

**PROGRAM DESCRIPTION**

This insurance program has been specifically designed to meet the unique needs of U.S.-based owners and operators providing instructional academies and enrichment programs who have a total annual income (revenue before expenses) of \$500,000 or less. Liability coverage provided includes important protection for operations, including it's employees, for injuries to both guests and participants arising out of covered activities. This program can accommodate those organizations that have annual operations at facilities they own or manage, as well as those who have annual operations but do not own or lease a facility.

Optional coverages available under this program include liability for hired auto and non-owned auto liability, independent contractors, coverage for equipment and contents, and sexual misconduct liability.

**INELIGIBLE OPERATIONS**

The following operations are not eligible for this program. (Please note, this is not a complete listing of ineligible operations.)

- Facilities open 24 hours
- Bowling centers
- Boxing/martial arts
- Gymnastic/parkour (unless reported and approved by us)
- Health clubs
- Ice Rinks (owned and managed)
- Laser tag
- Nature camp programs
- Paintball/reball
- Skate parks
- Swimming pools (owned & managed)
- Trade school, college or university classes

NOTE: Ineligible programs may qualify for coverage under another program. Please contact our office for additional information.

**ELIGIBLE OPERATIONS/FACILITIES**

- Academic instructional programs
- Annual camp/clinic operations
- Instructional cooking programs
- Music/art instruction
- Speed/agility training
- Sports training
- Youth enrichment programs

**COVERAGES AVAILABLE**

- General Liability - \$1,000,000 to \$5,000,000 per occurrence limits available
- Legal Liability to Participants
- Professional Liability
- Medical Expense for Participants (excess)
- Hired Auto and Non-Owned Auto Liability

**HOW TO OBTAIN A QUOTE**

To request an insurance quotation through this program, please submit the appropriate applications along with the preliminary underwriting information listed below.

In some cases, requested coverages may not be offered or available due to underwriting criteria and/or carrier guidelines. It is important to carefully review the terms and conditions of any insurance quotations received. Please contact a representative if you have any questions.

**PRELIMINARY UNDERWRITING INFORMATION REQUIRED**

- **Completed application (pages 2-14);**
- **Copy of sample waivers and contracts**
- **5 years of company loss runs**
- **Brochure (if available)**
- **12 month income statement**



E-MAIL [sport3@sadlersports.com](mailto:sport3@sadlersports.com)



FAX 1-803-256-4017



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



QUESTIONS Call 1-800-622-7370

GENERAL INFORMATION

I am a new account       I am renewing my coverage  
 Insured/Business name (as it will appear on the policy): \_\_\_\_\_  
 DBA: \_\_\_\_\_  
 Type of Entity:     Sole Proprietorship    Partnership    Limited Liability Co.    Corporation  
                           Other: (describe): \_\_\_\_\_  
 Form of business:  Not-for-profit organization    For-profit organization  
 Contact person: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
    NY Applicants must provide a street address. PO Boxes cannot be accepted  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Website: \_\_\_\_\_  
 (By listing an email address, you are giving us permission to contact you by email. Refer to page 11 for Electronic Disclosure and Consent)  
 Tax ID No.: \_\_\_\_\_ Desired effective date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Days & hours of operations: \_\_\_\_\_  
 Type of operation (describe): \_\_\_\_\_  
 Select Liability Occurrence Limits needed:  \$1,000,000    \$2,000,000    \$3,000,000    \$4,000,000    \$5,000,000

**OPERATIONS**

Number of staff (total): Employees \_\_\_\_\_ Coaches/Instructors \_\_\_\_\_ Independent Contractors\* \_\_\_\_\_ Volunteers \_\_\_\_\_

**\*If you have independent contractors, please complete Independent Contractors section on Page 7**

1. Is a written emergency plan (weather, fire, medical) and evacuation procedure in place?       Yes  No
2. Are signed waivers required for all participants?       Yes  No
3. Do you keep signed waivers for at least 3 years?       Yes  No
4. Are all incident/injuries reported to the insurance company?       Yes  No
5. Is there at least one ADULT staff member onsite at all times during open hours?       Yes  No
6. Do individuals wear necessary safety equipment at all times while participating?       Yes  No  N/A
7. 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?       Yes  No
8. If you suspect an athlete has a concussion, do you have an action plan that includes:
  - Immediately removing the athlete from play or practice       Yes  No
  - Keeping the athlete out of play or practice until they provide written clearance from a licensed physician       Yes  No
  - Confirming sports liability waivers (informed consent) from parents and/or players are secured       Yes  No
9. Do you operate/run any teams or leagues?       Yes  No  N/A

