

# Amateur Sports Teams, Leagues & Associations Optional Coverages Supplemental Request Form

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.

State: Zip:
Phone: ()
Fax: ()
Website:
-

Please check the optional coverage(s) you are seeking:

Notes:

GENERAL FORMATION

- · You must submit this request form PRIOR to the effective date needed
- Coverage will be made effective the day after this request form and payment are received by us, or on a later date that you may specify
- Coverage must follow the same coverage commercial general liability options purchased for your team, league or association and sport and age group
- · Hosted Tournament coverage is only available for Class B and Class C sports
- · Premiums are 100% fully earned and non-refundable upon inception

## **O HOSTED TOURNAMENT OPTIONAL COVERAGE**

Hosted tournaments are those you organize and operate that include participants who are not members of your club or team. Hosted tournaments must be 3 days or less in duration, have 8 teams or less, have no more than 100 outside participants and no more than 100 spectators.

				0 0	•		·		
Sport type:				Age gr	oup:		Total spectator atte	ndance:	
Location:									
Event date(s):	/	/	to	/	/	_ Event hours:_	A.M./P.M. to	A.M./P.M	
Event name:									

#### Proceed to page 2 for rate calculations

## **O PREMISES LIABILITY OPTIONAL COVERAGE**

This coverage provides premises liability coverage for those organizations that are a not-for-profit organization and own, operate or are responsible for a sports field(s) on a 24 hour basis and do not rent, donate or lease the field(s) to other organizations.

Effective date needed:/ to/									
Are you a not-for-profit organization? O Yes O No									
Do you rent, donate or lease the field(s) to other organizations?	${ m O}$ Yes	o No							
Physical address for sport field(s):									
Address	City	State	Zip						

Proceed to page 3 for rate calculations

#### 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)

Options	<ul> <li>Choose team/le</li> <li>If option with the</li> </ul>	Hosted Tournament Rates/Premium Calculation per Tournament Important Information: • Choose the option that has the same limit and deductible option as your team/league/organization coverage. • If options 1-6 do not match, please fill in your limits and deductible in option 7 along with the number of non-rostered participants and we will provide you with a quote on the cost to add your hosted tournament.							
<b>Option 1</b> \$1,000,000 CGL Limit \$25,000 Med Pay w/\$100 deductible	O\$ 2.31	х	# of non-rostered participants	= \$ Hosted Tournament Premium (\$200.00 minimum premium applies)					
<b>Option 2</b> \$2,000,000 CGL Limit \$100,000 Med Pay w/\$100 deductible	○\$ 4.39	Х	# of non-rostered participants	= \$ Hosted Tournament Premium (\$275.00 minimum premium applies)					
<b>Option 3</b> \$2,000,000 CGL Limit \$250,000 Med Pay w/\$100 deductible	O\$ 4.73	x	# of non-rostered participants	= \$ Hosted Tournament Premium (\$300.00 minimum premium applies)					
<b>Option 4</b> \$3,000,000 CGL Limit \$250,000 Med Pay w/\$100 deductible	○\$ 5.02	X	# of non-rostered participants	= \$ Hosted Tournament Premium (\$325.00 minimum premium applies)					
<b>Option 5</b> \$4,000,000 CGL Limit \$250,000 Med Pay w/\$100 deductible	○\$ 5.19	Х	# of non-rostered participants	= \$ Hosted Tournament Premium (\$340.00 minimum premium applies)					
<b>Option 6</b> \$5,000,000 CGL Limit \$250,000 Med Pay w/\$100 deductible	O\$ 5.32	x	# of non-rostered participants	= \$ Hosted Tournament Premium (\$351.00 minimum premium applies)					
Option 7 CGL Limit Med Pay Deductible	O \$	x	# of non-rostered participants	= \$ ( minimum premium applies)					

PREMIUM CALCULATION CONTINUED

Options		nium Calculation on that was purchased anization.					
Option 1	O \$	12.71	Х	Acreage	=	\$	
\$1,000,000 CGL Limit	\$	50.00	Х	# of fields	=	\$	ے Premium = greater of two totals
Option 2	O \$	19.06	Х	Acreage	=	\$	
\$2,000,000 CGL Limit	\$	75.00	Х	# of fields	=	\$	<pre>\$ Premium = greater of two totals</pre>
Option 3	O \$	22.24	Х	Acreage	=	\$	
\$3,000,000 CGL Limit	\$	88.00	Х	# of fields	=	\$	\$ Premium = greater of two totals
Option 4	O \$	24.15	Х		=	\$	
\$4,000,000 CGL Limit	\$	95.00	Х	Acreage # of fields	=	\$	Premium = greater of two totals
Option 5	O \$	25.55	Х	Acreage	=	\$	
\$5,000,000 CGL Limit	\$	101.00	Х	# of fields	=	\$	<pre>\$ Premium = greater of two totals</pre>

