

Accident Application
(If General Liability coverage is needed please see our other programs which automatically include Accident coverages at www.sadleragent.com)

(Minimum premium of \$2,000)

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	Legal Name of Organization:						
	Contact Name:						
	Mailing Address:						
	City:	State:		Zip:			
	Daytime Phone #:		Fax #: ()				
	Email:		Website:				
	Number of years you have	Number of years you have been in business or operating:					
	Form of Business: ☐ Team ☐ Club ☐ Association ☐ League ☐ Not For Profit ☐ Other:						
2.	Agent Contact Information						
	Agency Name:						
	Agent Name:						
	Mailing Address:						
	City:	State:		Zip:			
	Daytime Phone #:		Fax #: (
Email:							

3. Sports/Recreation Activities To Be Covered - (List anticipated activities for the next 12 months)

Teams/Leagues/Individual Sports (ex: softball league, fencing classes, aerobic classes, martial arts, gymnastics, etc.)							
List Sport / Activity	# Of Participa nts	Age Ranges Broken Out By: 12 & U 13-15 16-18 19 & Over	Start Date	End Date			
Example: Softball	250	19 & Over	Feb 1	Aug 1			

Camps/Clinics/Instruction (ex:	week long spc	ris camps, day cimics, muividi	iai and group	iessons)
List Sport / Activity	# Of Participants	Age Ranges Broken Out By: 12 & U 13-15 16-18 19 & Over	Start Date	End Date
Tournaments (ex: you h	ost and operat	e softball tournament and invite	e outside tea	ms)
Public Drop Ins (ov	nickup baskot	ball, batting cages, workout fac	cilities etc.)	
i dolle brop ilis (ex	. pickup baskei	bail, batting cages, workout lac	Jilities, etc.)	
Miscellaneous Non Sports Ac	tivities (ex: chu	ırch groups, after school care, s	senior activit	es. class
	instruction, ar	ts & crafts, clubs, etc.)		,
Special Events (e)	x: birthday part	ies, dances, picnics, trips, festi	vals, etc.)	

Name of Organization:							
4. Benefits D	esired (Check One)						
Accident Medic	cal Limit: 👊 \$10,000	\$25,000	□ \$1	00,000 🗆 \$250,000	☐ Other: \$		
	cal Deductible: 🗆 💲	•	-		☐ Other: \$		
Coverage Type:				cess Coverage			
	th & Dismembermen	. ,	□ \$10 ₀	• •			
Coverage Appl	ies To Travel To And	From Activity	: 🗆	YES D NO			
5. Prior Coverage If no prior coverage, please check here: □ None If prior coverage, please list the following:							
	Policy Period	Carrier	•	Premium	Claims Paid		
Current							
First Prior							
Second Prior							
Third Prior							
6. Requested	dates of coverage:						
Effective:/ / Expiration://							
	mm dd	уу		mm	dd yy		
7. WARRANTY & DISCLOSURE 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 books and records may be examined or audited by the insurance company at any time during the coverage period and up to three years afterwards. Intentional misrepresentation or misreporting may jeopardize coverage.							

How did you find out about Sadler & Company? (Please Check One)						
Already doing business with Sadler Referral from another Insurance Agent Big I Maga						
Agent -Broker Magazine Ad	Rough Notes Insurance Marketplace Ad	Quantum Club				
ProgramBusiness.com	Marketscout.com	IMMS				
Post Card from Sadler & Company	Referral From Parks & Rec Department					
Search Engine (which one?):						

Title:_

Applicant Signature:______Date:_____

Please complete, sign, and return to: SADLER & COMPANY, INC.

Attn: Sports Department PO BOX 5866 COLUMBIA, SC 29250-5866 Phone: 1-800-622-7370

Fax: 803-256-4017

Email: debbie@sadlersports.com

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