## OPERATIONS CONTINUED

10. Do you operate/run any camps or clinics?  Yes  No  N/A
11. Do you host birthday parties?  Yes  No
12. Do you offer any nursery/baby-sitting/child care services?  Yes  No  
**If yes, please complete Nursery/Babysitting Services/Child Care Section on page 6**
13. Does your staff include any physical therapists, athletic trainers, dieticians, massage therapists?  Yes  No  
 If yes, do they have their own insurance and provide you Additional Insured status on their policy?  Yes  No
14. Do you have any off-site events/activities/field trips?  Yes  No  
 If yes, describe: \_\_\_\_\_
15. Do you ever transport your members/participants?  Yes  No  
 If yes, transportation of athletes/member is excluded under this policy - do you acknowledge?  Yes  No
16. Do you own or lease/operate your own facility?  Yes  No  
**If you own or lease, you must complete Facility Based Operations Section on page 4**
17. Do you have open gym/facility for non-members to attend?  Yes  No

## ANNUAL INCOME

(REQUIRED -You must complete each line. If a line is not applicable, indicate "n/a")

### Annual Income (Revenue before Expenses)

- |  |                 |   |
|--|-----------------|---|
| <input type="radio"/> Membership fees                        | \$ _____        |   |
| <input type="radio"/> Travel teams                           | \$ _____        |   |
| <input type="radio"/> Camps/clinics/youth training           | \$ _____        |   |
| <input type="radio"/> Facility rental to others              | \$ _____        | (Must secure proof of insurance from renters) |
| <input type="radio"/> Batting cages                          | \$ _____        | (Complete page 7)                             |
| <input type="radio"/> Pro shop/retail sales/equipment rental | \$ _____        |   |
| <input type="radio"/> Concession/Vending                     | \$ _____        | (Complete page 6)                             |
| <input type="radio"/> Birthday parties                       | \$ _____        | And how many? _____                           |
| <input type="radio"/> Hosted tournaments                     | \$ _____        | And how many? _____                           |
| <input type="radio"/> Other: _____                           | \$ _____        |   |
| <b>TOTAL ANNUAL INCOME</b>                                   | <b>\$ _____</b> |   |

COVERAGE WILL ONLY APPLY TO THOSE EXPOSURES REPORTED ABOVE.  
 MAKE SURE TO COMPLETE ALL APPROPRIATE LINES

## FACILITY BASED OPERATIONS

If you own/lease more than "1" location, please copy and complete this section for each location.

**Check here and skip questions if you do not own/lease a facility**

Type of facility: \_\_\_\_\_  Indoor  Outdoor  Both

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  Commercial  Residential

Total Square Footage: \_\_\_\_\_ Type of Flooring: \_\_\_\_\_

1. Are the rules posted and enforced at all times?  Yes  No
2. Are signs clearly posted to identify exits and hazards?  Yes  No
3. Are restrooms checked/cleaned during operations?  Yes  No
4. Are parking lots well-lit and/or patrolled?  Yes  No
5. Are there any overnight camps, lock-ins, or events held at the facility?  Yes  No

**If yes, describe and complete OVERNIGHT Events/Attractions Section on page 6:** \_\_\_\_\_

6. Do you operate a batting cage?  Yes  No

**If yes, complete Batting Cage Section on page 7**

7. Do you sublease or rent space or fields to others?  Yes  No

If yes:

- a. Does the contract include a Hold Harmless agreement?  Yes  No

- b. Please provide copy of the contract  Included

8. Do you have any amusement devices, including inflatables?  Yes  No

If yes:

- a. Describe: \_\_\_\_\_

- b. Do you have padding underneath all the device(s)?  Yes  No  N/A

- c. Are the devices used only during instructional classes?  Yes  No  N/A

If no, please describe the other times when the devices may be used: \_\_\_\_\_

**For Inflatable Devices, please complete Inflatable Device Section on page 10**

9. Does your business operate out of a private residence  Yes  No

If yes: Is there a separate entrance, with no access available to the residential part of the home?  Yes  No

