premium, the total premium due is the minimum premium. For Higher Limits please contact us.**

OPTIONS – Select One	RATES / PREMIUM CALCULATION				PROGRAM PREMIUM
❑ Option 1: $1,000,000 CGL Limit	_____ # of Students	X	$17.50	=	**$_____ (A) ($750.00 minimum premium applies)**
❑ Option 2: $2,000,000 CGL Limit	_____ # of Students	X	$22.35	=	**$_____(A) ($1,125.00 minimum premium applies)**

OPTIONAL NON-REGISTERED MEMBER ACTIVITY & BIRTHDAY PARTY COVERAGE

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

Please select all of the activities and/or birthday parties you have at your school or organization and report the total number of non-registered or separately enrolled participants in each of the activities listed below along with the number of birthday parties. These activities must be incidental to your martial arts operations. **Use the same option as you selected in the martial arts school program premium calculation above.**

TYPE OF ACTIVITY	NUMBER OF PARTICIPANTS	X	OPT. 1 RATE	OPT. 2 RATE	=	PREMIUM
❑ Basketball and/or volleyball program or classes		X	$13.25	$17.78	=	
❑ Camps/Clinics		X	$13.25	$17.78		
❑ Exercise and/or yoga classes		X	$13.25	$17.78	=	
❑ Exhibitions, Seminars or Demonstrations (involving guest participation)		X	$13.25	$17.78	=	
❑ Other (please describe): _____ (This is subject to approval)		X	$13.25	$17.78	=	
❑ Birthday Parties	# of Parties Held Annually	X	$16.50	$22.00	=	
NON-REGISTERED MEMBER ACTIVITIES AND BIRTHDAY PARTIES PREMIUM (add all lines above)					=	**(B)**

OPTIONAL EQUIPMENT & CONTENTS (INLAND MARINE)

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

TO AVOID A CO-INSURANCE PENALTY, YOU MUST INSURE 100% OF THE REPLACEMENT COST OF YOUR EQUIPMENT AND CONTENTS FOR ALL OF YOUR LOCATIONS -- USE ADDITIONAL PAGE IF NECESSARY FOR ADDING EQUIPMENT

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	*VALUE*
	_____	_____
	_____	_____
	_____	_____
	Provide values for categories below (DO NOT include those values already shown above)	
	Supplies & Inventory (office supplies, items held for sale)	_____
	Equipment & Contents (athletic equipment, electronics, furniture, phone/fax system, non-structural glass, office contents, etc)	_____
	Improvements & Betterments (items you have installed or altered at your expense, such as flooring, mirrors, ceiling tile, window treatments, lighting, shelving, etc.) Receipt of purchase is required at the time of loss to show verification of purchase	_____
	Signs (indoor or outdoor)	_____
	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 type of building your equipment is stored in (e.g. frame or fire resistive warehouse)

2. Do you have a security system in place? ❑ Yes ❑ No
   If yes, please describe:

3. Is any other equipment, besides your own, or equipment of others stored in the same facility in which you store your equipment?
   ❑ Yes ❑ No If yes, please describe:

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

© 2015 Sadler & Company, Inc. All Rights Reserved

Step 3:	**Calculate Premium** (If total calculated premium is less than the minimum premium, the total premium due is the minimum premium)

☐ **My total replacement value is between $1 - $10,000** ($250 deductible will apply)

$.03 X $ _____ = $ _____ $ _____**(C)**
Total Replacement Value — Equipment & Contents Premium ($100.00 minimum premium applies)

☐ **My total replacement value is over $10,000** ($1,000 deductible will apply) ($2,500 deductible if value over $100,000)

$.026 X $ _____ = $ _____ $ _____**(C)**
Total Replacement Value — Equipment & Contents Premium ($100.00 minimum premium applies)

OPTIONAL COVERAGE: SEXUAL ABUSE OR SEXUAL MOLESTATION LIABILITY COVERAGE 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**

Coverage is contingent upon underwriting review and approval of the following questionnaire:

❑ Yes ❑ No	**1.**Does your organization currently have employees, volunteers or require the presence of at least two adults when minors are present?
❑ Yes ❑ 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?
❑ Yes ❑ No	**2a**. Are you aware of any occurrences that could lead to a claim? If yes to 2 or 2a, please explain: _____
❑ Yes ❑ 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?
❑ Yes ❑ No	**3a**. Do the procedures require that known or suspected abuse incidents must be reported to law enforcement?
❑ Yes ❑ No	**3b**. Are written procedures provided or available to each employee, volunteer or sanctioning/governing body member?
❑ Yes ❑ 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.)
❑ Yes ❑ No	If no, do the procedures establish if and when exceptions to the "three person rule" are permissible as part of your operations/activites?

