

# DIRECTORS & OFFICERS LIABILITY

## APPLICATION FOR NON-PROFIT SPORT ORGANIZATIONS

Carrier: A+ rated by AM Best Company

**IMPORTANT: All questions MUST BE ANSWERED and the questionnaire SIGNED BY AUTHORIZED REPRESENTATIVE**  
 FILL IN BOXES BELOW – Please Print or Type – Use Black Ink

<b>Organization Name:</b>			
<b>Authorized Representative:</b>		<b>County:</b>	
<b>Mailing Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Home Phone: ( )</b>		<b>Daytime Phone: ( )</b>	<b>Fax #: ( )</b>
<b>Email:</b>		<b>Website:</b>	

I AM A NEW ACCOUNT     I AM RENEWING MY COVERAGE

Did your League purchase a D&O Policy LAST YEAR from an insurance agency OTHER THAN Sadler & Company?  
 YES     NO    (If YES, enclose a copy of the policy with this application.)

**Annual Revenue:** \_\_\_\_\_ **Number of Employees:** \_\_\_\_\_ **Number of Volunteers:** \_\_\_\_\_

IMPORTANT NOTE: THE POLICY FOR WHICH APPLICATION IS MADE, IF ISSUED, WILL BE ON A CLAIMS MADE BASIS. THIS POLICY IS SUBJECT TO THE DECLARATIONS, INSURING AGREEMENTS, TERMS, CONDITIONS, LIMITATIONS AND AMENDMENTS. APPLIES ONLY TO CLAIMS THAT ARE FIRST MADE DURING THE POLICY PERIOD OR THE DISCOVERY PERIOD IF EXERCISED.

**TWO OPTIONS: CHOOSE THE LIMIT OF COVERAGE YOU WISH TO PURCHASE:**

<input type="checkbox"/>	\$1,000,000 Limit Per loss/Per policy year	\$1,000 Deductible Per Claim	\$300 premium (+\$5 NSLPA fee)
<input type="checkbox"/>	\$2,000,000 Limit Per loss/Per policy year	\$1,000 Deductible Per Claim	\$450 premium (+\$5 NSLPA fee)

**Would you like to increase the limit of Cyber Privacy & Client Identity Theft?**     Yes     No    (Include \$60)

- Network Remediation - \$25,000
- Loss or theft of client personal information - \$25,000 per person with \$100,000 aggregate

**Policy period: Effective only upon underwriting and acceptance by the insurance company.**  
**Coverage expires 12:01 am on the Expiration Date**

**PREMIUM CALCULATION**

\$300 / \$450 (Circle) + \$5 NSLPA fee + \$60 Increase of Cyber Privacy/Client Identity Theft (if applicable) = \_\_\_\_\_ **DUE**

**WITHIN THE SCOPE OF THIS PROPOSED INSURANCE:**

a) There has not been any claim made, or is there any now pending, against any corporation or persons proposed for this insurance, except as follows:

Check here if none  / If yes, give complete details on separate sheet of paper.

b) No claim that would fall within the scope of the proposed insurance has been made against any person or entity proposed for this insurance (including without limitation any claim against such person or entity for any employment practice, as described in the proposed insurance, or any complain any such person or entity before the Equal Employment Opportunity Commission or any similar state or local authority), except as follows (include the loss payment and defense cost)

Check here if none  / If yes, give complete details on separate sheet of paper.

c) No person or entity proposed for this insurance is cognizant of any fact, circumstance or situation (including without limitation any suspected or threatened claim against any such person or entity for employment practice, as described in the proposed insurance, or any suspected or threatened complaint against any such person or entity before the Equal Employment Opportunity Commission or any similar state or local authority) which might afford grounds for any claim that would fall within the scope of the proposed insurance.

Check here if none  / If yes, give complete details on separate sheet of paper.

**If Purchaser's Coverage Is Non-Renewed, The Carrier Shall Endeavor, But Shall Not Be Required, To Provide Purchaser With Prior Notice Of Non-Renewal Equal To The Time Allotted By Purchaser's Domiciliary State. By Signing The Application, Purchaser Acknowledged: (1) That This Evidence Of Insurance (Hereinafter "EOI") Shall Be Non-Renewed Effective The Expiration Date; And, (2) That, Upon The Expiration Of Purchaser's EOI, The Carrier May Offer A Renewal, But Reserves The Rights, Because Of Aforesaid Non-Renewal, To Change The Terms & Conditions Of Coverage As Compared With The Expiring Coverage.**

<b>Date:</b>	<b>Signature:</b>	<b>Authorized Representative</b>
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**If Applicable - SUBMITTING AGENT:**

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

<b>Agency Name:</b>			
<b>Contact Person:</b>			
<b>Mailing Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Email:</b>		<b>Phone:</b>	<b>Fax:</b>

# DIRECTORS & OFFICERS LIABILITY - For Non-Profit Sports Organizations

## PLAN DESCRIPTION

(The Accident/General Liability Policy Must Be Purchased From Sadler & Company To Qualify For These Coverages)

### NEEDED PROTECTION:

Leagues should consider a D&O POLICY IN ADDITION TO THE GENERAL LIABILITY policy because many types of lawsuits are not covered by the General Liability policy. The General Liability policy only covers lawsuits that arise out of "bodily injury" or "property damage" whereas a D&O Policy covers certain lawsuits that arise out of actual or alleged wrongful acts in the running of a league.

