

## Amateur Teams / Leagues Online Application Verification of Coverage

*Application Receipt Date / Time: 07/15/2013 11:03:10 PM - entered by Customer*

### I. GENERAL INFORMATION

**Application ID:** 86255

**Application Status:** Complete

**Named Insured:** Tri- State Home School Athletic Association

**Doing Business As:**

**Type of Organization:** association

**Form of Business:** not- profit

**Contact's Name:** Kevin Kirkman

**Primary Location Address:** 6589 W Pagosa Place

**Address 2:**

**City:** Fayetteville

**State:** AR

**County:**

**Postal / Zip Code:** 72704

**Home Phone:** (479) 409-1932

**Business Phone:** (479) 409-1932

**Fax:**

**Email Address:** kevinpkirkman@gmail.com

**Website:** www.tshsaa.org

**How did you find out about Sadler & Company:** Already buy from Sadler

**Do your Property Owners or Sponsors require a Certificate Of Insurance?** No

**Are you seeking coverage for all participants within your organization?** Yes

**Do any of your teams include both youth athletes (Class B sports) and adult athletes (Class A sports) participating together on the same team?** No

**Online Agreement and Warranty Statement accepted?** Yes

**Are you responsible for the ownership, operation or maintenance of a facility or field?** No

**Are you a municipality or a park and recreation division?** No

**Do you meet the requirements by not answering Yes to any of the following?** Yes

Is there any form of player compensation or prize money awarded for participation? | Are you a school sanctioned sports team or league? | Are any of your activities held on private residential property? | Does the named insured own, operate or maintain any pools? | Are you a gymnastics, martial arts, cheer or dance school? | Are you a member of American Amateur Baseball Congress? | Are you a member of Babe Ruth Baseball or Babe Ruth Softball? | Are you a member of U.S. Youth Soccer Association

**Notes:**

**Organization Affiliation:** No Affiliation

### II. AGENT INFORMATION

**Agency Name:** Kevin Kirkman

**License Agent Name:** Kevin Kirkman

**Person Completing Application:** Kevin Kirkman

**Primary Location Address:** 6589 W Pagosa Place

**Address 2:**

**City:** Fayetteville

**State:** AR

**Postal / Zip Code:** 72704

**Phone:** (479) 409-1932

**Fax:**

**Email Address:** kevinpkirkman@gmail.com

### III. MEDICAL PAYMENTS TO PARTICIPANTS / GENERAL LIABILITY INSURANCE

**Nationwide Mutual Insurance Company**

**Policy Number** RPG53816

**Effective Date** 11:03PM ET 07/15/2013

**Expiration Date** 12:01AM ET 07/15/2014

**COVERAGE EFFECTIVE DATE:** Coverage begins the exact time and date that this electronic application and internet check is received at Sadler & Company or a future effective date if requested, whichever is later and continues for one full year from the effective date.

Limits	\$250,000 Medical Payments to Participants / \$2,000,000 General Liability
Medical Payments to Participants Deductible	\$100.00
Medical Payments to Participants Plan	Full Excess

### Sports / Participants

Sports	Age Groups	# of Participants	Totals
Basketball	12 & Under	30	\$268.80 (\$8.96 per participant)
Basketball	13-15	20	\$217.40 (\$10.87 per participant)
Basketball	16-19	10	\$216.60 (\$21.66 per participant)
<b>Totals</b>			<b>\$702.80</b> <b>(\$702.8 min. premium)</b>

## Sadler Sports: Amateur Teams / Leagues Insurance Plan

Limits	(minimum premium charges may apply)	Charges
	\$250,000 Medical Payments to Participants / \$2,000,000 General Liability	\$702.80
	24hr Premises Liability Coverage (Not Covered Unless Premium Accepted - Subject to Underwriting Approval)	\$0.00
\$2,000,000	Optional Coverage: Directors & Officers Liability	\$450.00
	State Surplus Lines Tax/ Surcharge	\$0.00
	Optional Coverage: Crime	Not Covered
	State Surplus Lines Tax/ Surcharge	\$0.00
\$0	Optional Coverage: Equipment	Not Covered
	State Surplus Lines Tax/ Surcharge	\$0.00
	NSLPA Membership Fee	\$0.00
	FL. 1.3% Hurricane Catastrophe Fund Assessment Fee	\$0.00
	Annual Risk Purchasing Group Membership Fee (required)	\$10.00

**TOTAL CHARGES: \$1,162.80**

#### IV. 24HR PREMISES LIABILITY COVERAGE

**Do you meet the requirements by not falling under any of the following? No**

You are a school sanctioned sports team or league. | You are a gymnastics, martial arts, cheer or dance studio or gym. | You are a municipality or a park and recreation division. | Your organization has activities held on private residential property. | You own, operate or maintain a pool/ pool on the outdoor premises for which you are applying for this coverage.

**Number of Fields: 0**

**Number of Acres for Athletic Fields: 0**

**Location of the fields**

**Primary Location Address:**

**Address 2:**

**City:**

**State:**

**Postal / Zip Code:**

#### V. CERTIFICATES OF INSURANCE

The certificate holder is added as an additional insured, but only with respect to the liability arising out of the operations of the insured above.

#### VI. OPTIONAL COVERAGES

**Philadelphia Indemnity Insurance Company**

**In Louisiana Only: Philadelphia Insurance Company**

Optional Coverages are effective only upon final underwriting and acceptance by Philadelphia Insurance Companies. If effective, all Optional Coverages expire one year after effective date.

**Directors & Officers Liability (\$2,000,000 limit, \$1,000 deductible)**

**Policy Number:** PHSADLR131910

**Effective Date:** 07/18/2013

**Did your sports organization purchase a D & O Policy LAST YEAR from an insurance agency OTHER THAN Sadler & Company? No**

**Has there been any claim made, or is there any now pending , against any corporation or persons proposed for this insurance? No**

*details:*

**Does any corporation, director, officer or any other person proposed for this insurance have any knowledge or information of any breach of duty, error, misstatement, misleading misstatement or omission, which could rise to a claim against them? No**

*details:*

**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? If so, give details: No**

*details:*

**Premium Accepted: \$450.00**

**Taxes: \$0.00**

**Notes:**

**Crime Insurance - NOT APPLIED FOR**

**Equipment Coverage - NOT APPLIED FOR**

**Summary of Declined Optionals**

#### VII. POLICY PERIOD CHANGES

Date	Approved	Effective Date	Change
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## Sadler Sports: Amateur Teams / Leagues Insurance Plan

11/20/2013 11:18 AM	Yes	11/20/2013 11:18 AM	<b>Add COI:</b> John Brown University - Property Owner/ Lessor - 2000 West University - - Siloam Springs, AR 72761 - Approval Status: Approved
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Sadler & Company, Inc. \* P.O. Box 5866 \* Columbia, SC 29250-5866  
Phone: 1-800-622-7370 \* Fax: (803) 256-4017 \* Email: amateur@sadlersports.com