Please complete the following questions regarding employee and volunteer screening controls used by your organization

❑ 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	Employees (Check Here if No Employees ❑)	Volunteers (Check Here if No Volunteers ❑)
Are written applications required?	❑ Yes ❑ No	❑ Yes ❑ No
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?	❑ Yes ❑ No	❑ Yes ❑ No
If yes and applicant checks yes, do you reject the applicant?	❑ Yes ❑ No	❑ Yes ❑ No
Are background checks provided by a third party vendor/service?	❑ Yes ❑ No	❑ Yes ❑ No
If yes, do you reject an applicant with any history of physical violence or sex related offenses?	❑ Yes ❑ No	❑ Yes ❑ No

Please explain any NO responses to questions asked above: _____

© 2015 Sadler & Company, Inc. All Rights Reserved

PLEASE CHOOSE OPTION 1 or OPTION 2:

❑ **Option 1: $1,000,000 Sexual Abuse or Sexual Molestation Liability**					
Activity Type	Rate (per participant)	X	Total # of Participants (See page 2)	=	Premium
Martial Arts	$1.94	X		=	$
Non-Registered Member Activity(s) • Basketball and/or Volleyball • Camp/Clinic • Exercise and/or Yoga • Exhibitions, seminars or demo • Other: _____	$1.81	X		=	$
Birthday or Social Party	$2.20 per party	X	_____ # parties	=	$
Option 1 Total Premium (add all lines above) Insert premium total from above or $150.00 minimum premium. The higher amount applies.					_____**(D)** ($150 min. premium)
❑ **Option 2: $100,000 Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement**					**$ 100.00 (D)**

TOTAL COST SUMMARY

Program Premium	**(A)**
Non-registered Member and/or Birthday Party Premium	**(B)**
Equipment and Contents Premium (Optional Coverage)	**(C)**
Sexual Abuse/Sexual Molestation Premium (Optional Coverage) ❑ $100,000 Defense Reimbursement Only OR ❑ $1,000,000 Liability Limit	**(D)**
Premium Due - Subtotal (add lines A-D above)	**(E)**

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.

© 2015 Sadler & Company, Inc. All Rights Reserved

COVERAGE EXCLUSIONS

The following exclusions are contained in the commercial general liability coverage provided by this program. Abuse, molestation, harassment or sexual conduct; Acupuncture and acupressure; Aircraft/hot air balloon; Airport; Amusement devices (e.g. rides, slides, inflatables (unless reviewed and approved by us), bungees, climbing walls or devices, dunk tanks.) Amusement devices do not include any video or computer games or any device that is specifically designated for the training or instruction of the activity for which you are enrolled.); Animals (injury or death to, or injury, death or property damage caused by any animal owned, rented or hired by you); Asbestos; Childcare-Babysitting Services Commercial general liability standard exclusions (CG0001 04/13 edition); Communicable diseases; Employment-related practices; Fireworks; Fungi or bacteria; Haunted attractions; Lead; Nuclear energy liability; Non-registered participants at events/tournaments hosted by the named insured; Performers (injury or death to any performer or entertainer during any activity, event or exhibition including but not limited to any stunt, concert, show or theatrical event. This exclusion does not apply to participants in any activity, event or exhibition that are part of the designated operations for which you are enrolled); Rodeos; Saddle animals; Snowmobiles; The sale or distribution of herbal, medicinal or nutritional products; Tournaments or competitions involving the following styles: Muay thai/Thai boxing; Kali/escrima; Savate; Sayoc kali; Dim mak; Haganah; Full contact and submission mixed martial arts, including but not limited to: cage events, extreme fighting and ultimate fighting; Parkour, free running, tricking, urban gymnastics, extreme tumbling and/or any similar type programs/activities, unless reviewed and approved by us; Transportation of athletes/participants; Use of projectile weapons including, but not limited to, firearms and tasers, and defense sprays; Use of sharpened/bladed weapons; Vertical climbing devices or equipment used for climbing (either permanently affixed or temporarily erected) exceeding ten (10) feet with no safety harness system, unless reported/approved by us; Violation of statutes that govern e-mails, faxes, phone calls or other methods of sending material or information. Those operations listed as ineligible: Boxing (contact/sparring); Training programs for law enforcement, military or public safety personnel; Trampoline parks or facilities; Wrestling.

