



American Football Association, Inc.

Endorsed General Liability Insurance Program

Available: January 1, 2018 to January 1, 2019

This insurance program is available for amateur teams & leagues that are members of the American Football Association, Inc. (AFA).

The AFA General Liability Insurance Program is designed for AFA member teams & leagues that play outdoor football.


(NOTE: Professional Teams & Leagues and/or Arena or Indoor type football teams/leagues are not eligible to participate in this insurance program.)

Coverage will expire one year from your effective date!

The team or league must be a member of American Football Association, Inc. in order to be eligible for this program. Semi-Pro (adult amateur) football teams and leagues wishing to join the AFA National Association for the **2018** season may contact the AFA national office at **(877) 624-4485** or via email at amerfoot@aol.com or amerfoot@ureach.com. The annual membership fee for teams wanting to join the AFA is \$100 "per team". A Membership Application is attached, or you can download one from AFA website at:

www.AmericanFootballAssn.com

Applying for insurance is easy. Simply visit our website at www.sadlersports.com/afa

and click on the  link and enter your information & the number of teams to be covered. Once we have confirmed your membership with the AFA office we will release the proof of coverage documents and you will receive them via email.

You can apply for coverage online using a check or credit card.

Note to Insurance Agents/Brokers: There are no commissions included in this program. Premiums are NET and may not be altered on the enrollment form.

SADLER

SPORTS & RECREATION INSURANCE

P. O. Box 5866

Columbia, SC 29250-5866

Phone: 1-800-622-7370

Fax: (803) 256-4017

Email: afa@sadlersports.com

Website: www.sadlersports.com/afa

2018 GENERAL LIABILITY PLAN DESCRIPTION

Available 01-01-2018 to 01-01-2019

(Note: All coverage will expire one year from the effective date.)

Eligibility: This program is available for amateur adult tackle football teams or leagues that are members of The American Football Association, Inc. and play outdoor football. **PROFESSIONAL TEAMS/LEAGUES AND/OR ARENA OR INDOOR TYPE FOOTBALL TEAMS/LEAGUES ARE NOT ELIGIBLE TO PARTICIPATE IN THIS INSURANCE PROGRAM.**

Who Is Covered: Amateur adult tackle football teams or leagues that have paid the appropriate premium and for whom a certificate of insurance is on file. ***(If all teams in a league are covered under the name of the league through this program (under one application), protection is extended to the league and its directors, officers, and volunteers.)*** Facility owners, field owners, sponsors, and co-promoters may be endorsed onto the policy per your request as additional insureds for no extra premium charge.

Please note that in order for the LEAGUE to be covered the application must be submitted in the name of the league, and must include 100% of the member teams on the application. A list of the member team names must also be included with the application.

If the application is submitted in the name of a SINGLE TEAM, the league cannot be named as an additional insured.

NOTE: ALL FUNDRAISERS MUST BE PRE-APPROVED BY THE UNDERWRITERS. PLEASE SUBMIT THE INFORMATION ABOUT ANY FUNDRAISERS AT LEAST TWO WEEKS PRIOR TO THE EVENT.

Limits:	\$5,000,000	Per Occurrence
	\$5,000,000	Products/Completed Operations Aggregate
	\$1,000,000	Damage to Premises Rented To You
	EXCLUDED	Premises Medical Payments (Any One Person)
	EXCLUDED	Legal Liability to Participants

Carrier: National Casualty Company

Notable Exclusions:

Asbestos; Nuclear Energy Liability; War Liability; Pollution with Hostile Fire Exception; Employment Related Practices; Mold, Mildew, Fungi, and Bacteria (as approved in applicable states); Silica or Related Dust (as approved in applicable states); Lead (as approved in applicable states); Violation of Communication (as approved in applicable states), Bodily Injury to Employees; Legal Liability for Participants; Premises Medical Payments; Medical Payments to Participants; Medical Payments to Volunteers; Sexual Abuse and Molestation; Airport and Aircraft; Hot Air Balloon; Motorized Vehicle/Motorcycle/Watercraft Racing, Stunting or Demolition; Dunk Tanks; Haunted Houses; Amusement Devices; Rodeos; Bungee Operations; Concerts.

THIS IS ONLY A VERY GENERAL REFERENCE TO WHAT COVERAGE(S) THE INSURANCE POLICY PROVIDES AND IS NOT INTENDED TO ATTEMPT TO DESCRIBE ALL OF THE VARIOUS DETAILS PERTAINING TO THE INSURANCE. ACTUAL COVERAGES ARE DETAILED IN THE INSURANCE POLICY AND ARE ALWAYS SUBJECT TO ALL TERMS, PROVISIONS, CONDITIONS, AND EXCLUSIONS.

American Football Association, Inc.

