



CHEER GYMS

Insurance Program and Enrollment Form

This brochure is valid for effective dates from 4/1/17 through 3/31/18

PROGRAM DESCRIPTION

This program has been designed for U.S.-based cheerleading gyms specializing in the instruction of cheerleading, dance, tumbling, trampolines and related programs. Coverage provided includes important liability protection for the gym including its employees and volunteers, for liability claims arising out of its operations.

For eligible cheer gyms, your covered operations and activities at your locations involving registered members/participants, under your direct supervision or organized by you, that have been reported to and approved by the Company, and for which the applicable premium has been paid; and off-site competitions, demonstrations, parades and fundraising activities, directly associated with the above that are under direct supervision, or organized by you; and ancillary events or activities at off-site locations involving registered members/participants under your direct supervision, or organized by you, that have been reported to and approved by the Company, and for which the applicable premium has been paid.

“Covered Operations” may also include: birthday/social parties at your premises that are under your direct supervision or organized by you, that have been reported to and approved by the Company, and for which the applicable premium has been paid; activities involving non-registered members/participants, under your direct supervision or organized by you, that have been reported to and approved by the Company, and for which the applicable premium has been paid; meets, competitions or events hosted by you under your direct supervision or organized by you, that have been reported to and approved by the Company and for which the applicable premium has been paid.

Coverage is provided by a carrier rated A+ (Superior) by A.M. Best Company.

INELIGIBLE OPERATIONS

Operations not eligible for this program include, but are not limited to the following:

- Gymnastics facilities/operations or operations that utilize gymnastic apparatuses (e.g.: foam pits, rings, high bars, pommel horse). Contact us for gymnastics school coverage.
- Circus skills training
- Your operations as a sport complex or multi-purpose facility, except for those sport(s) and/or subsidiary activities you have reported, paid for, and have had approved by us.
- Trampoline parks/facilities

ELIGIBLE OPERATIONS

Cheer gyms providing any of the following operations are eligible for this program. Operations with gymnastics activities should contact us regarding information on our gymnastics program.

- Cheerleading
- Dance
- Trampolines (instruction/training classes/programs only)
- Tumbling

WAYS TO ENROLL FOR COVERAGE



WEB For information and applications visit us on-line at www.ascensionins.com/programs

OR

Submit this enrollment form, with payment, to us.



E-MAIL programs@ascensionins.com



FAX 1-913-327-0201



MAIL	Regular:	Overnight:
Ascension Benefits & Insurance Solutions	Ascension Benefits & Insurance Solutions	Ascension Benefits & Insurance Solutions
P.O. Box 25936	9225 Indian Creek Parkway,	Suite 700
Overland Park, KS 66225	Overland Park, KS 66210	



QUESTIONS Call 1-800-955-1991

This brochure is for illustrative purposes only and is not a contract of insurance. You must refer to the actual policy for complete information regarding coverage terms, conditions and exclusions as they may change from one coverage period to the next. You may request a copy of the full policy by submitting a written request to us.

EXCLUSIONS

The following represent only some of the exclusions contained in this policy.

- Abuse, molestation, harassment or sexual conduct
- All operations listed as ineligible
- Amusement devices (e.g.: rides, slides, inflatables—unless reviewed and approved by us, bungees, or dunk tanks)
- Asbestos
- Climbing walls - exceeding ten (10) feet in height with no safety harness system, unless reviewed and approved by us
- Cryogenic chambers/therapy
- Employment-related practices
- Fungi or bacteria
- Lead
- Nuclear energy liability
- Parkour activities/programs*
- Pollution
- Transportation of participants/members
- Violation of statutes that govern e-mails, faxes, phone calls or other methods of sending materials or information

*Please contact us if you have this exposure for coverage options.

COVERAGES AND LIMITS

Commercial General Liability (CGL):	Option 1	Option 2
	Limits	Limits
Each Occurrence	\$ 1,000,000	\$ 2,000,000
General Aggregate (Other than Products-completed Operations)	\$ 5,000,000 per owned location	\$ 5,000,000 per owned location
Products-completed Operations Aggregate	\$ 1,000,000	\$ 2,000,000
Personal and Advertising Injury	\$ 1,000,000	\$ 2,000,000
Legal Liability to Participants (LLP)	\$ 1,000,000	\$ 1,000,000
Professional Liability	\$ 1,000,000	\$ 2,000,000
Hired Auto & Employer's Nonownership Liability (not provided while in Hawaii)	\$ 1,000,000	\$ 2,000,000
Damage to Premises Rented to You (Fire Legal Liability)	\$ 1,000,000	\$ 1,000,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000
Medical Payments for Participants (excess) \$250 per claim deductible applies	\$ 150,000	\$ 150,000
Rates (per student/member, per age group)		
Ages 13 and over	\$ 49.44	\$ 68.93
Ages 7 through 12	\$ 28.84	\$ 38.03
Ages 5 and 6	\$ 23.17	\$ 31.11
Ages 4 and under	\$ 12.36	\$ 16.94
Minimum Premiums	\$ 1,000.00	\$ 1,335.00

*Contact us if higher limits are needed.