10. Do you host any open to public events or open gyms at your facility?  Yes  No

If yes, please describe the type of events and what type of activities are done: \_\_\_\_\_

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**INSTRUCTIONAL OR ENRICHMENT SPORT/ACTIVITY**  
**Enter total number of participants for each sport and age group**

**(Total participants should include all your membership counts, camp/clinic attendees and team/league participants)**  
**Please note: Coverage applies only to those reported sports and age groups marked below**

<b>Sport/Activity</b>	<b>Annual Youth (19 and under) Participants</b>	<b>Annual Adult (20 and over) Participants</b>
<input type="radio"/> Art Class/Instruction	_____	_____
<input type="radio"/> Baseball	_____	_____
<input type="radio"/> Basketball	_____	_____
<input type="radio"/> Cooking Class/Instruction	_____	_____
<input type="radio"/> Fencing	_____	_____
<input type="radio"/> Field/Floor Hockey	_____	_____
<input type="radio"/> Fitness	_____	_____
<input type="radio"/> Football - Flag	_____	_____
<input type="radio"/> Football -Tackle (Youth)/Flex Football™	_____	Not Eligible
<input type="radio"/> Golf	_____	_____
<input type="radio"/> Ice Hockey	_____	Not Eligible
• USA Hockey members ineligible		
• Non-owned facility only		
<input type="radio"/> Lacrosse	_____	Not Eligible
<input type="radio"/> Music Instruction	_____	_____
<input type="radio"/> Speed & Conditioning	_____	_____
<input type="radio"/> Soccer	_____	Not Eligible
<input type="radio"/> Softball	_____	_____
<input type="radio"/> Swimming	_____	_____
*Non-owned facility only		
<input type="radio"/> Tennis	_____	_____
<input type="radio"/> Ultimate Frisbee	_____	_____
<input type="radio"/> Volleyball	_____	_____
<input type="radio"/> Wrestling	_____	Not Eligible
<input type="radio"/> Youth Enrichment Class	_____	Not Eligible
<input type="radio"/> Other: _____	_____	_____
<input type="radio"/> Other: _____	_____	_____

Sports/activities not covered/ineligible:

Adult water hockey (age 20 & over); Box lacrosse; Boxing; Bubble soccer; Cheerleading (age 20 & over); Diving; Dodgeball; Equestrian; Go-karts or other motorized racing; Gymnastics/parkour (unless reported and approved by us); Hunting or shooting programs/activities; Iron man/Tough man events; Ice skating/roller skating/skating treadmills; Inline hockey/roller hockey; Marathons; Martial arts; Paintball/reball; Rugby; Skateparks/skateboarding/BMX; Skiing (snow or water; Sky diving or surfing; Sports parachuting; Triathlon; Unicycling

## HIRED AUTO & NON-OWNED AUTO LIABILITY COVERAGE

Coverage is contingent upon underwriting review and approval of the following questions

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

1. Are all drivers (employees and volunteers) over the age of 18?  Yes  No
2. Do you obtain MVRs (motor vehicle record) for employees and volunteers who drive on your behalf?  Yes  No
3. Do all drivers (employees and volunteers) carry personal automobile liability insurance?  Yes  No

## CONCESSION/VENDING EXPOSURES

Check here and skip questions if services not offered

1. Are all cooking surfaces properly fire protected?  Yes  No
2. What type of Automatic Extinguishing System (AES) is in place? \_\_\_\_\_
3. Do you have a contract for servicing and maintaining the automatic extinguishing system?  Yes  No
4. How often is this system serviced & maintained?  Monthly  Quarterly  Semi-Annually  Annually
5. How often are filters cleaned? \_\_\_\_\_ By whom? \_\_\_\_\_
6. How often are hoods/duct cleaned? \_\_\_\_\_ By whom? \_\_\_\_\_

