



RECEIVED
APR 16 2026
BY: *A. Adams*

April 16, 2026

To: Board of Mayor and Alderman

From: Roosevelt Brown, Director of Parks & Recreation

RE: Annual renewal of Sadler Sports & Recreation Insurance

Greetings Board,

I am requesting approval for the annual renewal of the Sadler Sports & Recreation Insurance for the youth sports that takes place at the James "Fuzzy" Johnson Complex in the amount of 2,405.58 for the general liability coverage. The league has over 360 participants in baseball and football sports each year and that number continues to grow. Please make the check payable to Sadler & Company, Inc. P.O. Box 5866 Columbia, SC 29250.

Sincerely,



Roosevelt Brown

Director of Parks & Recreation



Enrollment Form Amateur Sports Teams, Leagues and Associations

Valid for effective dates from 3/1/25 through 2/28/26

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group, a group formed and operating pursuant to the Liability Risk Retention Act of 1986 (15 USC 3901 et seq.). A risk purchasing group (RPG) provides group purchasing power for similar risks resulting in potential advantageous coverage terms, and competitive rates for favorable group loss experience. An RPG administration fee may be charged. The submission of this enrollment form and/or the acceptance of payment does not guarantee coverage. Certain operations are not eligible for coverage by this program and submissions with a premium of \$25,000 or more are subject to additional underwriting. We reserve the right to decline any request for coverage.

TO AVOID PROCESSING DELAYS, PLEASE:

1. Complete all sections (print legibly)
2. Sign and date where required
3. Remit completed enrollment form (pages 9 - 20) with payment (21-22)

Notes: Higher/different limit options are available. Visit www.sadlersports.com/amateur for an immediate quote. Coverage is not available for Alaska and Rhode Island Applicants

GENERAL INFORMATION	Full legal name of business: <u>City of Vicksburg</u>
	Note: This is the name that will appear on your Certificate of Insurance. If your company is a Sole Proprietorship, then this will be your personal name or DBA.
	Applicant is a: <input type="radio"/> Sole Proprietorship <input type="radio"/> Limited Liability Co. <input type="radio"/> Corporation <input type="radio"/> Partnership <input checked="" type="radio"/> Other (describe): <u>State Government Municipality</u>
	Mailing address: <u>P.O. Box 150</u>
	NY Applicants must provide a street address. PO Boxes cannot be accepted.
	City: <u>Vicksburg</u> State: <u>MS</u> Zip: <u>39180</u>
	Contact name: <u>Deborah A. Kaiser-Nickson</u> Phone: (<u>601</u>) <u>631-3715</u>
	Cell: (____) _____ Fax: (____) _____
	E-mail: <u>dnickson@vicksburg.org</u> Website: <u>www.vicksburg.org</u>
	(By listing an email address, you are giving us permission to contact you by email about your policy. Refer to page 17 of the application for Electronic Disclosure and Consent)

DATES	<input type="radio"/> I am a new account
	Start my coverage on this date <u> </u> / <u> </u> / <u> </u>
	Coverage will begin the day after a completed and signed enrollment form with payment is received and approved by us, or on a later date you specified above.
	<input checked="" type="radio"/> I am renewing my coverage
	Expiration date of current coverage <u>5/20/2026</u> Renew my coverage on this date <u>05/20/2026</u>
To avoid a coverage gap, please make sure you have submitted a completed and signed enrollment form with payment prior to your expiration date.	
NOTE: If you need coverage bound as of today , please read the statement below and confirm by checking the box that you have not had any losses. Please note, for coverage to be considered you MUST submit a completed and signed application submitted with payment. Submission of this form does not guarantee coverage. We reserve the right to decline requests.	
<input type="radio"/> I hereby certify that I, or any person or organization to be covered by this insurance, are not aware of any losses, accidents, or circumstances, occurring on this day that might give rise to a claim under this insurance.	

**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)/dba/aka Sadler Insurance Agency - CA (License #0B57651)/Sadler & Company, Inc. - FL (License #L006784)/dba & S&C Agency, Inc. - KY (License #624039)/Sadler and Company, Inc. - MN (License #20499566)/Sadler Agency - NY (License #PC - 532473 and LB-532473) / Sadler & Co Inc. - OK (License #100103956)/ Sadler & Company, Inc. - TX (License # 19495) / Sadler & Company Insurance Agency, Inc. - UT (License #105192)/ Sadler and Company - VT (License # 577)

**OPTION 1
PROGRAM PREMIUM CALCULATION**
Coverage is not available for Alaska and Rhode Island Applicants

Premium is determined by applying the appropriate rate for the coverage option selected to each individual participant in each sport and age group, and is subject to the minimum premium. All participants are required to be reported and a roster may be requested as verification.