Coverage provided under this program includes:

Commercial General Liability with Broadening Endorsement – coverage which protects the insured against liability claims for bodily injury and property damage arising out of premises, operations, products and completed operations and personal and advertising injury. Additional or broadening coverages added with the broadening endorsement are: Expected or intended injury resulting from the use of reasonable force to protect persons or property; Non-owned watercraft – extended to 58 feet; Supplementary payments - \$2,500 bail bonds, \$500 a day loss of earnings; Knowledge or Notice of Occurrence; Waiver of right of recovery; Bodily injury definition expanded to include mental anguish, mental injury, shock, fright, humiliation, emotional distress or death resulting from bodily injury, sickness or disease; Damage to Premises Rented to You – the term fire is replaced with fire, lightning, explosion, smoke and leaks from sprinklers. Additional coverages: Emergency Real Estate Consultant Fee - \$25,000; Identify Theft Exposure (for directors or officers) - \$25,000; Key Individual Replacement Cost - \$50,000; Lease Cancellation Moving Expense - \$2,500; Temporary Meeting Place - \$25,000; Terrorism Travel Reimbursement (for directors or officers)- \$25,000; Workplace Violence Counseling - \$25,000.

OPTIONAL LIMITS AVAILABLE – For liability limits of \$3,000,000, \$4,000,000 and \$5,000,000 please contact us for a quote or visit us online for an immediate quote.

NOTE:

- The LLP limit will be limited to \$1,000,000 for options (2 - 5), \$2,000,000 - \$ 5,000,000 general liability occurrence limits.

COVERAGES AND LIMITS CONTINUED

Legal Liability to Participants (LLP) – coverage which offers protection against bodily injury liability claims brought by persons participating in covered activities of your cheer operations.

Professional Liability – provides protection against claims that arise out of the rendering, or failure to render: instruction, demonstration, direction and/or advice relating to cheer operations.

Medical Payments for Participants – coverage which pays the medical and dental expenses incurred by a “participant” when an accidental injury occurs while participating in your covered cheer operations. “Participant” means any person practicing, instructing or participating in any physical exercises or games, sports or athletic contests. Participant does not include any compensated member of your staff, including employees or independent contractors. The coverage is provided on an excess basis, responding after all other medical coverage available to the participant has been exhausted. If no other medical coverage exists, the coverage becomes primary. A \$250 deductible applies to each claim, and the benefit period is two years from the date of the accident.

Hired Auto and Employers’ Nonownership Liability (not provided while in Hawaii) – coverage which protects the insured against liability claims arising out of the maintenance or use of motor vehicles hired or borrowed by the insured on a short-term basis, as well as coverage for those autos your organization does not own, lease, hire, rent or borrow that are used in conjunction with your operations. Coverage does not extend to the transporting of participants or to those vehicles that are rented, hired or borrowed on a long-term basis.

OPTIONAL COVERAGES AVAILABLE

Non-registered Member Activity Coverage

This coverage is available for events and/or activities you conduct at your facility that involve non-registered members of your cheer gym.

When reported and paid for, coverage is extended to provide liability and excess medical coverage for non-registered members while participating in an event/activity you are hosting and supervising. Examples of such events and activities are: camps and clinics; arts, crafts and/or music programs or classes; exercise and/or yoga classes; gymnastics programs or classes; theater arts and/or drama programs or classes; martial arts programs or classes.

Unless this option is purchased, coverage is excluded for non-registered members who participate in any activities referenced above.

Coverage Conditions:

1. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your cheer gym with our Cheer Gyms RPG Insurance Program.
2. The same coverages and limits would apply to this optional coverage as purchased for your gym.
3. A birthday/social party is not considered to be a subsidiary activity and a separate premium charge will apply.
4. Non-registered members are only to be counted once in your premium calculation, regardless of the number of times that they may participate in those activities. Also include members of your gym if they are charged a separate registration fee to participate in the activity.