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

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

1. When is this certificate needed? : \_\_\_\_/\_\_\_/

2. This certificate is for: O Hosted Tournament Coverage O Premises Liability for Sports Fields Coverage

3. What is the additional insured's relationship to you?

0	Owner/manager/lessor of premises (facility or venue)	O Sponsor	O Co-promoter	O Sports Governing Body
$\bigcirc$	Other (please identify/explain):			

NOTE: The certificate holder will automatically be an Additional Insured for an Owner/manager/lessor, Sponsor or Co-Promoter relationship

City:

\_\_\_\_\_ State: \_\_\_\_\_ Zip:\_\_\_\_

5. Does the certificate holder/additional insured require any special wording or endorsements? O Yes O No

If yes, check all that apply: O CG2026 O Primary O Waiver of subrogation

O Other (please explain):

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

6. For specific events: Date(s) of event/activity: \_\_\_\_/ to \_\_\_\_ to \_\_\_\_/

Hours of event/activity: \_\_\_\_\_\_A.M./P.M. to \_\_\_\_\_\_A.M./P.M.

Type of event/activity:\_\_\_\_\_ Name of event/activity: \_\_\_\_\_

Location of event/activity:

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.

## FINAL PAYMENT CALCULATION AND PAYMENT OPTIONS

Step 1: Applicant Business Name from page 1	 
Step 2: Enter Program Premiums:	
Hosted Tournament premium - from page 2	\$ (a)
Premises Liability for Sports Fields premium - from page 3	\$ (b)
Step 3: Total (add lines a+b)	\$ (c)

Step 4: Calculate Surplus Lines/Stamping Fees – this is based on the Named Insured's state from page 1

Insured's State	н	IL	МІ	МТ	NV	NY	ОК	UT	WY	All Other
Surplus Line Tax	.0468	.035	.025	.0275	.035	.036	.06	.0425	.03	.025
Stamping Fee	N/A	.0004	N/A	N/A	.004	.0015	N/A	.0018	.00175	N/A
FINAL STATE RATE	.0468	.0354	.025	.0275	.039	.0375	.06	.0443	.03175	.025

Premium from Step 3 -\$\_\_\_\_\_(c) x Final State Rate from chart above \$\_\_\_\_\_ = \$\_\_\_\_(d)

**Step 5:** Optional Coverage Total Cost (add lines c + d)

#### Step 6: Select Payment Option

O ACH – this option is only available for purchases made 15 days or more prior to the effective date Proceed to the next page to complete the ACH payment.

O Mail in Check – make check payable to Sadler & Company, Inc.

Sadler & Company Inc. PO Box 5866 Columbia, SC 29250

#### O Credit Card

Proceed to the next page to complete the credit card payment

\$\_\_\_\_\_(e)

## **PAYMENT OPTIONS**

Applicant business name:	Submit completed supple	emental and payment to:
PRIOR To THE EFFECTIVE DATE         • E-mail sport3@sadlersports.com or         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:	Applicant business name:	Effective date:
Draft Amount : \$	<ul> <li>PRIOR TO THE EFFECTIVE DATE</li> <li>E-mail sport3@sadlersports.com or</li> <li>Fax 1-803-256-4017 I (we) authorize Sadler &amp; Company, Inc. to initiate a sir</li> </ul>	
Draft Amount : \$	Name on Bank Account:	Bank Name:
Bank Routing Number* Bank Account Number* *See below for an explanation of where to locate these two sets of numbers on your bank check. Date: Authorized Signature(s) - (Not required if authorization by phone) EXPLANATION OF CHECK NUMBERS 1. Bank Routin Number - This is a nine digit number separated by a bar and a colon 1: 123456789 1: 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. PAY BY CHECK: (Payable to Sadler & Company Inc.) • Mail Sadler & Company Inc. PO Box 5866 Columbia, SC 29250 PAY BY CREDIT CARD: • Fax only 1-803-256-4017 O VISA O MASTERCARD O DISCOVER O AMERICAN EXPRESS Card number: CSC # (card security) code: Expiration date: Lauthorize K&K Insurance Group, Inc. to charge my payment to my credit card in the amount of \$ Print name (as on card): Cardholder phone 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)	-	
Authorized Signature(s) - (Not required if authorization by phone)		
Date:	Authorized Cigneture(a) (Net required if outhorizetion by ak	
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1. NUMBER 2. NUMBER 3. NUMBER	<ul> <li>separated by a bar and a colon I: 123456789 I:</li> <li>2. Account Number - This number may appear as the second first or third series of numbers. Please read carefully.</li> <li>3. Check Number - Matches number in the upper right corner</li> </ul>	1234 Main Street Anywhere, OH 00000     DATE       PAY TO THE ORDER OF     \$
Mail Sadler & Company Inc. PO Box 5866 Columbia, SC 29250      PAY BY CREDIT CARD:         Fax only 1-803-256-4017		
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