## NURSERY/BABYSITTING/CHILD CARE EXPOSURES

Check here and skip questions if services not offered

1. Are parents required to sign children in and out of the nursery?  Yes  No
2. Are waivers signed by parent/guardian?  Yes  No
3. Are staff members CPR and first aid trained?  Yes  No
4. Are parents to remain in the facility while children are in your care?  Yes  No
5. Does your employment application ask the staff applicant if they've ever been convicted of a crime?  Yes  No
6. Is the nursery staff trained in policies applicable to the prevention of child/sexual abuse?  Yes  No
7. Do the procedures require that known or suspected abuse incidents must be reported to law enforcement?  Yes  No

## OVERNIGHT EVENTS/ACTIVITIES

Check here and skip questions if services not offered

1. What type of events/activities have overnight events/activities? (check all that apply)  
 Parent's night out  Overnight Camps/clinic  Other: \_\_\_\_\_
2. Typical age group attending: \_\_\_\_\_
3. Typical hours of the event/activity: \_\_\_\_\_ A.M./P.M. to \_\_\_\_\_ A.M./P.M.
4. Are all the supervisors over the age of 21?  Yes  No
5. Do you have any parents/volunteers to assist with supervision?  Yes  No  
If yes, do you run background checks on all of these individuals?  Yes  No
6. Do you have at least 2 employees on-site during the event/activity?  Yes  No
7. Describe the type of activities that take place during the event/activity: \_\_\_\_\_
8. Do you require separate waivers to be signed by all participants and/or their parents and/or guardian?  Yes  No
9. Do these overnight events/activities take place at your facility?  Yes  No  
If no, please explain: \_\_\_\_\_

## BATTING CAGE OPERATIONS

Check here and skip questions if services not offered

How many batting cages do you have? \_\_\_\_\_

The following guidelines have been established as minimum requirements for batting cage operations:

### FAST PITCH BATTING CAGE OPERATIONS

1. Patrons must be required to wear batting helmets.
2. Patrons must be at least 4'6" (54 inches) tall or a height specified by the manufacturer.
3. Patrons younger than 8 years old must be accompanied by a parent or guardian (present, but NOT inside the cage).
4. Occupancy must be limited to one (1) person per cage.
5. Attraction rules, including height requirements, operating instruction and assumption of risk must be posted in plain sight.
6. Batting cages must be completely self-contained or closed.
7. Patrons must not be allowed to alter settings on the pitching machines. Any adjustments must be made by an employee.
8. Accuracy and maintenance checks must be performed on a regular basis.
9. Maximum ball speed of any machine must not exceed 80 miles an hour.
10. Children under the age of 12 must not be allowed access to the cages with ball speeds in excess of 65 MPH.
11. There must be a light or other indicator to show when final ball is pitched.

### SOFTBALL/SLOW PITCH BATTING CAGES

1. Patrons must be at least 4'0" (48 inches) tall or a height specified by the manufacturer.
2. Patrons younger than 8 years old must be accompanied by a parent or guardian (present, but NOT inside the cage).
3. Occupancy must be limited to one (1) person per cage.
4. Attraction rules, including height requirements, operating instruction and assumption of risk must be posted in plain sight.
5. Batting cages must be completely self-contained or closed.
6. Patrons must not be allowed to alter settings on the pitching machines. Any adjustments must be made by an employee.
7. Accuracy and maintenance checks must be performed on a regular basis.
8. There must be a light or other indicator to show when final ball is pitched.

**I acknowledge and warrant that the above guidelines are followed at all times**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Note: Any deviation from these guidelines must be documented and submitted to us along with the application for consideration and receive written approval for the exception from the company.**

## INDEPENDENT CONTRACTORS

Do you wish to cover your Independent Contractors?  Yes  No

If no: Do you require all independent contractors or subcontracted services to carry their own insurance and name you as an additional insured under their policy?  Yes  No

If yes: Please list below: (If additional space is needed, please attach a separate list to the enrollment form)

Name(s) of Independent Contractor(s) at Your Studio/Facility
1.
2.