FINAL COST COMPUTATION

Total Premium (line E or F from page 4)	**$**
Annual Risk Purchasing Group (RPG) Membership Fee (REQUIRED)	**$ 15.00**
TOTAL COST DUE (Total Premium + Membership Fee)	**$**

- If you are choosing a payment plan (either the 30%/70% or the 25% + 3), the $15 RPG fee must be paid in full with the down payment
- If you would like assistance with calculating the down payment please call 1-800-622-7370, ext. 131
- Premiums are 20% fully earned and non-refundable once coverage begins (see pages 4 & 5, Sexual Abuse/Sexual Molestation options are 100% fully earned at inception).
- Coverage is contingent upon receipt of premium payment. No coverage will be deemed in effect until premium is received by us.

PAYMENT INFORMATION – Select Payment Plan and Fill In Payment Information

100% PLAN (100% of premium paid with application)

_____ I authorize K&K to charge my credit card below for the total amount due of $_____

_____ Enclosed is my check payable to Sadler & Company. Check #_____ for $_____

30% / 70% PLAN (30% of premium as down payment & remaining balance due within 30 days of effective date)

_____ I authorize K&K to charge my credit card below for $_____ (30% of premium + Fees)

_____ Enclosed is my check payable to K&K Insurance Group. Check #_____ for $_____

25% + 3 PLAN (25% down payment, 25% due 2nd month, 25% due 3rd month, 25% due 4th month)

_____ I authorize K&K to charge my credit card below for $_____ (25% of premium + Fees)

_____ Enclosed is my check payable to K&K Insurance Group. Check #_____ for $_____

❑ **Check here if you prefer to be mailed an invoice for any future balances/installments. (If paying by credit card, any outstanding balances or installments will be charged to the same card number provided below, unless you have checked the box)**

CREDIT CARD INFORMATION:

❑ VISA ❑ MASTERCARD ❑ DISCOVER ❑ AMERICAN EXPRESS

Card Number:_____

CSC # (card security) code:_____ **Expiration Date**:_____

Print Name (as on card): _____**Cardholder Signature**: _____

© 2015 Sadler & Company, Inc. All Rights Reserved

ADDITIONAL CERTIFICATES: Complete this section to request additional certificates.

❑ Additional Insured ❑ Evidence of Coverage ❑ Loss Payee

ENTITY NAME :		
MAILING ADDRESS:		
CITY:	**STATE:**	**ZIP:**

❑ Owner/Lessor of Premises ❑ Sponsor ❑ Co Promoter ❑ Mortgagee ❑ Lessor of Equipment/Contents

READ AND SIGN -- WARRANTY STATEMENT

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 correct.

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 which apply, as well as the activities and operations for which coverage is not provided.

Applicant Signature: _____ Date: _____

Printed Name: _____ Title: _____

Named Insured (from pg 1):_____

Sadler & Company, Inc. is an independent insurance agency organized under the laws of the State of South Carolina, U.S.A. Its principal owner, John M. Sadler, is licensed to transact insurance business in all states and the District of Columbia. Sadler & Company, Inc.'s principal place of business is 3014 Devine St., Columbia, SC 29205

DBA/AKA Sadler Insurance Agency in CA License #0B57651, Sadler & Company of SC, Inc. - Arkansas (Lic. #254179), Sadler Agency - New York (PC-532473,LA-532473 and BR-532473), Sadler and Company - Vermont (License #577), DBA S&C Agency, Inc in KY (Lic. #624039) Sadler and Company, Inc. in MN (Lic. #20499566), S&C Agency, Inc. (Sadler & Company, Inc.) in OH (Lic. #33890), Sadler & Company, Inc in TX (License #19495) Sadler & Company Insurance Agency, Inc. in UT (Lic. #105192)

© 2015 Sadler & Company, Inc. All Rights Reserved