### WHO IS COVERED:

The local sports organization itself, Directors, Officers, and other volunteers including Coaches, Managers, Umpires/Referees, Scorekeepers, and Committee Personnel while operating on behalf of the covered organization.

### COVERAGE:

Coverage is provided for "Wrongful Acts" or "Errors and Omissions" that result in legal liability lawsuits including the cost of defense and settlement.

### Examples of potentially covered lawsuits include:

- |   |  |
|---|--|
| * Discrimination (age, race, sex, handicap)           | * Failure to enforce rules or bylaws                               |
| * Failure to deliver services                         | * Violation of State and Federal Laws (Anti Trust, IRS, EEOC)      |
| * Failure to properly manage league financial affairs | * Suppression of First Amendment Rights (speech, expression, etc.) |

<b>LIMIT OF COVERAGE OPTIONS:</b>	<b>\$1,000,000 Limit</b> <b>Per Loss / per policy year</b> <b>DEDUCTIBLE: \$1,000 per claim</b> <b>\$300 per year</b>	<b>\$2,000,000 Limit</b> <b>Per loss / per policy year</b> <b>DEDUCTIBLE: \$1,000 per claim</b> <b>\$450 per year</b>
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### Directors & Officers Liability - Enhancements

Cyber Privacy and Client Identity Theft included:

- Network Remediation - \$5,000
- Loss or theft of client personal information- \$2,500 per person with \$25,000 aggregate.

*\*NOTE: Higher limits are available for an additional premium of \$60.*

- Network Remediation - \$25,000
- Loss or theft of client personal information - \$10,000 per person with \$100,000 aggregate.

**Only one charge is required when a single league entity operating under the same articles/bylaws, oversees multiple organizations.**


**PLEASE NOTE: Premium is fully earned at inception, and there are no provisions for refunds.**

**You must enclose a \$5.00 annual membership fee (in addition to above insurance premiums) to join the National Sports Lawsuit Protection Association (NSLPA). THIS FEE MUST BE PAID BEFORE COVERAGE CAN BE EFFECTIVE.**

**NOTE: THIS PROTECTION IS IN ADDITION TO AND DOES NOT REPLACE THE BODILY INJURY OR PROPERTY DAMAGE LIABILITY COVERAGE THAT IS AVAILABLE IN A GENERAL LIABILITY POLICY.**

**If Purchaser's Coverage Is Non-Renewed, The Carrier Shall Endeavor, But Shall Not Be Required, To Provide Purchaser With Prior Notice Of Non-Renewal Equal To The Time Allotted By Purchaser's Domiciliary State. By Signing The Application, Purchaser Acknowledged: (1) That This Evidence Of Insurance (Hereinafter "EOI") Shall Be Non-Renewed Effective The Expiration Date; And, (2) That, Upon The Expiration Of Purchaser's EOI, The Carrier May Offer A Renewal, But Reserves The Rights, Because Of Aforesaid Non-Renewal, To Change The Terms & Conditions Of Coverage As Compared With The Expiring Coverage.**

### SUBMIT PAYMENT WITH COMPLETE/SIGNED APPLICATION

<b>AGENT INFO</b>	Sadler & Company Inc. PO Box 5866, Columbia SC 29250 Agent: John Sadler (P) 800-622-7370 (F) 803-256-4017 Email: sport3@sadlersports.com	
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Sadler & Company of SC, Inc.-AR (License #254179)      D/B/A Sadler Insurance Agency - CA (License # 0B57651)  
 John Sadler Insurance Services - MA                      Sadler Agency - NY (PC-532473 and LA-532473)  
 Sadler Insurance Agency- OK / Sadler & Company, Inc. - TX (License #19495) / Sadler and Company-VT (License #577)

***This brochure is not a solicitation but only a description of this insurance program. The precise coverage afforded is subject to the terms, conditions and exclusions of the policies as issued. Refer all questions to Sadler & Company, Inc. (803)-254-6311 OR Toll-Free (800)-622-7370.***

# CRIME INSURANCE APPLICATION FOR NON-PROFIT SPORTS ORGANIZATIONS

**PROTECT YOUR ASSETS--** This policy protects the local sports organization against a monetary loss caused by forgery or theft of money, securities, or other property (equipment, machinery, concession supplies) by dishonest employees, volunteers, directors or officers. Coverage is also provided for theft of money or securities by outsiders.