## SEXUAL MISCONDUCT

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

1. Identify current hiring practices for paid and volunteer staff or independent contractors:

- a) Are employment/volunteer/independent contractor applications required for positions?  Yes  No
- b) Is prior employment verified for each applicant and recorded in applicant's file?  Yes  No
- c) Are references obtained?  Yes  No
- d) Are references checked?  Yes  No
- e) Are criminal records checked?  Yes  No
- f) Does your employment/volunteer application include questions regarding prior criminal convictions? (If allowed by State/Local laws)  Yes  No
- g) Do you advise every applicant that criminal background checks will be performed?  Yes  No
- h) Are background checks done by a third party vendor/service?  Yes  No
- i) Do you reject an applicant with any history of physical violence or sex related offenses?  Yes  No

Please explain any "No" responses to those questions asked above \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Identify staff status (check all that apply):  Employees  Volunteers  Parent-volunteers  Independent contractors

3. Do you always have a staff member over the age of 21 onsite during open hours?  Yes  No

4. Do you or your organization have training and written procedures in place regarding the prevention and mitigation of abuse, molestation or sexual misconduct?  Yes  No

If yes:

- How to recognize the signs of abuse and molestation  Yes  No
- All known, alleged or suspected abuse incidents must be reported to law enforcement  Yes  No
- Procedures are provided or available to all paid and volunteer staff, and sanctioning/governing body members  Yes  No
- No one-on-one situations allowed without visibility by others  Yes  No
- A supervision plan to monitor all participants at the facility/event site that also prevents access to secluded areas such as closets, unsupervised rooms, etc.  Yes  No
- A policy regarding appropriate and inappropriate physical contact, verbal interaction and electronic communications with children during and outside of regularly scheduled business activities  Yes  No

5. Have you ever had an incident which resulted in an allegation of sexual abuse/molestation at your facility?  Yes  No

6. Has a claim ever been made against your facility?  Yes  No

If yes, please explain in detail, including the amount of damages paid to the victim: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What has been done to prevent such occurrences from happening in the future? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Are you aware of any occurrences that could lead to a claim?  Yes  No

If yes, please explain: \_\_\_\_\_



## INLAND MARINE - EQUIPMENT AND CONTENTS

TO AVOID A CO-INSURANCE PENALTY, YOU MUST INSURE 100% OF THE REPLACEMENT COST OF YOUR EQUIPMENT AND CONTENTS FOR ALL OF YOUR LOCATIONS.

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

### 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) \$ \_\_\_\_\_

Equipments & Contents (athletic equipment, electronics, furniture, non-structural glass, phone/fax system, 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 building type your equipment is stored in (e.g.: frame or fire resistive warehouse)

\_\_\_\_\_

2. Do you have a security system in place?  Yes  No

a. If yes, please describe: \_\_\_\_\_

3. Is any other operations, besides your own, or equipment of others stored in the same facility in which you store your equipment?  Yes  No

a. If yes, please describe: \_\_\_\_\_

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

### Step 3: Check/complete if you have a:

Loss Payee Request

Lenders' Loss Payee Request - (contract required, please attach copy)

RE (please identify equipment): \_\_\_\_\_ Value of equipment: \$ \_\_\_\_\_

Entity name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

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

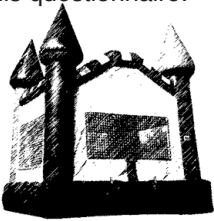
**Sadler & Company Inc. PO Box 5866, Columbia, SC 29250 Agent: John Sadler  
(P) 800-622-7370 (F) 803-256-4017 Email: sport3@sadlersports.com**

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## INFLATABLE AMUSEMENT DEVICE

**Check here if you do not own any inflatable amusement devices**

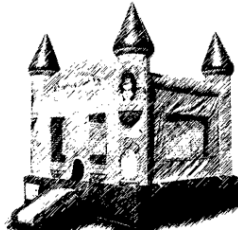
Coverage is contingent upon underwriting review and approval of the following questionnaire. Please indicate the type and how many of each unit(s) you use in the operation. If basic design is not shown below, a photograph **MUST** accompany this questionnaire.



