

Options	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.			
Option 1 \$1,000,000 CGL Limit \$25,000 Med Pay w/\$100 deductible	<input type="radio"/> \$ 2.31	<input checked="" type="checkbox"/> X	_____ # of non-rostered participants	= \$ _____ Hosted Tournament Premium (\$200.00 minimum premium applies)
Option 2 \$2,000,000 CGL Limit \$100,000 Med Pay w/\$100 deductible	<input type="radio"/> \$ 4.39	<input checked="" type="checkbox"/> X	_____ # of non-rostered participants	= \$ _____ Hosted Tournament Premium (\$275.00 minimum premium applies)
Option 3 \$2,000,000 CGL Limit \$250,000 Med Pay w/\$100 deductible	<input type="radio"/> \$ 4.73	<input checked="" type="checkbox"/> X	_____ # of non-rostered participants	= \$ _____ Hosted Tournament Premium (\$300.00 minimum premium applies)
Option 4 \$3,000,000 CGL Limit \$250,000 Med Pay w/\$100 deductible	<input type="radio"/> \$ 5.02	<input checked="" type="checkbox"/> X	_____ # of non-rostered participants	= \$ _____ Hosted Tournament Premium (\$325.00 minimum premium applies)
Option 5 \$4,000,000 CGL Limit \$250,000 Med Pay w/\$100 deductible	<input type="radio"/> \$ 5.19	<input checked="" type="checkbox"/> X	_____ # of non-rostered participants	= \$ _____ Hosted Tournament Premium (\$340.00 minimum premium applies)
Option 6 \$5,000,000 CGL Limit \$250,000 Med Pay w/\$100 deductible	<input type="radio"/> \$ 5.32	<input checked="" type="checkbox"/> X	_____ # of non-rostered participants	= \$ _____ Hosted Tournament Premium (\$351.00 minimum premium applies)
Option 7 _____ CGL Limit _____ Med Pay _____ Deductible	<input type="radio"/> \$ _____	<input checked="" type="checkbox"/> X	_____ # of non-rostered participants	= \$ _____ (_____ minimum premium applies)

Options	Premises Liability Rates/Premium Calculation					
	Choose the same CGL limit for this option that was purchased for your team/league/organization.					
Option 1 \$1,000,000 CGL Limit	<input type="radio"/> \$ 12.71	X	_____	=	\$ _____	
	\$ 50.00	X	Acreage # of fields	=	\$ _____	\$ _____ Premium = greater of two totals
Option 2 \$2,000,000 CGL Limit	<input type="radio"/> \$ 19.06	X	_____	=	\$ _____	
	\$ 75.00	X	Acreage # of fields	=	\$ _____	\$ _____ Premium = greater of two totals
Option 3 \$3,000,000 CGL Limit	<input type="radio"/> \$ 22.24	X	_____	=	\$ _____	
	\$ 88.00	X	Acreage # of fields	=	\$ _____	\$ _____ Premium = greater of two totals
Option 4 \$4,000,000 CGL Limit	<input type="radio"/> \$ 24.15	X	_____	=	\$ _____	
	\$ 95.00	X	Acreage # of fields	=	\$ _____	\$ _____ Premium = greater of two totals
Option 5 \$5,000,000 CGL Limit	<input type="radio"/> \$ 25.55	X	_____	=	\$ _____	
	\$ 101.00	X	Acreage # of fields	=	\$ _____	\$ _____ Premium = greater of two totals

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.

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: Hosted Tournament Coverage Premises Liability for Sports Fields Coverage
3. What is the additional insured's relationship to you?
 Owner/manager/lessor of premises (facility or venue) Sponsor Co-promoter Sports Governing Body
 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.

6. For specific events: Date(s) of event/activity: ____/____/____ 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	HI	IL	MI	MT	NV	NY	OK	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) \$ _____ (e)

Step 6: Select Payment Option

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.

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

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

Credit Card

Proceed to the next page to complete the credit card payment

PAYMENT OPTIONS

Submit completed supplemental and payment to:

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.

_____ Date: _____

Authorized Signature(s) - (Not required if authorization by phone)

_____ 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 |: 123456789 |:
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

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

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

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 to obtain appropriate W-9.