Beware of Crime policies that may only cover employees plus a schedule of five specific named officers. This is dangerous because many within an organization can get their hands on the checkbook, credit cards, or cash. Also, officers tend to change frequently which requires constant updating of the schedule. You won't have this problem if you choose the plan that we offer.

**IMPORTANT:** All questions **MUST BE ANSWERED** and the questionnaire **SIGNED BY AUTHORIZED REPRESENTATIVE**  
**FILL IN BOXES BELOW – Please Print or Type – Use Black Ink**

<b>Organization Name:</b>		
<b>Authorized Representative:</b>		<b>County:</b>
<b>Mailing Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Home Phone: (    )</b>	<b>Daytime Phone: (    )</b>	<b>Fax #: (    )</b>
<b>Email:</b>		<b>Website:</b>

**CRIME INSURANCE**       I AM A NEW ACCOUNT       I AM RENEWING MY COVERAGE

**\$25,000 Limit of Liability** – Employee Theft; Forgery or Alteration; Inside premises-theft of Money & Securities; Inside Premises-Robbery /Safe Burglary; Other

**\$500 Deductible  
Per Loss**

**Premium:  
\$200 per year /  
per governing  
board of  
directors**

**Policy period:** Effective only upon underwriting and acceptance by the insurance company.  
**Coverage expires 12:01am on the Expiration Date**      **Carrier: A+ rated by AM Best Company**

**NOTE: This policy does not cover theft or vandalism of property by outsiders.**

List all dishonesty, burglary, robbery, disappearance, destruction and forgery losses discovered by the league in the past six (6) years, itemizing each loss separately on a separate sheet.      **Check here if none:**

**PLEASE NOTE: Premium is fully earned at inception, and there are no provisions for refunds.**

*NOTE: There is no coverage for fund solicitors while soliciting charitable contributions. However, fund solicitors will be covered while conducting other activities such as collecting registration fees and running concession stands.*

If Purchaser's Coverage Is Non-Renewed, The Carrier Shall Endeavor, But Shall Not Be Required, To Provide Purchaser With Prior Notice Of Non-Renewal Equal To The Time Allotted By Purchaser's Domiciliary State. By Signing The Application, Purchaser Acknowledged: (1) That This Evidence Of Insurance (Hereinafter "EOI") Shall Be Non-Renewed Effective The Expiration Date; And, (2) That, Upon The Expiration Of Purchaser's EOI, The Carrier May Offer A Renewal, But Reserves The Rights, Because Of Aforesaid Non-Renewal, To Change The Terms & Conditions Of Coverage As Compared With The Expiring Coverage.

<b>Date:</b>		<b>Signature:</b>		<b>Authorized Representative</b>
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### If Applicable - SUBMITTING AGENT:

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

<b>Agency Name:</b>		
<b>Contact Person:</b>		
<b>Mailing Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Email:</b>	<b>Phone:</b>	<b>Fax:</b>

### SUBMIT PAYMENT WITH COMPLETE/SIGNED APPLICATION

Sadler & Company Inc. PO Box 5866, Columbia SC 29250 Agent: John Sadler (P) 800-622-7370 (F) 803-256-4017 Email: sport3@sadlersports.com	<b>SADLER</b> SPORTS & RECREATION INSURANCE
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# EQUIPMENT INSURANCE APPLICATION FOR NON-PROFIT SPORT ORGANIZATIONS

Carrier: A+ rated by AM Best Company

**IMPORTANT: All questions MUST BE ANSWERED / FILL IN BOXES BELOW – Please Print or Type– Use Black Ink**

Organization Name: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Daytime Phone: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

**SPORTS EQUIPMENT COVERAGE**  I AM A NEW ACCOUNT  I AM RENEWING MY COVERAGE

Policy period: Effective only upon underwriting and acceptance by the insurance company.

Coverage expires 12:01 am on the Expiration Date \$500 Deductible Per Loss

You must cover the replacement cost value of 100% of all your equipment to comply with the policy's 100% coinsurance requirement. You must specifically schedule any equipment with a replacement cost value greater than \$1,000 below.  
(Itemized Inventory will be required at time of loss.)