Please contact us or visit us online for different liability or Medical Payments for Participant limits and/or deductibles.

CLASS A SPORTS	Rates (per participant, all sports, all ages including Umpire & Referee Associations for Class A sports)			
	\$ 3.75			

CLASS B SPORTS	Rates (per participant, per sport)			
Ages	12 & Under	13-15	16-19	20 & Over
Baseball, t-ball	\$ 6.59	\$ 10.97	\$ 17.50	\$ 31.97
Basketball, Ultimate frisbee, Flag & touch football, Team handball, Running	\$ 6.34	\$ 7.58	\$ 15.85	\$ 21.35
Frisbee, Golf, Kickball, Tennis, Track & field, Swimming, Pickleball	\$ 6.04	\$ 6.04	\$ 6.04	\$ 6.04
Drill team, Dance team	\$ 6.76	\$ 8.19	\$ 17.78	N/A
Cricket, Squash	\$ 6.20	\$ 9.98	\$ 15.61	\$ 28.08
Water polo	\$ 7.77	\$ 8.93	\$ 10.78	Class A \$ 3.75
Softball	\$ 6.23	\$ 7.45	\$ 17.50	\$ 31.97
Umpire & referee associations for Class B Sports	\$ 9.21	\$ 9.21	\$ 9.21	\$ 9.21
Volleyball	\$ 6.41	\$ 6.41	\$ 6.41	\$ 6.41
Weightlifting	\$ 17.90	\$ 17.90	\$ 17.90	Class A \$ 3.75

CLASS C SPORTS	Rates (per participant, per sport)			
Ages	12 & Under	13 - 15	16 - 19	20 & Over
Deck/floor/street hockey, Field hockey, Roller hockey (quad)	\$ 7.09	\$ 8.33	\$ 16.60	\$ 22.10
Cheerleading	\$ 7.51	\$ 8.94	\$ 18.53	N/A
Lacrosse, Water hockey, Flex Football™	\$ 8.52	\$ 9.68	\$ 11.53	Class A \$ 3.75
Soccer	\$ 9.16	\$ 10.50	\$ 12.66	N/A
Tackle and contact football	\$ 24.95	\$ 44.10	\$ 58.91	N/A
Wrestling	\$ 18.65	\$ 18.65	\$ 18.65	Class A \$ 3.75
Umpire & referee associations for Class C Sports	\$ 9.96	\$ 9.96	\$ 9.96	\$ 9.96

Please select only one limit option to apply for all sports and age groups

NOTE: If you have Class A, Class B or Class C participants on the same team, you must use the Class A rate for all participants. Class A coverage will apply.

Sport	Class (check sports class option)	Age Group of participants	# of part.	X	Rate	=	Premium
Baseball	<input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C	12 & under	180	X	\$ 6.59	=	\$ 1,186.20
Football	<input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C	12 & under	180	X	\$ 6.34	=	\$ 1,141.20
	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C			X	\$	=	\$
	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C			X	\$	=	\$

For Umpire and Referee Associations - complete only the section below if you are an Umpire/Referee Association

List the sport you umpire/referee	Class (check sports class option)	Age group of umpire/referees	# of members	X	Rate	=	Premium
	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C			X	\$	=	\$
	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C			X	\$	=	\$

Premium: (add all lines above)

\$

OPTION 2
PROGRAM PREMIUM CALCULATION
Coverage is not available for Alaska and Rhode Island Applicants

Premium is determined by applying the appropriate rate for the coverage option selected to each individual participant in each sport and age group, and is subject to the minimum premium. All participants are required to be reported and a roster may be requested as verification.

Please contact us or visit us online for different liability or Medical Payments for Participant limits and/or deductibles.

CLASS A SPORTS	Rates (per participant, all sports, all ages including Umpire & Referee Associations for Class A sports)			
	\$ 5.63			

CLASS B SPORTS	Rates (per participant, all sports)			
Ages	12 & Under	13-15	16-19	20 & Over
Baseball, t-ball	\$ 9.24	\$ 15.14	\$ 20.26	\$ 40.98
Basketball, Ultimate frisbee, Flag & touch football, Team handball, Running	\$ 8.92	\$ 10.74	\$ 20.77	\$ 27.67
Frisbee, Golf, Kickball, Tennis, Track & field, Swimming, Pickleball	\$ 8.51	\$ 8.51	\$ 8.51	\$ 8.51
Drill team, Dance team	\$ 9.44	\$ 11.56	\$ 23.19	N/A
Cricket, Squash	\$ 9.05	\$ 13.82	\$ 18.25	\$ 36.11
Water polo	\$ 11.14	\$ 13.09	\$ 14.47	Class A \$ 5.63
Softball	\$ 8.75	\$ 10.53	\$ 20.26	\$ 40.98
Umpire/referee assoc. - Class B Sports	\$ 12.28	\$ 12.28	\$ 12.28	\$ 12.28
Volleyball	\$ 8.98	\$ 8.98	\$ 8.98	\$ 8.98
Weightlifting	\$ 23.94	\$ 23.94	\$ 23.94	Class A \$ 5.63

