



# 2011 DIRECTORS & OFFICERS LIABILITY APPLICATION FOR NON-PROFIT SPORTS ORGANIZATIONS

## NEW for 2011: Two coverage options!

Philadelphia Indemnity Insurance Co. (Louisiana Only: Philadelphia Insurance Co.)

**IMPORTANT: All questions MUST BE ANSWERED and the questionnaire SIGNED BY AUTHORIZED REPRESENTATIVE**

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:**

### LEAGUE DIRECTORS & OFFICERS LIABILITY

NEW     RENEWAL

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 (plus tax, see below)
<input type="checkbox"/>	\$2,000,000 Limit Per loss/Per policy year	\$1,000 Deductible Per Claim	\$450 premium (plus tax, see below)

**Policy period: Effective only upon underwriting and acceptance by Philadelphia Insurance Companies**  
**Coverage expires 12:01 am on the Expiration Date**

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.)

#### 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 corporation, director, officer or any other person proposed for this insurance has any knowledge or information of any breach of duty, error, misstatement, misleading misstatement or omission, which could rise to a claim against them, except as follows:

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

c) Has any corporation, director, officer or any persons proposed for this insurance been the subject of any suit, inquiry, complaint or Notice of Hearing, including, but not limited to, suits, inquiries, complaints or Notice of Hearing based upon or arising from charges of discrimination, sexual harassment or wrongful termination?

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

#### \$1,000,000 Limit: \*ADD THE APPROPRIATE

#### TAX/SURCHARGE FOR YOUR STATE AS SHOWN BELOW:

Florida – add 1.30% = (1.30% x \$300 = \$3.90 Total Due is \$303.90)  
 Kentucky (You must call or email us – charge varies by county)  
 Louisiana – add 5% = (5% x \$300.00 = \$15.00) Total Due is \$315.00  
 New Jersey - add .9% = (.9% x \$300 = 2.70 Total Due: \$302.70)  
 West Virginia: add .55% = (.55% x \$300= \$1.65 Total Due \$301.65)

#### \$2,000,000 Limit: \*ADD THE APPROPRIATE

#### TAX/SURCHARGE FOR YOUR STATE AS SHOWN BELOW:

Florida – add 1.30% = (1.30% x \$450 = \$5.85 - Total Due \$455.85)  
 Kentucky (You must call or email us – charge varies by county)  
 Louisiana – add 5% = (5% x \$450 = \$22.50) - Total Due \$472.50  
 New Jersey - add .9% = (.9% x \$450 = 4.05 - Total Due \$454.05)  
 West Virginia: add .55% = (.55% x \$450 = \$2.48 - Total Due \$452.48)

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.

**Date :**

**Signature:**

**Authorized Representative**

***SIGN and FAX OR MAIL THIS ENROLLMENT FORM WITH YOUR CHECK TO:***

SADLER & COMPANY, INC.

PO Box 5866, Columbia, SC 29250-5866

***OVERNIGHT DELIVERY ADDRESS:***

3014 DEVINE ST, 2<sup>nd</sup> Floor, COLUMBIA, SC 29205

Phone: 803-254-6311 OR Toll-Free: 800-622-7370 / FAX (803) 256-4017



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# Rate Reduction!

## NEW: Two coverage options!

# 2011 DIRECTORS & OFFICERS LIABILITY

### For Non-Profit Sports Organizations

## PLAN DESCRIPTION

Philadelphia Indemnity Insurance Co. / (Louisiana Only: Philadelphia Insurance Co.)

(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)
- \* Suppression of First Amendment Rights (speech, expression, etc.)
- \* Failure to properly manage league financial affairs

### LIMIT OF COVERAGE OPTIONS:

**\$1,000,000 Limit Per Loss / per policy year**  
DEDUCTIBLE: \$1,000 per claim

**\$2,000,000 Limit Per loss / per policy year**  
DEDUCTIBLE: \$1,000 per claim

**PREMIUM / CHARGE PER Governing Board of Directors: \$300 for \$1,000,000 Limit and \$450 for \$2,000,000 Limit – Only one charge is required when a single league entity operating under the same articles/bylaws, oversees multiple organizations.**

*(Please note: In the state of Louisiana, you must add a surplus lines tax to the premium. In all other states listed below, you must add a state surcharge to the premium)*

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**PLEASE NOTE: Premiums & Taxes are 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.

*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.*


**SADLER**  
 SPORTS & RECREATION INSURANCE  
 1-800-622-7370 – Fax (803) 256-4017  
 P O Box 5866, Columbia, SC 29250

# How To Fax A Check

## In Order To Send A Check By Fax, Please Follow These Simple Steps:

- 1) Complete the Enrollment Form/Application for insurance coverage.
- 2) Make check payable to: Sadler & Company, Inc. Fill check out for the correct amount and make sure that it is dated and signed. Do not “void” the check & please keep the original in case we need to have you forward it to us at a later date. *(This check may be processed as an EFT / ACH {electronic funds transfer} which may cause your check to clear immediately.)*
- 3) Photocopy your check so that the page can be faxed.

4) Sometimes, we can't read all of the numbers and words on the faxed check because they are too small or the fax is not clear. As a result, you are required to hand write the following on the photocopied page of the check:

 **A) Transit Number** – (The Transit Number(s) are the small #'s with the “-“ and/or “/” in it. The Transit Number is found somewhere near the check number and date). The transit number **IS NOT** the number(s) at the bottom of the check.

 **B) Name and address of your bank exactly like it appears on your check** do not look up the address in the phone book – we must duplicate your check exactly as it is printed.



**NOTE: DO NOT FAX CASH, MONEY ORDERS, STARTER CHECKS, CASHIER CHECKS, COUNTER CHECKS, PURCHASE ORDERS, WARRANTS OR CHECKS THAT REQUIRE 2 SIGNATURES!!**

- 5) Fax your Enrollment/Application and your check to us at: 1-803-256-4017.
- 6) Keep your original check for your records. **Do NOT mail it to Sadler & Company** as this could cause us to double issue your coverage and **DOUBLE DEPOSIT YOUR CHECK**. *(If there is a problem with processing your check, we will let you know and will then let you know what we need to do to process your application.)*

**WE WILL EMAIL OR CALL YOU IF THERE IS A PROBLEM WITH YOUR CHECK OR APPLICATION.**

**DUE TO THE VOLUME OF APPLICATIONS THAT WE RECEIVE ON A DAILY BASIS, YOU WILL NOT RECEIVE CONFIRMATION BACK BY TELEPHONE, EMAIL OR FAX.**

**NOTE: We will not be able to rush fax your proof of coverage documents. Please allow 6 business days for processing and issuing of coverage.**