Bounce House

# of units: \_\_\_\_\_

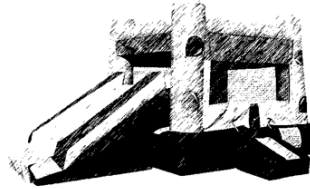
Model/serial #(s): \_\_\_\_\_



Bounce House with entry ramp

# of units: \_\_\_\_\_

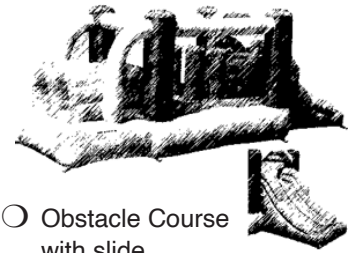
Model/serial #(s): \_\_\_\_\_



Bounce House with slide

# of units: \_\_\_\_\_

Model/serial #(s): \_\_\_\_\_



Obstacle Course with slide

# of units: \_\_\_\_\_

Model/serial #(s): \_\_\_\_\_

1. Do you have a copy of the maintenance and operations manual on site?  Yes  No
2. Is the inside jump surface of the device greater than 100 square feet (10' x 10')?  Yes  No  
If yes, please provide the square footage: \_\_\_\_\_
3. Does the device include any slide with a fall height greater than 8 ft.? (If yes, provide photo and provide fall height)  Yes  No
4. Are all employees responsible for operating the device trained with written documentation of such training maintained?  Yes  No
5. Is the inflatable amusement device ever loaned or rented to another party?  Yes  No
6. Is the inflatable amusement device used indoors at your premises only?  Yes  No
7. Do you inspect and document the inflatable amusement device before each use?  Yes  No
8. Is the inflatable amusement device supervised at all times during use?  Yes  No
9. Do you operate the inflatable device in compliance with ASTM?  Yes  No
10. Is signage addressing warnings and proper use of the device clearly displayed?  Yes  No
11. Is the inflatable device cleaned and sanitized on a regular schedule and records of the cleaning maintained?  Yes  No

### FOR NEW ACCOUNTS ONLY

- Do you have current coverage in place?  Yes  No
- If no, please check/explain:  
 New business operation  Other, please explain: \_\_\_\_\_
- If yes:
- a) Name(s) of current carrier(s): \_\_\_\_\_ Expiration date(s): \_\_\_\_\_
  - b) Is your current carrier non-renewing your coverage?  Yes  No  
If yes, why? \_\_\_\_\_
  - c) In the past 5 years, have you had any losses?  Yes  No  
If yes, please provide current loss runs with at least 5 years of loss history, including your current year. In addition, please describe any liability or medical claims over \$5,000 that have been paid under your insurance coverage for those years.

### REQUIRED TO QUOTE

- |  |  |
|--|--|
| <ol style="list-style-type: none"> <li>1. Completed application (pages 2-14)</li> <li>2. Sample copies of waivers and contracts</li> <li>3. Five years of company loss runs</li> </ol> | <ol style="list-style-type: none"> <li>4. Brochure/marketing material (If applicable)</li> <li>5. 12-month Income statement</li> </ol> |
|--|--|

**PLEASE READ AND COMPLETE THE BELOW**

(if you do not wish to receive documents via email and prefer another method of document delivery)

**Consent for Electronic Transactions**

The Electronic Signatures in Global and National Commerce Act provides that a signature, contract or other record may not be denied legal effect, validity or enforceability solely because it is in electronic form or because an electronic signature was used in a transaction.

As part of your participation in this program you will receive all documentation, including but not limited to, the insurance quotes, policies, certificates, endorsements, and invoices (if applicable), by electronic means. If permitted by your state, you may also receive conditional renewal notices, cancellation, or non-renewal notices via electronic delivery.

To obtain, download, and view all policy documentation electronically you must have the following hardware or software in place.

- A personal computer capable of receiving, accessing, and displaying or printing or storing communications and documents received in an electronic form.
- Adobe PDF Reader version
- System requirements: OC: Windows 7 or higher, Internet Explorer v11 or higher, Firefox v45.7 or higher, Chrome v40 or higher; OS: Mac OS x 10.9 or higher, Safari 9.0 or higher, Firefox v45.7 or higher, Chrome v40 or higher.

By agreeing to receive documents electronically, you are affirming that your computer system meets the hardware and software requirements for receiving all related documents. If documents are provided through a website or portal, you should download and store all such documents. For persons who receive electronic documents via email, these documents will be delivered to the email address on file. Upon receipt of your emailed documentation please save a copy on your own device.

You agree to notify us promptly if your mailing address, e-mail address or other delivery information changes by calling 1-800-622-7370 or mailing us at Sadler & Company, Inc., P.O. Box 5866, Columbia, SC 29250.