CLASS C SPORTS	Rates (per participant, per sport)			
Ages	12 & Under	13 - 15	16 - 19	20 & Over
Deck/floor/street hockey, Field hockey, Roller hockey (quad)	\$ 10.04	\$ 11.86	\$ 21.89	\$ 28.79
Cheerleading	\$ 10.56	\$ 12.68	\$ 24.31	N/A
Lacrosse, Water hockey, Flex Football™	\$ 12.26	\$ 14.21	\$ 15.59	Class A \$5.63
Soccer	\$ 13.14	\$ 15.40	\$ 17.01	N/A
Tackle and contact football	\$ 33.44	\$ 59.67	\$ 76.67	N/A
Wrestling	\$ 25.06	\$ 25.06	\$ 25.06	Class A \$5.63
Umpire/referee assoc. - Class C Sports	\$ 13.40	\$ 13.40	\$ 13.40	\$13.40

Please select only one limit option to apply for all sports and age groups

NOTE: If you have Class A, Class B or Class C participants on the same team, you must use the Class A rate for all participants. Class A coverage will apply.

Sport	Class (check sports class option)	Age Group of participants	# of part.	X	Rate	=	Premium
	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C			X	\$	=	\$
	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C			X	\$	=	\$
	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C			X	\$	=	\$

For Umpire and Referee Associations - complete only the section below if you are an Umpire/Referee Association

List the sport you umpire/referee	Class (check sports class option)	Age group of umpire/referees	# of members	X	Rate	=	Premium
	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C			X	\$	=	\$
	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C			X	\$	=	\$

Premium: (add all lines above)

\$

OPTION 3
PROGRAM PREMIUM CALCULATION
 Coverage is not available for Alaska and Rhode Island Applicants

Premium is determined by applying the appropriate rate for the coverage option selected to each individual participant in each sport and age group, and is subject to the minimum premium. All participants are required to be reported and a roster may be requested as verification.

Please contact us or visit us online for different liability or Medical Payments for Participant limits and/or deductibles.

CLASS A SPORTS	Rates (per participant, all sports, all ages including Umpire & Referee Associations for Class A sports)
	\$ 5.63

CLASS B SPORTS	Rates (per participant, all sports)			
Ages	12 & Under	13-15	16-19	20 & Over
Baseball, t-ball	\$ 9.99	\$ 17.13	\$ 23.22	\$ 48.09
Basketball, Ultimate frisbee, Flag & touch football, Team handball, Running	\$ 9.65	\$ 11.79	\$ 23.85	\$ 32.51
Frisbee, Golf, Kickball, Tennis, Track & field, Swimming, Pickleball	\$ 9.60	\$ 9.60	\$ 9.60	\$ 9.60
Drill team, Dance team	\$ 10.29	\$ 12.77	\$ 26.77	N/A
Cricket, Squash	\$ 9.39	\$ 15.55	\$ 20.79	\$ 42.23
Water polo	\$ 11.79	\$ 13.90	\$ 16.28	Class A \$ 5.63
Softball	\$ 9.45	\$ 11.56	\$ 23.22	\$ 48.09
Umpire/referee assoc. - Class B Sports	\$ 13.95	\$ 13.95	\$ 13.95	\$ 13.95
Volleyball	\$ 10.22	\$ 10.22	\$ 10.22	\$ 10.22
Weightlifting	\$ 27.64	\$ 27.64	\$ 27.64	Class A \$ 5.63

CLASS C SPORTS	Rates (per participant, per sport)			
Ages	12 & Under	13 - 15	16 - 19	20 & Over
Deck/floor/street hockey, Field hockey, Roller hockey (quad)	\$ 10.77	\$ 12.91	\$ 24.97	\$ 33.63
Cheerleading	\$ 11.41	\$ 13.89	\$ 27.89	N/A
Lacrosse, Water hockey, Flex Football™	\$ 12.91	\$ 15.02	\$ 17.40	Class A \$ 5.63
Soccer	\$ 13.89	\$ 16.35	\$ 19.12	N/A
Tackle and contact football	\$ 37.54	\$ 68.97	\$ 89.38	N/A
Wrestling	\$ 28.76	\$ 28.76	\$ 28.76	Class A \$ 5.63
Umpire/referee assoc. - Class C Sports	\$ 15.07	\$ 15.07	\$ 15.07	\$ 15.07

Please select only one limit option to apply for all sports and age groups

NOTE: If you have Class A, Class B or Class C participants on the same team, you must use the Class A rate for all participants. Class A coverage will apply.