Endorsed 2018 General Liability Enrollment Form

General Liability Limits: \$5,000,000 General Liability (Each Occurrence)
Insurance Carrier: National Casualty Company

APPLICANT INFORMATION:

Team or League Name:

(If a Team, please list the name of the league you play in):

Please note that in order for the LEAGUE to be covered the application must be submitted in the name of the league, and must include 100% of the member teams on the application. A list of the member team names must also be included with the application. **NOTE: If the application is submitted in the name of a SINGLE TEAM, the league cannot be named as an additional insured.**

Primary Authorized Contact Name:

Mailing Address:

City: _____ **State:** _____ **Zip:** _____
Home Phone: () _____ **Daytime Phone:** () _____ **Fax #:** () _____
Email: _____ **Website:** _____

Alternate Authorized Contact Name:

Daytime Phone: () _____ **Email:** _____

Alternate Authorized Contact: Alternate contact is for Sadler Information Only. Contact is not authorized to request changes without approval from Primary Contact and will not receive this initial documentation. By providing his/her information below you authorize Sadler to discuss the account with the Alternate Contact and provide documents in the future.

If applying under the name of your league, you must pay a premium on behalf of 100% of the member teams on this application, and attach a list of the team names.

PREMIUM COMPUTATION:

Please indicate the total number of players in the organization that you are insuring: _____

Sport/Age Group	# of Teams	Cost Per Team	Total Cost
Tackle Football – Ages 18 & over	X	\$355	= \$

COVERAGE PERIOD: Coverage starts the later of January 01, 2017, or the date that this enrollment form is received and approved, concurrent with the payment of the total amount due. **All coverage will expire one year from the effective date.**

CERTIFICATE OF INSURANCE (COI) REQUESTS

Please indicate the entities below that require a COI and complete the requested information. *If you do not provide the complete mailing address & indicate the Relationship we cannot issue the COI. Property Owners/Lessors and Sponsors are automatically included as Additional Insureds on the General Liability policy (if purchased) and will be shown as such on the COI. Please note that COI's will not be sent directly to these entities – they will be sent to you for you to deliver.*

If your certificate holder requires any special wording or forms, please send a copy for our review.

Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Relationship to you: Property Owner/Lessor Sponsor CG2011 Waiver of Subrogation
 Other: _____ CG2026 Endorsement Required

Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Relationship to you: Property Owner/Lessor Sponsor CG2011 Waiver of Subrogation
 Other: _____ CG2026 Endorsement Required

If additional certificates are needed, please attach a separate piece of paper with all of the information indicated above.

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Name of Team/League:

All coverage expires one year from the effective date of coverage.

Only amateur adult tackle teams and leagues that are members of the American Football Association, Inc. and play outdoor football are eligible for this program. **PROFESSIONAL TEAMS/LEAGUES AND/OR ARENA OR INDOOR TYPE FOOTBALL TEAMS/LEAGUES ARE NOT ELIGIBLE TO PARTICIPATE IN THIS INSURANCE PROGRAM.**

NOTE: ALL FUNDRAISERS MUST BE PRE-APPROVED BY THE UNDERWRITERS.
PLEASE SUBMIT THE INFORMATION ABOUT ANY FUNDRAISERS
AT LEAST TWO WEEKS PRIOR TO THE EVENT.

HOW DID YOU HEAR ABOUT SADLER & COMPANY:?

Already buy from Sadler Referral From A Friend AFA Headquarters K&K Insurance
 Referral from Parks & Recreation Dept Recommendation from another team/league
 Link from another website Phone Call From Sadler Other _____
 Google Search Engine Yahoo Search Engine Other Search Engine: _____

All premiums are fully earned at inception and not refundable. Except for non-payment of premium, policies are not cancellable.

Enclosed is my check made payable to Sadler & Company for enrollment in the American Football Association, Inc. endorsed Insurance Plan. I/We understand that the coverage begins as stated in section 5 above.

Date:

Authorized Representative Signature:

Note to Insurance Agents/Brokers: There are no commissions included in this program.

MAKE CHECK PAYABLE TO: SADLER & COMPANY, INC.

IF FAXING SEND TO:

Sadler & Company, Inc.
Attn: Sports Department
FAX #: 803-256-4017

FOR U.S. MAIL - SEND TO:

Sadler & Company, Inc.
P.O. Box 5866
Columbia, SC 29250-5866

IF SENDING BY OVERNIGHT DELIVERY – SEND TO:

Sadler & Company, Inc.
3014 Devine St., 2nd Floor
Columbia, SC 29205
Phone: (803) 254-6311

SADLER

SPORTS & RECREATION INSURANCE

Phone: 1-800-622-7370

(803) 254-6311

Email: afa@sadlersports.com

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Page 2 of 2 – You must return both pages with your payment.

Adult Waiver/Release
AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY
READ BEFORE SIGNING

In consideration of being allowed to participate in any way in _____
(Name of Organization)

athletic sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 2) I KNOWINGLY AND **FREELY** ASSUME ALL SUCH RISKS, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** or others, and assume full responsibility for my participation; and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS** _____ (Name of Organization) their directors, officers, officials, agents, volunteers and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (“RELEASEES”), **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(Participant’s Signature) DATE SIGNED: _____

FOR PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child’s involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THEIR NEGLIGENCE**, to the fullest extent permitted by law.

(Parent/Guardian Signature) DATE SIGNED: _____

Emergency Phone Number:_(_____)_____

This is a **SAMPLE WAIVER FORM** only. Final wording should be directed by the insured’s counsel, but must observe the principles represented within the above. This form provided courtesy of K&K Insurance Group.

This signed waiver/release should be kept on file by the sports organization for at least 7 years or possibly longer if the player has been involved in a serious injury.