



PO Box 5866, Columbia, SC 29250-5866
 Phone (800)622-7370 Fax (803)256-4017
 Email amateur@sadlersports.com

2015 Amateur Sports Teams, Leagues & Associations

Sexual Abuse or Sexual Molestation Liability OR
 Abuse, Molestation, Harassment or Sexual Conduct Defense Cost
 Reimbursement – ADD-ON

Valid for effective dates from 3/1/2015 through 2/29/2016

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

GENERAL INFORMATION

NAMED INSURED: (as it appears on the current policy)

DOING BUSINESS AS: (additional name(s) under which the named insured operates)

MAILING ADDRESS:

CITY:

STATE:

ZIP:

CONTACT NAME:

PHONE:

EMAIL ADDRESS:

CELL PHONE:

SEXUAL ABUSE OR SEXUAL MOLESTATION LIABILITY OR ABUSE, MOLESTATION, HARASSMENT OR SEXUAL CONDUCT DEFENSE COST REIMBURSEMENT

- Coverage is contingent upon completion, as well as review and approval from us, of the following questionnaire.
- Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your team, league or association with our Amateur Sports RPG Insurance Program.

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

4. 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 <input type="checkbox"/>)	Volunteers (Check Here if No Volunteers <input type="checkbox"/>)
Are written applications required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes and applicant checks yes, do you reject the applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are background checks provided by a third party vendor/service?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, do you reject an applicant with any history of physical violence or sex related offenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please explain any NO responses to questions asked in #4: _____

<input type="checkbox"/> Option 1: \$1,000,000 Sexual Abuse or Sexual Molestation Liability				
Rate (per participant)	X	Total # of Participants (from ORIGINAL APPLICATION)	=	Premium
\$0.71	X		=	\$
Option 1 Total Premium (add all lines above)				(C)
Insert premium total from above or \$150.00 minimum premium. The higher amount applies.				(\$150 min. premium)
<input type="checkbox"/> Option 2: \$100,000 Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement				\$ 100.00 (C)

GENERAL FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied.)

APPLICABLE IN COLORADO – 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA – 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.

APPLICABLE IN FLORIDA – 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.

APPLICABLE IN HAWAII – For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS – 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 statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for the 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 MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT – Any person who knowingly and with intent to defraud any insurance company or another 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 committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA – Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO – Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA – 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.

APPLICABLE IN WASHINGTON – 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.

EXCLUSIONS

The following exclusions are contained in the commercial general liability coverage provided by this program: 24-hour premises liability (unless optional coverage is purchased for sports fields); Abuse, molestation, harassment or sexual conduct (unless optional coverage is purchased); Aircraft/hot air balloon; Airport; Amusement devices (The ownership, operation, maintenance or use of: any mechanical or non-mechanical ride, slide, or water slide, any inflatable recreational device, any bungee operation or equipment, any vertical device or equipment used for climbing-either permanently affixed or temporarily erected, or dunk tank. 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.); Animals (injury or death to, or injury, death or property damage caused by any animal owned, rented or hired by you); Asbestos; Athletic or sports participants in: Box lacrosse, Broomball, Diving, Dodgeball, Gymnastics, Hurling, Ice hockey, Inline hockey, Inline skating (speed), Judo, Karate, Lacrosse (age 20 & over), Martial arts, Powerlifting (age 20 & over), Ringette, Roller hockey (inline), Soccer (age 20 & over), Taekwondo, Takraw, Water hockey (age 20 & over), Water polo (age 20 & over), Weightlifting (age 20 & over), Wrestling (age 20 & over); Babysitting/child care services; Carnivals/festivals; Cheer and dance studios; Commercial general liability standard exclusions (CG0001 12/04 edition); Concerts; Employment-related practices; Events involving gambling (eg: bingo, casino nights, poker, Texas hold'em tournaments); Events where alcohol is served; Fireworks; Fungi

or bacteria; Gymnastics studios; Haunted attractions; Intercollegiate & Interscholastic teams, leagues and associations; Lead; Martial arts studios; Non-rostered participants at tournaments hosted by the enrolled member (unless optional coverage is purchased); Nuclear energy liability; Operation, ownership or management of any athletic facility or field, other than while being used for covered activities; Operations of independent concessionaires/vendors in conjunction with your organization; Performers; Rodeos; Saddle animals; Snowmobile; Sports events/activities involving participants in sports other than those reported and for whom premium has been paid; Transportation of athletes/participants; Those operations listed as ineligible: Adventure races, Aerobic exercise, Bandy, Biathlon, BMX/stunt cycling, Boating activities/sports, Bobsled, Body boarding, Boxing, Canoe, Cheerleading (age 20 & over), Climbing, Cycling, Drill team/majorette (age 20 & over), Equestrian, Fitness – aerobics and exercise, Hammer throw, Hang gliding, Hostelling, Inline (extreme/stunt/aggressive/free-style) skating, Jai alai, Javelin, Kayaking, Kite surfing, Luge (street), Marathon, Mixed martial arts; Modern pentathlon, Mountain biking, Mountain boarding, Open water fishing, Open water activities/sports, Orienteering, Outrigging, Parachute, Parasailing, Physical fitness, Physique (pose) performance, Polo (horse), Rafting, Rodeo, Roller derby, Rowing/Crew, Rugby, Sailing, Scuba diving, Shooting sports, Skateboarding, Skiing (snow or water), Sky diving, Sky surfing, Sled dog racing, Snorkeling, Snow boarding, Snow surfing, Sports parachuting, Strength and conditioning, Streetball, Surfing (including boogie boards), Tackle and contact flag football (age 20 & over), Trampoline, Trapeze, Triathlon, Unicycling, Wake boarding, Wind surfing, Yachting

WARRANTY STATEMENT – READ & SIGN

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 accurate.

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 that 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): _____

TO APPLY FOR COVERAGE:

Complete pages 1-3 & return them to Sadler & Company with your premium payment.
 You may fax to: 803-256-4017 OR mail to: Sadler & Co. Inc, PO Box 5866, Columbia SC 29250

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

PAGE 3 OF 3 – YOU MUST COMPLETE AND RETURN ALL 3 PAGES

ONLY IF APPLICABLE -- SUBMITTING AGENT:

NOTE: Agents do not have authority to bind coverage, issue binders or certificates of insurance on behalf of this program.

Agency Name:			
Contact Person:			
Mailing Address:			
City:	State:	Zip:	
Email:	Phone:	Fax:	