Sport	Class (check sports class option)	Age Group of participants	# of part.	X	Rate	=	Premium
	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C			X	\$	=	\$
	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C			X	\$	=	\$

For Umpire and Referee Associations - complete only the section below if you are an Umpire/Referee Association

List the sport you umpire/referee	Class (check sports class option)	Age group of umpire/referees	# of members	X	Rate	=	Premium
	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C			X	\$	=	\$
	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C			X	\$	=	\$

Premium: (add all lines above)

\$

Sexual Misconduct Liability Coverage OR Abuse, Molestation or Harassment or Sexual Conduct Defense Costs Reimbursement

Coverage is contingent upon underwriting review and approval of the following questionnaire.

● **Check here and skip this section if you do not want this coverage option**

1. Does your organization currently have employees, volunteers or independent contractors? Yes No
The term "Volunteers" means someone, including parent volunteers, who exerts control over or supervises participants.
2. Have any claims, allegations or charges of abuse, molestation or sexual misconduct been made against you or your organization or anyone working on behalf of your organization? Yes No
If yes, please explain: _____
3. Are you aware of any occurrences that could lead to a claim? Yes No
If yes please explain: _____
4. Do you, your organization or sanctioning/governing body have written procedures and training in place regarding the prevention and mitigation of abuse, molestation or sexual misconduct? Yes No
If yes, do they include:
 - How to recognize the signs of abuse and molestation Yes No
 - All known, alleged or suspected abuse incidents must be reported to law enforcement Yes No
 - Procedures are provided or available to all paid and volunteer staff, and sanctioning/governing body members Yes No
 - No one-on-one situations allowed without visibility by others Yes No
 - A supervision plan to monitor all participants at the facility/event site that also prevents access to secluded areas such as closets, unsupervised rooms, etc. Yes No
 - A policy regarding appropriate and inappropriate physical contact, verbal interaction and electronic communications with children during and outside of regularly scheduled business activities Yes No
5. Please complete the following questions regarding employee, volunteer, or independent contractor screening controls used by your organization.

Please Complete All Questions	Employees	Volunteers/Independent contractors
The term "Volunteers/Independent contractors" in the following questions means someone who exerts control over or supervises participants.		
Do you have employees and/or Volunteers/Independent contractors?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Are employee/volunteer/independent contractor applications required?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes, does the application include questions about whether the individual has ever been convicted for any crime involving physical violence or sex related offenses?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes, and applicant checks yes, do you reject the applicant?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Are background checks provided by a third party vendor/service?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes, do you reject an applicant with any history of physical violence or sex related offenses?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Please explain any "No" responses to questions asked in #5: _____

6. Calculate premium

Rates			
<input type="radio"/> Option 1 Sexual Misconduct Liability (defense expense within limits) \$250,000 each "Insured Event" limit/\$1,000,000 aggregate	\$0.75 x # of Part from pg 11, 12, or 13 _____	=	\$ _____
	Minimum Premium	=	\$ 150.00
	Total Sexual Misconduct Premium The total premium due is the greater of the calculated premium or the minimum premium	=	\$ _____
<input type="radio"/> Option 2 Abuse, Molestation, Harassment or Sexual Conduct Defense Costs Reimbursement - \$100,000 limit		\$100.00	