### PART 1: EQUIPMENT VALUED LESS THAN \$1,000 PER ITEM:

Please check the type of UNSCHEDULED EQUIPMENT with REPLACEMENT COST VALUES LESS THAN \$1,000 PER ITEM that you will be insuring:

<input type="checkbox"/> Sports Equipment	<input type="checkbox"/> Uniforms	<input type="checkbox"/> Field / Facility Maintenance Equipment
<input type="checkbox"/> Concession Equipment	<input type="checkbox"/> Dugouts, Benches, Bleachers	<input type="checkbox"/> Concession Stock (excluding food products)
<input type="checkbox"/> Small Storage Sheds (valued less than \$1,000)*	<input type="checkbox"/> Fences, Scoreboards, Lights	<input type="checkbox"/> Other:

\*Permanent structures or buildings over 500 sq ft cannot be scheduled to this policy. Please contact us to discuss options.

**Part 1: Total of Unscheduled Equipment valued less than \$1,000 per item: \$**

### PART 2: EQUIPMENT VALUED \$1,000 OR MORE PER ITEM MUST BE INDIVIDUALLY LISTED:

WHEN ITEMIZING EQUIPMENT BE SPECIFIC ON DESCRIPTION OF ITEMS AND VALUE FOR EACH ITEM:  
(Attach separate sheet of paper if necessary)

Description	Replacement Cost Value
<i>Example: 1990 John Deere Tractor Serial # A439v903</i>	\$8,000.00
	\$
	\$
	\$

**Part 2: Total of scheduled Equipment valued \$1,000 or more PER ITEM: \$**

OFF-SEASON STORAGE LOCATION OF EQUIPMENT (GIVE COMPLETE STREET ADDRESS): \_\_\_\_\_

LIST ANY LOSSES/CLAIMS IN THE PAST 3 YEARS. PLEASE INCLUDE DATE & DESCRIPTION OF LOSS AND TOTAL AMOUNT OF LOSS. (Attach a Separate Sheet if Necessary) Note N/A if None

### \*PREMIUM / CHARGE COMPUTATION:

\$ \_\_\_\_\_ (Part 1 Total) + \$ \_\_\_\_\_ (Part 2 Total) = \$ \_\_\_\_\_ 100% Value of Equipment

100% Value of Equipment: \$ \_\_\_\_\_ divided by 100: \_\_\_\_\_ X \$2.00 = \$ \_\_\_\_\_ (premium)

**TOTAL PREMIUM DUE (for Equipment Coverage): \$ \_\_\_\_\_ (Note: \$200 minimum premium applies)**

**PLEASE NOTE: Premium is fully earned at inception, and there are no provisions for refunds.**

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### 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: \_\_\_\_\_

**SUBMIT PAYMENT WITH COMPLETED APPLICATION**

# Sports - Equipment Plan Description For Non-Profit Sport Organizations

**Carrier: A+ rated by AM Best Company**

*(The Accident/General Liability Policy Must Be Purchased From Sadler & Company To Qualify For This Coverage)*

**DESCRIPTION:** Items that can be covered include sports equipment, field maintenance equipment, concession stand equipment, concession stock, or small storage sheds that you own or lease/rent. This coverage is for loss or damage to your equipment due to fire, theft, vandalism, or other specified causes (subject to actual policy terms and conditions.) Payment will be made on a Replacement Cost Basis.

**PREMIUM / CHARGE:** \$ 2.00 per \$100 of coverage (subject to a \$200 minimum premium)

*Example: \$8,500 limit divided by 100 = 85 x \$ 2.00 = \$170.00 total  
(\$200 total payment due in order to meet minimum premium.)*

**PLEASE NOTE:** Premium is fully earned at inception, and there are no provisions for refunds.

**CONDITIONS:**

- ❖ Policy is subject to a minimum premium of \$200
- ❖ \$500 Deductible (per claim)
- ❖ You must cover the replacement cost value of 100% of all your equipment to comply with the policy's 100% coinsurance requirement. You must specifically schedule any equipment with a replacement cost value greater than \$1,000 below. *(Itemized Inventory will be required at time of loss.)*
- ❖ You must provide the storage location of your equipment during the off-season.
- ❖ Coverage will be effective the date that we receive the properly completed enrollment form with the premium. . (NOTE: Certain weather conditions (ex: tropical storms and hurricanes) in your area may prevent us from binding coverage upon receipt of the application and premium payment. If this happens, we will make coverage effective as soon as the insurance company allows us to do so.)

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**SUBMIT PAYMENT WITH COMPLETED APPLICATION**

Sadler & Company Inc. PO Box 5866, Columbia SC 29250 Agent: John Sadler

(P) 800-622-7370 (F) 803-256-4017 Email: sport3@sadlersports.com



Sadler & Company of SC, Inc.-AR (License #254179)      D/B/A Sadler Insurance Agency - CA (License # 0B57651)  
 John Sadler Insurance Services - MA                      Sadler Agency - NY (PC-532473 and LA-532473)  
 Sadler Insurance Agency- OK / Sadler & Company, Inc. – TX (License #19495) / Sadler and Company-VT (License #577)