We will endeavor to provide a notice to you in the event of any changes regarding hardware or software requirements necessary to receive documents and other related documents electronically. However, it is your duty to notify us if you are unable to access the documentation made electronically available to you.

We may at our sole discretion discontinue availability of electronic delivery at any time, without further notice to you. At any time, you may request a paper copy of your documents in lieu of electronic delivery. You may withdraw your consent to receive electronic documentation by sending a request in writing to us at Sadler & Company, Inc., P.O. Box 5866, Columbia, SC 29250. Until receipt of such withdrawal, you will continue to receive all documentation electronically.

This consent is voluntary, by accepting, you signify that you consent to these terms of electronic document delivery via email or other electronic media in connection with your insurance documents, whether such delivery is made on its own behalf and/or on behalf of an organization or other third party. You further represent and warrant that if consenting on behalf of an organization or third party, you have the requisite authority to provide such consent, and that you and the organization have the requisite hardware and software to receive and acknowledge receipt of electronically delivered Documents.

After this enrollment form is approved, you will receive a certificate of insurance showing evidence that coverage has been bound. When submitted through an insurance agent or broker, this coverage document will only be delivered to them. Additional certificate requests will be issued to the same person. Providing an email address in this application will be deemed consent to us to deliver documents and communication to you electronically.

**I AGREE TO RECEIVE ALL MAILINGS AND COMMUNICATIONS ELECTRONICALLY. SUCH ELECTRONIC MAILING OR COMMUNICATIONS MAY EVEN INCLUDE CANCELLATION OR NONRENEWAL NOTICES.**

**If you DO NOT want to be emailed, please check here and select your preferred method of document delivery.**

Fax to: \_\_\_\_\_ Attn: \_\_\_\_\_

Mail to: \_\_\_\_\_ Attn: \_\_\_\_\_

# FRAUD WARNING

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.

**NOTICE TO APPLICANTS:** 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 ACT, WHICH IS A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ALABAMA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION, FINES, OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

**NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND, AND WEST VIRGINIA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO COLORADO APPLICANTS:** 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 AUTHORITIES:

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT

**NOTICE TO FLORIDA APPLICANTS:** ANY PERSON WHO 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.

**NOTICE TO KANSAS APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR 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 THAT 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.

**NOTICE TO KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

**NOTICE TO MAINE APPLICANTS:** 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 OR A DENIAL OF INSURANCE BENEFITS.

**NOTICE TO MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO 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.

**NOTICE TO MINNESOTA APPLICANTS:** A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO NEW MEXICO APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

## FRAUD WARNING (continued)

**NOTICE TO NEW YORK APPLICANTS:** 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

**NOTICE TO OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

**NOTICE TO OREGON APPLICANTS:** 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, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO PENNSYLVANIA APPLICANTS:** 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.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**NOTICE TO VERMONT APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

**AGENTS:**

Please complete the information below.

Agency name: \_\_\_\_\_ Agent/contact name: \_\_\_\_\_

Agency complete mailing address: \_\_\_\_\_  
Address City State Zip

Agency telephone: (\_\_\_\_) \_\_\_\_\_ Agency fax: (\_\_\_\_) \_\_\_\_\_

Agent/contact e-mail address: \_\_\_\_\_ Tax I.D. \_\_\_\_\_

I represent and warrant as an insurance producer that I currently maintain, and will maintain, all individual, corporate or agency licenses or permits to conduct insurance business in the state coverage for this insured is being written. I further represent and warrant that I currently maintain errors and omissions insurance with a minimum limit of \$1,000,000 for myself, my officers, and employees. If requested by us, I will provide reasonably satisfactory evidence of all of the above mentioned items.

I understand that agents do not have authority to issue binders or a certificate of insurance on behalf of this program.

**Agent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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 book 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. We reserve the right to decline/void any ineligible 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 and that this policy is 100% non-refundable/non-transferrable once coverage begins.**

Applicant name (from page 2): \_\_\_\_\_

**Applicant or agent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Printed name: \_\_\_\_\_ Title: \_\_\_\_\_

If an agent: Check here to acknowledge you are signing on behalf of the named insured

**AGENTS: YOU MUST COMPLETE THE AGENT WARRANTY SECTION ABOVE**  
**Enrollments cannot be accepted unless this section is completed**