COVERAGE EXCLUSIONS

The following notable exclusions are contained in the commercial general liability coverage provided by this program. 24-hour premises liability (unless optional coverage is purchased for sports fields); Sexual abuse or sexual molestation (unless reported to, approved by us, and appropriate premium paid); Access or disclosure of confidential or personal information and data-related liability – with limited bodily injury exception; Asbestos and silicosis; Babysitting/child care services; Cannabis; Carnivals/festivals; Certain computer-related losses; Cheer and dance studios; Collegiate summer teams/leagues/associations; Commercial general liability standard exclusions (CG0001 04/13 edition); Communicable disease; Cryogenic chambers/therapy; Employment-related practices; ERISA; Events involving gambling (eg: bingo, casino nights, poker, Texas hold'em tournaments); Events where alcoholic beverages are furnished or served by you, your employees or your "volunteer workers"; Fireworks; Fungus; Gymnastics studios; Non-rostered participants at tournaments hosted by the enrolled member (unless optional coverage is purchased); Intercollegiate & Interscholastic teams, leagues and associations; Lead; Martial arts studios; Nuclear energy; Operation, ownership or management of any athletic facility or field, other than while being used for covered activities; Operations of independent concessionaires/vendors in conjunction with your organization; Perfluoroalkyl and polyfluoroalkyl substances (PFAS); Professional/semi-professional teams and leagues; Radioactive matter; Specified recreational vehicles and activities: Aircraft/hot air balloon; Airport; Amusement devices (The ownership, operation, maintenance or use of: any device or equipment a person rides for enjoyment, including, but not limited to, any mechanical or non-mechanical ride, slide, water slide (including any ski or tow when used in connection with a water slide), moonwalk or moon bounce, bungee operation or equipment or inflatable recreational device. Amusement device also includes any vertical device or equipment used for climbing—either permanently affixed or temporarily erected. Amusement device does not include any video arcade or computer game or any device that is specifically designed for the training or instruction of the activity for which you are enrolled; Concerts; Dunk tanks; Haunted attraction; Animals (injury or death to any animal or injury death, or property damage caused by any animal owned, rented, or hired by you); Performer; Rodeo; Saddle animal; Snowmobile; Sports events/activities involving participants in sports other than those reported and for whom premium has been paid; Total pollution; Transportation of athletes/participants; Use of multi-passenger vehicles; Athletic or sports participants in: Box lacrosse, Broomball, Diving, Dodgeball, Gymnastics, Hurling, Ice hockey, Inline hockey, Inline skating (speed), Flex Football™ (age 20 & over), Judo, Karate, Lacrosse (age 20 & over), Martial arts, Powerlifting (age 20 & over), Ringette, Roller hockey (inline), Speed skating (ice); Taekwondo, Takraw, Umpire/referee association for Class A Sports, Water hockey (age 20 & over), Water polo (age 20 & over), Weightlifting (age 20 & over), Wrestling (age 20 & over); Those sports/operations listed as ineligible: Adventure races, Aerobic exercise, Bandy, Biathlon, BMX/stunt cycling, Boating activities/sports, Bobsled, Body boarding, Boxing, Canoe, Cheerleading (age 20 & over), Climbing, Cycling, Dance team (age 20 & over), Drill team/majorette (age 20 & over), Duathlon; Equestrian; Fitness – aerobics and exercise, Hammer throw, Hang gliding, Hostelling, Inline (extreme/stunt/aggressive/free-style) skating, Jai alai, Javelin, Kayaking, Kite surfing, Luge (street), Marathon, Mixed martial arts; Modern pentathlon, Mountain biking and/or hiking, Mountain boarding, Open water fishing, Open water activities/sports, Orienteering, Outrigging, Parachute, Parasailing, Physical fitness, Physique (Pose) performance, Polo (horse), Rafting, Rodeo, Roller derby, Rowing/Crew, Rugby, Sailing, Scuba diving, Shooting sports and/or hunting, Skateboarding, Skiing (snow or water), Sky diving, Sky surfing, Sled/crew dog racing, Snorkeling, Snow boarding, Snow surfing, Soccer (age 20 & over), Sports parachuting, Strength and conditioning, Streetball, Surfing (including boogie boards), Tackle and contact football (age 20 & over), Trampoline, Trapeze, Triathlon, Umpire/Referee associations involved with any ineligible sports operations; Unicycling, Wake boarding, Wind surfing, Wrestling (professional), Yachting

COSTS ARE 100% FULLY EARNED AND NON-REFUNDABLE/NON-TRANSFERRABLE ONCE COVERAGE BEGINS.

COVERAGE IS CONTINGENT UPON RECEIPT OF PAYMENT AND A FULLY COMPLETED ENROLLMENT FORM.

NO COVERAGE WILL BE DEEMED IN EFFECT UNTIL THE ACCURATE PAYMENT IS RECEIVED BY THE COMPANY OR THEIR REPRESENTATIVE.

CANCELLATIONS/CHANGES CAN ONLY BE MADE BY THE NAMED INSURED.

Once your enrollment form is approved, you will receive a Certificate of Insurance as evidence that coverage is bound. **Complete this section if you require additional certificates listing a facility, property owner or similar third-party as an additional insured on your policy.** Provide a separate request for each additional certificate needed.

Note: Please request all additional insureds needed for this policy term. Additional insureds from the expiring policy term will not be automatically renewed.

