



Name of Organization:

Camps/Clinics/Instruction (ex: week long sports camps, day clinics, individual and group lessons)

List Sport / Activity	# Of Participants	Age Ranges Broken Out By:		Start Date	End Date
		12 & U	13-15 16-18 19 & Over		

Tournaments (ex: you host and operate softball tournament and invite outside teams)

Public Drop Ins (ex: pickup basketball, batting cages, workout facilities, etc.)

Miscellaneous Non Sports Activities (ex: church groups, after school care, senior activities, class instruction, arts & crafts, clubs, etc.)

Special Events (ex: birthday parties, dances, picnics, trips, festivals, etc.)



Name of Organization:

4. Benefits Desired (Check One)

Accident Medical Limit:	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$250,000	<input type="checkbox"/> Other: \$ _____
Accident Medical Deductible:	<input type="checkbox"/> \$0	<input type="checkbox"/> \$100	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000 <input type="checkbox"/> Other: \$ _____
Coverage Type:	<input type="checkbox"/> Primary Coverage		<input type="checkbox"/> Full Excess Coverage		
Accidental Death & Dismemberment:	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$25,000		
Coverage Applies To Travel To And From Activity:	<input type="checkbox"/> YES		<input type="checkbox"/> NO		

5. Prior Coverage

If no prior coverage, please check here: None If prior coverage, please list the following:

	<u>Policy Period</u>	<u>Carrier</u>	<u>Premium</u>	<u>Claims Paid</u>
Current				
First Prior				
Second Prior				
Third Prior				

6. Requested dates of coverage:

Effective: _____ / _____ / _____ <i>mm dd yy</i>	Expiration: _____ / _____ / _____ <i>mm dd yy</i>
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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.

Applicant Signature: _____ Date: _____

Printed Name: _____ Title: _____

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

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