

# Youth Camp and Clinic Supplemental Request Form

For Adding Additional Camp and/or Clinic Session Dates

This supplemental is valid for effective dates from 3/1/24 through 2/28/25

Please retain a copy of this form for your records.

<b>GENERAL INFORMATION</b>	Named insured (as it appears on your Member Certificate): _____
	Policy number (as it appears on your Member Certificate): _____
	Mailing address: _____
	City: _____ State: _____ Zip: _____
	Contact name: _____ Phone: (_____) _____
	Cell: (_____) _____ Fax: (_____) _____
	E-mail: _____ Website: _____

<b>EXPOSURE INFORMATION</b>	Please note:
	<ul style="list-style-type: none"> <li>You must submit this request form <u>prior to the start of your camp and/or clinic along with payment. Coverage cannot be bound without the proper payment and completed and approved supplemental.</u></li> <li>You must provide the actual or maximum amount of expected campers. TBD numbers can not be accepted.</li> <li>Changes to numbers reported, <u>must be reported in writing on or before the start of the camp and/or clinic session.</u></li> <li>Cancellations <u>must be reported in writing on or before the start of the camp and/or clinic session.</u></li> </ul>
	1. Do any of your camps include any of the following sports? <input type="radio"/> Yes <input type="radio"/> No
	If yes, please check those that apply and answer questions a. and b.
	<input type="radio"/> Cheerleading <input type="radio"/> Gymnastics <input type="radio"/> Roller hockey (quad) <input type="radio"/> Deck/floor/street hockey <input type="radio"/> Ice Hockey <input type="radio"/> Soccer <input type="radio"/> Field hockey <input type="radio"/> Inline Hockey <input type="radio"/> Water hockey <input type="radio"/> Football <input type="radio"/> Lacrosse <input type="radio"/> Wrestling
	a. Do you have concussion management protocols/guidelines that are consistently enforced and 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 suspected concussion? <input type="radio"/> Yes <input type="radio"/> No
	b. If you suspect an athlete has a concussion, do you have an action plan that includes:
	<ul style="list-style-type: none"> <li>Immediately removing the athlete from play or practice <input type="radio"/> Yes <input type="radio"/> No</li> <li>Keeping the athlete out of play or practice until they provide written clearance from a licensed physician <input type="radio"/> Yes <input type="radio"/> No</li> <li>Confirming sports liability waivers (informed consent) from parents and/or players are secured <input type="radio"/> Yes <input type="radio"/> No</li> </ul>

**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 #194495) Sadler and Company - VT (License #577)

## CAMP RATES

Use these rates to figure out your camp premiums on the next page

### CLASS 1 RATES

Type of Camp Sessions	Option 1	Option 2	Option 3	Option 4	Option 5
	\$1,000,000 CGL & \$25,000 Med Pay to Part.	\$2,000,000 CGL & \$250,000 Med Pay to Part.	\$3,000,000 CGL & \$250,000 Med Pay to Part.	\$4,000,000 CGL & \$250,000 Med Pay to Part.	\$5,000,000 CGL & \$250,000 Med Pay to Part.
<b>Daily</b> (no overnight sessions) • 2 consecutive days or less; OR • Multiple non-consecutive days	\$1.45	\$1.97	\$2.16	\$2.27	\$2.35
<b>Weekly</b> (no overnight sessions) 3–7 consecutive days	\$4.33	\$5.99	\$6.55	\$6.89	\$7.13
<b>Overnight/Resident</b> • 1–7 consecutive days  NOTE: Adult-accompanied camps are not eligible for this option	\$5.75	\$7.95	\$8.69	\$9.13	\$9.46

### CLASS 2 RATES

Type of Camp Sessions	Option 1	Option 2	Option 3	Option 4	Option 5
	\$ 1,000,000 CGL & \$25,000 Med Pay to Part.	\$2,000,000 CGL & \$250,000 Med Pay to Part.	\$3,000,000 CGL & \$250,000 Med Pay to Part.	\$4,000,000 CGL & \$250,000 Med Pay to Part.	\$5,000,000 CGL & \$250,000 Med Pay to Part.
<b>Daily</b> (no overnight sessions) • 2 consecutive days or less; OR • Multiple non-consecutive days	\$1.60	\$2.20	\$2.42	\$2.55	\$2.65
<b>Weekly</b> (no overnight sessions) 3–7 consecutive days	\$4.78	\$6.66	\$7.34	\$7.74	\$8.04
<b>Overnight/Resident</b> • 1–7 consecutive days  NOTE: Adult-accompanied camps are not eligible for this option	\$6.34	\$8.83	\$9.72	\$10.25	\$10.65

Note: Class 2 rates include Limited Neurodegenerative Injury Coverage to Specified Players for Sports or Athletic Activities for those sports with this limitation. If you did not purchase this coverage, adjustments will be made at the time of binding.