1. When is this certificate needed? : 05 / 20 / 2026

2. This certificate is for: General Liability Coverage Equipment & Contents/Inland Marine Coverage (if applicable)
 Hosted Tournament Coverage Premises Liability for Sports Fields Coverage

3. What is the additional insured's relationship to you?

- Owner/manager/lessor of premises (facility or venue) Sponsor Co-promoter
- Lessor of equipment/contents (liability) Loss Payee (equipment/contents)
- Other (please identify/explain): _____
- Sports Governing Body

NOTE: The certificate holder will automatically be an Additional Insured for an Owner/manager/lessor, Sponsor or Co-Promoter relationship

4. Certificate holder/additional insured name: City of Vicksburg

Mailing address: P.O. Box 150

City: Vicksburg State: MS Zip: 39181-0150

5. Does the certificate holder/additional insured require any special wording or endorsements? Yes No

If yes, check all that apply: CG2026 Primary Waiver of subrogation

Other (please explain): Please see attached sample

NOTE: If you are not sure, please attach a copy of the insurance requirements/instructions you've received.

If applicable:

6. For specific events: Date(s) of event/activity: _____/_____/_____ to _____/_____/_____

Hours of event/activity: _____ A.M./P.M. to _____ A.M./P.M.

Type of event/activity: _____ Name of event/activity: _____

Location of event/activity: _____

7. For Loss Payee: Type of equipment (please describe): _____

Replacement cost value: _____

The most common delay in certificate processing is caused by providing partial or incorrect name and/or instructions. Please check your request carefully before submitting.

SAMPLE



CERTIFICATE OF LIABILITY INSURANCE

DA R054

DATE (MM/DD/YYYY) 3/9/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: HART & WELLS INSURANCE COMPANY, 1541 WEST HILL BLVD. HOLLYWOOD, CA 98378. CONTACT NAME: INSURER(S) AFFORDING COVERAGE: INSURER A Sentinel Inc Co LTD, NAIC# 11000. INSURED: HOUSE OF HEBREW CULTURE, PO BOX 98299, HOUSTON, TX 92943. YOUR ENTITY OR BUSINESS.

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSR, SUBR INSR, POLICY NUMBER, POLICY EFF, POLICY EXP, LIMITS. Includes sections for Commercial General Liability, Automobile Liability, Umbrella Liab, and Workers Compensation.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Board of Mayor & Aldermen of the City of Vicksburg, Willis T. Thompson, Thomas J. Mayfield and Vickie Y. Bailey individually, City of Vicksburg, city employees are additional insured.

CERTIFICATE HOLDER: CITY OF VICKSBURG, PO BOX 150, VICKSBURG, MS 39181. CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE: Joe Taylor

Surplus Lines Disclosure

The commercial general liability insurance policy is being placed in your home state as surplus lines coverage under the Nonadmitted Insurance Model Act. The insurer with which such policy is placed is not licensed in your home state and is not subject to its supervision. The insurer is an eligible Surplus Lines Insurer. Policies placed with eligible surplus lines insurers are not subject to the rate and form review of any Insurance Department and there is no protection afforded under the provision of any state insurance guaranty association for this policy.

Premium figures do not include surplus lines taxes and fees.

Please see the Member Certificate issued to you for important notices related to surplus lines insurance required by your home state and the exact amount of the applicable surplus lines taxes and fees.

The insurance company is rated A (Excellent) by AM Best Company with financial size category of XV (\$2 Billion or Greater)

PLEASE READ AND COMPLETE THE BELOW,

if you do not wish to receive documents via email and prefer another method of document delivery

Consent for Electronic Transactions

The Electronic Signatures in Global and National Commerce Act provides that a signature, contract or other record may not be denied legal effect, validity or enforceability solely because it is in electronic form or because an electronic signature was used in a transaction.

As part of your participation in this program you will receive all documentation, including but not limited to, the insurance quotes, policies, certificates, endorsements, and invoices (if applicable), by electronic means. If permitted by your state, you may also receive conditional renewal notices, cancellation, or non-renewal notices via electronic delivery.

To obtain, download, and view all policy documentation electronically you must have the following hardware or software in place.

- A personal computer capable of receiving, accessing, and displaying or printing or storing communications and documents received in an electronic form.
- Adobe PDF Reader version
- System requirements: OC: Windows 7 or higher, Internet Explorer v11 or higher, Firefox v45.7 or higher, Chrome v40 or higher; OS: Mac OS x 10.9 or higher, Safari 9.0 or higher, Firefox v45.7 or higher, Chrome v40 or higher.

By agreeing to receive documents electronically, you are affirming that your computer system meets the hardware and software requirements for receiving all related documents. If documents are provided through a website or portal, you should download and store all such documents. For persons who receive electronic documents via email, these documents will be delivered to the email address on file. Upon receipt of your emailed documentation please save a copy on your own device.

