



Student Accident Application Private Schools Only

(100% participation of all Students required, not available in TX, FL, LA, MS, or TN)

1. Insured Contact Information

Name of School:		
Contact Name:		
Mailing Address:		
City:	State:	Zip:
County:	Website Address:	

2. Agent Contact Information

Agency Name:		
Agent Name:		
Mailing Address:		
City:	State:	Zip:
Daytime Phone #:	Fax #: ()	
Email:		

3. Enrollment/Sports Information

Estimated Total Enrollment:	
Grades K-8 Enrollment:	
Grades 9-12 Enrollment:	
Sports Coverage To Be Included:	Yes or No
Middle School Tackle Football To Be Included:	Yes or No
Senior High Tackle Football To Be Included:	Yes or No

4. Benefits Design

A) School Sponsored and Supervised Activities

	Current Benefit Design	Requested Benefit Design
Medical Limit	\$	\$
Deductible (per injury)	\$	\$
Full Excess or Primary Excess over \$		
% Of Usual, Customary, & Reasonable Bills to Be Paid		
Effective Date		
Termination Date		
Accidental Death & Dismemberment Limit	\$	\$

B) Optional 24 Hour Wrap

	Current Benefit Design	Requested Benefit Design
Medical Limit	\$	\$
Deductible	\$	\$
Benefit Period (days)		

5. Premium And Loss History:

Year	Carrier	Premium	Losses	Total Enrollment	Note If Benefits Different From Those Requested In Quote
Current		\$	\$		
First Prior		\$	\$		
Second Prior		\$	\$		
Third Prior		\$	\$		

6. Additional Information

- Copy of current policy
- Currently valued hard copy less runs for current and three prior years.
- List of interscholastic sports activities

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)

- Already doing business with Sadler
 Referral from another Insurance Agent
 Big I Magazine
 Agent -Broker Magazine Ad
 Rough Notes Insurance Marketplace Ad
 Quantum Club
 ProgramBusiness.com
 Marketscout.com
 Search Engine: _____
 IMMS
 Post Card from Sadler & Company
 Referral From Parks & Rec Department

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: sales@sadleragent.com