### SEXUAL MISCONDUCT LIABILITY RATES

(use only if you were approved and purchased this coverage at the time of your original binding)

Daily Rate	Weekly Rate	Overnight Resident Rate
\$0.15	\$0.45	\$0.59

# CAMP PREMIUM CALCULATIONS

**IMPORTANT INFORMATION:**

1. Please list each camp session individually. Do not combine a period of camp dates. Should you have more than 3, please provide additional copies of this page.
2. Coverage only applies to those camp sessions specifically reported and approved, before the camp starts.
3. The same limit option must be used for all camps.
4. If multiple sports are in a single camp, the highest sport class applies for that camp.

**CAMP/SESSION #1**

Name of camp: \_\_\_\_\_

Type of camp (list all the sport types and activities): \_\_\_\_\_

Dates of the camp: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours of operation: \_\_\_\_ A.M./P.M. to \_\_\_\_ A.M./P.M.

Camp days (circle all that apply): Mon  Tues  Wed  Thurs  Fri  Sat  Sun

Camp location(s): \_\_\_\_\_

# of youth campers/participants (below age 19): \_\_\_\_\_ # of adult accompanying campers/participants: \_\_\_\_\_

Does your current policy include Sexual Misconduct Liability Coverage?  Yes  No

If yes, make sure to include rating below. If no, do not include sexual misconduct rate

Coverage Option	Daily or Weekly Rate	+	Sexual Misconduct Rate <small>(only if yes is checked above)</small>	=	Total Rate	x	# of Days or Weeks	x	# of Campers <small>(add youth + accompanying adult)</small>	=	Premium
	\$	+	\$	=	\$	x		x		=	\$

**CAMP/SESSION #2**

Name of camp: \_\_\_\_\_

Type of camp (list all the sport types and activities): \_\_\_\_\_

Dates of the camp: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours of operation: \_\_\_\_ A.M./P.M. to \_\_\_\_ A.M./P.M.

Camp days (circle all that apply): Mon  Tues  Wed  Thurs  Fri  Sat  Sun

Camp location(s): \_\_\_\_\_

# of youth campers/participants (below age 19): \_\_\_\_\_ # of adult accompanying campers/participants: \_\_\_\_\_

Does your current policy include Sexual Misconduct Liability Coverage?  Yes  No

If yes, make sure to include rating below. If no, do not include sexual misconduct rate

Coverage Option	Daily or Weekly Rate	+	Sexual Misconduct Rate <small>(only if yes is checked above)</small>	=	Total Rate	x	# of Days or Weeks	x	# of Campers <small>(add youth + accompanying adult)</small>	=	Premium
	\$	+	\$	=	\$	x		x		=	\$

**CAMP/SESSION #3**

Name of camp: \_\_\_\_\_

Type of camp (list all the sport types and activities): \_\_\_\_\_

Dates of the camp: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours of operation: \_\_\_\_ A.M./P.M. to \_\_\_\_ A.M./P.M.

Camp days (circle all that apply): Mon  Tues  Wed  Thurs  Fri  Sat  Sun

Camp location(s): \_\_\_\_\_

# of youth campers/participants (below age 19): \_\_\_\_\_ # of adult accompanying campers/participants: \_\_\_\_\_

Does your current policy include Sexual Misconduct Liability Coverage?  Yes  No

If yes, make sure to include rating below. If no, do not include sexual misconduct rate

Coverage Option	Daily or Weekly Rate	+	Sexual Misconduct Rate <small>(only if yes is checked above)</small>	=	Total Rate	x	# of Days or Weeks	x	# of Campers <small>(add youth + accompanying adult)</small>	=	Premium
	\$	+	\$	=	\$	x		x		=	\$

Complete this section if you require additional certificates listing a facility, property owner or similar third-party as an additional insured on your policy. Provide a separate request for each additional certificate needed.

**CERTIFICATE REQUEST #1**

Note: Please request all additional insureds needed for this policy term. Additional insureds from the expiring policy term will not be automatically renewed.