You agree to notify us promptly if your mailing address, e-mail address or other delivery information changes by calling 1-800-622-7370 or mailing us at Sadler & Company, Inc., P.O. Box 5866, Columbia, SC 29250.

We will endeavor to provide a notice to you in the event of any changes regarding hardware or software requirements necessary to receive documents and other related documents electronically. However, it is your duty to notify us if you are unable to access the documentation made electronically available to you.

We may at our sole discretion discontinue availability of electronic delivery at any time, without further notice to you. At any time, you may request a paper copy of your documents in lieu of electronic delivery. You may withdraw your consent to receive electronic documentation by sending a request in writing to us at Sadler & Company, Inc., P.O. Box 5866, Columbia, SC 29250. Until receipt of such withdrawal, you will continue to receive all documentation electronically.

This consent is voluntary, by accepting, you signify that you consent to these terms of electronic document delivery via email or other electronic media in connection with your insurance documents, whether such delivery is made on its own behalf and/or on behalf of an organization or other third party. You further represent and warrant that if consenting on behalf of an organization or third party, you have the requisite authority to provide such consent, and that you and the organization have the requisite hardware and software to receive and acknowledge receipt of electronically delivered Documents.

After this enrollment form is approved, you will receive a certificate of insurance showing evidence that coverage has been bound. When submitted through an insurance agent or broker, this coverage document will only be delivered to them. Additional certificate requests will be issued to the same person. Providing an email address in this application will be deemed consent to us to deliver documents and communication to you electronically.

I AGREE TO RECEIVE ALL MAILINGS AND COMMUNICATIONS ELECTRONICALLY. SUCH ELECTRONIC MAILING OR COMMUNICATIONS MAY EVEN INCLUDE CANCELLATION OR NONRENEWAL NOTICES.

If you **DO NOT** want to be emailed, please check here and select your preferred method of document delivery.

Fax to: _____ Attn: _____

Mail to: _____ Attn: _____

FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ALABAMA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION, FINES, OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND, AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO KANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE THAT SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

FRAUD WARNING (continued)

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAYBE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

AGENTS:

Please complete the information below.

Agency name: _____ Agent/contact name: _____

Agency complete mailing address: _____
Address City State Zip

Agency telephone: (____) _____ Agency fax: (____) _____

Agent/contact e-mail address: _____ Tax I.D. _____

I represent and warrant as an insurance producer that I currently maintain, and will maintain, all individual, corporate or agency licenses or permits to conduct insurance business in the state coverage for this insured is being written. I further represent and warrant that I currently maintain errors and omissions insurance with a minimum limit of \$1,000,000 for myself, my officers, and employees. If requested by us, I will provide reasonably satisfactory evidence of all of the above mentioned items.

I understand that agents do not have authority to issue binders or a certificate of insurance on behalf of this program.

Agent signature: _____ **Date:** _____

PLEASE READ AND SIGN BELOW

Warranty 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 book and records may be examined or audited by the insurance company at any time during the coverage period and up to three years thereafter. Intentional misrepresentation or misreporting may jeopardize coverage. We reserve the right to decline/void any ineligible coverage.

I further acknowledge that, I have reviewed all information provided with this enrollment form and understand the exclusions which apply, as well as the activities and operations for which coverage is not provided.

I understand that this enrollment provides the option for the organization to select General Liability/Medical Payments, Hosted Tournament Coverage and Premises Liability. However, Sadler offers other types of insurance policies that are not available on this online enrollment such as Directors and Office, Crime, Inland Marine, Workers' Compensation, Excess Liability, Property (building and contents), Event Cancellation, Cyber Risk, Business Auto, Professional Liability, etc. If I am interested in a quote for these other types of policies, I will need to inform Sadler in writing, sport3@sadlersports.com.

I understand that the premium is calculated per participant/per sport. If at any time during the policy year my organization adds additional players or additional sports, the additions must be reported in order for coverage to extend at the time of a claim? Yes No

COSTS ARE 100% FULLY EARNED AND NON-REFUNDABLE/NON-TRANSFERRABLE ONCE COVERAGE BEGINS.

Applicant business name (from page 9): City of Vicksburg

Applicant or agent signature: Deborah A. Kaiser-Nickson **Date:** April 15, 2026

Printed name: Deborah A. Kaiser-Nickson **Title:** City Clerk

If an agent: Check here to acknowledge you are signing on behalf of the named insured

AGENTS: YOU MUST COMPLETE THE AGENT WARRANTY SECTION ABOVE
Enrollments cannot be accepted unless this section is completed

FINAL PAYMENT CALCULATION AND PAYMENT OPTIONS

(Certain operations are not eligible for coverage by this program and submissions with a premium of \$25,000 or more are subject to additional underwriting. We reserve the right to decline any request for coverage.)

Step 1: Applicant Business Name from page 9 City of Vicksburg

Step 2: Enter Program Premiums:

Program Liability premium (required coverage) from page 11, 12, or 13 \$ 2,327.40 (a)

Minimum Premium \$ 300.00 (b)

Total Program Liability Premium Due: \$ 2,327.40 (c)

(If the calculated Program Liability Premium is less than the Minimum Premium, the Total Program Liability Premium Due is the Minimum Premium.

Enter on line (c) the the greater of the calculated premium (a) or the minimum premium (b)

Sexual Misconduct Coverage (optional coverage) from page 14 \$ _____ (d)

Defense Reimbursement Only or Liability Coverage

Step 3 Total (add lines c + d) \$ 2,327.40 (e)

Step 4: Calculate Surplus Lines/Stamping Fees – this is based on the Named Insured's state from page 9

NOTE: If your state is not specifically listed, use the last column labeled "All Other States". All States must calculate a surplus lines/stamping fee.

Insured's State	HI	IL	MI	MT	NV	NY	OK	UT	WY	All Other States
Surplus Line Tax	.0468	.035	.025	.0275	.035	.036	.06	.0425	.03	.025
Stamping Fee	N/A	.0004	N/A	N/A	.004	.0015	N/A	.0018	.00175	N/A
FINAL STATE RATE	.0468	.0354	.025	.0275	.039	.0375	.06	.0443	.03175	.025

Premium from Step 3 - \$ 2,327.40 (e) x **Final State Rate** from chart above \$.025 = \$ 58.18 (f)

Step 5: Liability Premium Total (add lines e + f) \$ 2,327.40 (g)

RPG Fee \$ 20.00 (h)

Step 6: Cost Total (add lines f + g + h) \$ 2,405.58

Step 7: Select Payment Option

ACH – this option is only available for purchases made 15 days or more prior to the effective date
Proceed to the next page to complete the ACH payment

Mail in Check – make check payable to Sadler & Company, Inc
Sadler & Company Inc.
PO Box 5866
Columbia, SC 29250

Credit Card
Proceed to the next page to complete the credit card payment

PAYMENT OPTIONS

Applicant business name: _____ Effective date: _____

NOTE: This program is 100% fully earned at inception. Premium Finance payments cannot be accepted, unless the premium finance company agrees to the 100% fully earned policy.

PAY BY ACH (Bank Account): THIS OPTION IS ONLY AVAILABLE FOR PURCHASES MADE 15 DAYS OR MORE PRIOR TO THE EFFECTIVE DATE

• **E-mail** sport3@sadlersports.com

or

• **Fax** 1-803-256-4017

I (we) authorize Sadler & Company, Inc. to initiate a single electronic debit from the account shown below and have attached a voided copy of the check:

Name on Bank Account: _____ Bank Name: _____

Draft Amount : \$ _____ Checking, or Savings

Bank Routing Number* _____ Bank Account Number* _____

*See below for an explanation of where to locate these two sets of numbers on your bank check.

_____ Date: _____

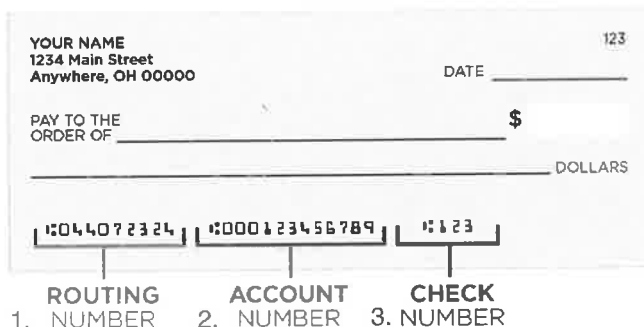
Authorized Signature(s) - (Not required if authorization by phone)

_____ Date: _____

Authorized Signature(s) - (Not required if authorization by phone)

EXPLANATION OF CHECK NUMBERS

1. Bank Routing Number - This is a nine digit number separated by a bar and a colon I: 123456789 I:
2. Account Number - This number may appear as the second, first or third series of numbers. Please read carefully.
3. Check Number - Matches number in the upper right corner of check. NOT REQUIRED FOR ACH.



PAY BY CREDIT CARD:

• **Fax only** 1-260-459-5105

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Card number: _____

CSC # (card security) code: _____ Expiration date: _____

I authorize K&K Insurance Group, Inc. to charge my payment to my credit card in the amount of \$ _____

Print name (as on card): _____

Cardholder signature: _____

Cardholder phone number: (____) _____

FATCA Notice: Please go to Aon.com/FATCA to obtain appropriate W-9.