- 1. Camp #: \_\_\_\_\_
  - 2. When is this certificate needed? : \_\_\_\_/\_\_\_\_/\_\_\_\_
  - 3. What is the additional insured's relationship to you?
    - Owner/manager/lessor of premises (facility or venue)  Sponsor  Co-promoter
    - Other (please identify/explain): \_\_\_\_\_
- NOTE: The certificate holder will automatically be an Additional Insured for an Owner/manager/lessor, Sponsor or Co-Promoter relationship
- 4. Certificate holder/additional insured name: \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
  - 5. Does the certificate holder/additional insured require any special wording or endorsements?  Yes  No  
 If yes, check all that apply:  CG2026  Primary  Waiver of subrogation  
 Other (please explain): \_\_\_\_\_

**NOTE: If you are not sure, please attach a copy of the insurance requirements/instructions you've received.**

**The most common delay in certificate processing is caused by providing partial or incorrect name and/or instructions. Please check your request carefully before submitting.**

**CERTIFICATE REQUEST #2**

- 1. Camp #: \_\_\_\_\_
  - 2. When is this certificate needed? : \_\_\_\_/\_\_\_\_/\_\_\_\_
  - 3. What is the additional insured's relationship to you?
    - Owner/manager/lessor of premises (facility or venue)  Sponsor  Co-promoter
    - Other (please identify/explain): \_\_\_\_\_
- NOTE: The certificate holder will automatically be an Additional Insured for an Owner/manager/lessor, Sponsor or Co-Promoter relationship
- 4. Certificate holder/additional insured name: \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
  - 5. Does the certificate holder/additional insured require any special wording or endorsements?  Yes  No  
 If yes, check all that apply:  CG2026  Primary  Waiver of subrogation  
 Other (please explain): \_\_\_\_\_

**NOTE: If you are not sure, please attach a copy of the insurance requirements/instructions you've received.**

**The most common delay in certificate processing is caused by providing partial or incorrect name and/or instructions. Please check your request carefully before submitting.**



## PAYMENT OPTIONS

Applicant business name: \_\_\_\_\_ Effective date: \_\_\_\_\_

**PAY BY ACH (Bank Account): THIS OPTION IS ONLY AVAILABLE FOR PURCHASES MADE 15 DAYS OR MORE PRIOR TO THE EFFECTIVE DATE**

• **E-mail** sport3@sadlersports.com  
or

• **Fax** 1-803-256-4017

I (we) authorize Sadler & Company Inc. to initiate a single electronic debit from the account shown below and have attached a voided copy of the check:

Name on Bank Account: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Draft Amount : \$ \_\_\_\_\_  Checking, or  Savings

Bank Routing Number\* \_\_\_\_\_ Bank Account Number\* \_\_\_\_\_

\*See below for an explanation of where to locate these two sets of numbers on your bank check.

\_\_\_\_\_  
Authorized Signature(s) - (Not required if authorization by phone) Date: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature(s) - (Not required if authorization by phone) Date: \_\_\_\_\_

### EXPLANATION OF CHECK NUMBERS

1. Bank Routing Number - This is a nine digit number separated by a bar and a colon I: 123456789 I:
2. Account Number - This number may appear as the second, first or third series of numbers. Please read carefully.
3. Check Number - Matches number in the upper right corner of check. NOT REQUIRED FOR ACH.

YOUR NAME 1234 Main Street Anywhere, OH 00000 DATE \_\_\_\_\_ 123

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_ DOLLARS

⑈044072324⑈ ⑈000123456789⑈ ⑈123⑈

ROUTING ACCOUNT CHECK  
1. NUMBER 2. NUMBER 3. NUMBER

**PAY BY CREDIT CARD:**

• **Fax only** 1-803-256-4017

VISA  MASTERCARD  DISCOVER  AMERICAN EXPRESS

Card number: \_\_\_\_\_

CSC # (card security) code: \_\_\_\_\_ Expiration date: \_\_\_\_\_

I authorize K&K Insurance Group, Inc. to charge my payment to my credit card in the amount of \$ \_\_\_\_\_

Print name (as on card): \_\_\_\_\_

Cardholder signature: \_\_\_\_\_

Cardholder phone number: (\_\_\_\_) \_\_\_\_\_

FATCA Notice: Please go to [Aon.com/FATCA](http://Aon.com/FATCA) to obtain appropriate W-9.