Rates	Option 1 \$1,000,000 CGL	Option 2 \$2,000,000 CGL
Martial arts activities (per participant)	\$ 20.00	\$ 25.38
Camps/clinics (per participant)	\$ 5.00	\$ 6.05
All other activities (per participant)	\$ 14.50	\$ 18.96

Birthday or Social Party Coverage

Coverage can be extended to cover birthday or social parties held at your cheer gym premises.

Coverage Conditions:

1. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage with our Cheer Gyms RPG Insurance Program.
2. The same coverages and limits would apply to this optional coverage as purchased for your gym.

Rates	Option 1-\$1,000,000 CGL	Option 2-\$2,000,000 CGL
(per party)	\$29.50	\$39.99

OPTIONAL COVERAGES AVAILABLE CONTINUED

Sexual Abuse or Sexual Molestation Liability OR Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement

This program includes two options for coverage for claims arising out of sexual abuse or sexual molestation:

- Option 1: \$1,000,000 of liability coverage for sums the insured becomes legally obligated to pay as damages because of loss arising out of any actual or threatened sexual abuse or sexual molestation. This limit is part of, not in addition to, the general liability limit selected.
- Option 2: \$100,000 of coverage for reimbursement of defense costs only resulting from claims arising out of abuse, molestation, harassment or sexual conduct.

Coverage Conditions:

1. Coverage is contingent upon completion, as well as review and approval from us, of the underwriting questions found on page 11.
2. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your gym with our Cheer Gyms RPG Insurance Program.
3. Only one option may be purchased.
4. This coverage is 100% fully earned at inception.

Rates		
Options	Age Group/Activity Type	Rate (per participant) \$150.00 minimum premium applies
Option 1 - \$1,000,000 Sexual Abuse or Sexual Molestation Liability	Age 13 and over	\$ 7.80
	Ages 7 through 12	\$ 3.68
	Ages 5 and 6	\$ 3.18
	Ages 4 and under	\$ 1.83
	Non-registered Member Activity(s)	\$ 1.78
	Martial Arts Activity	\$ 2.15
	Camp/Clinic	\$ 0.42
Birthday or Social Party	\$ 4.20 (per party)	
Option 2 - \$100,000 Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement	Not Applicable Flat Rate Per School/Club	\$ 100.00

Meets, Competitions & Events Coverage

If your gym is hosting or organizing a meet, competition or event that involves participants who are not members of your gym please contact us to obtain additional information about the coverages and programs we may have available. Your cheer gym coverage excludes liability claims by non-registered members/participants that participate in meets, competitions or events you host unless additional coverage is purchased. The named insured and their registered members are automatically covered for participation in meets, competitions and events conducted by others.

Directors' & Officers' Liability including Employment Practices Liability for Not-for-Profit Organizations

This coverage provides important protection for not-for-profit cheer gyms for claims arising out of allegations of errors, omissions, or wrongful acts committed by its directors, officers, employees or volunteers. This coverage will respond to allegations of discrimination, wrongful dismissal, acts beyond granted authority, failure to deliver services and wrongful employment practices. Please contact us for additional information on this available optional coverage.

OPTIONAL COVERAGES AVAILABLE CONTINUED

Equipment and Contents Coverage (Inland Marine)

This provides coverage for direct loss or damage to your supplies and equipment, furnishings, improvements and betterments, signs and non-structural glass due to fire, theft, vandalism or other covered causes (subject to actual policy terms and conditions). You must insure the full replacement cost of all of your equipment and contents to avoid a co-insurance penalty at the time of loss. Should you add additional equipment or contents to your inventory, please contact us to have your insured value amended to avoid a co-insurance penalty.

Additional coverages automatically included in the coverage form are: Business Income with Extra Expense – Actual Loss Sustained (up to \$50,000); Money and Securities Coverage - \$5,000 any one occurrence; Valuable Papers and Records Coverage - \$10,000 at premises / \$2,500 away from premises; Account Receivable Coverage - \$10,000 at premises / \$2,500 away from premises

Coverage Conditions:

1. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage with our Cheer Gyms RPG Insurance Program.
2. Coverage will be effective the day after we receive the proper completed enrollment form with premium and will expire on the expiration date of your Cheer Gym RPG Insurance Program.
3. Receipt of purchase is required at the time of loss to show verification of purchase for any improvements or betterments.
4. Coverage does not extend to plate glass (such as store/facility front windows)

Rates			
Total Value per Location	Rate	Deductible	Minimum Premium
\$ 1 - \$ 10,000	\$.03	\$ 250	\$ 100.00
\$ 10,001 - \$100,000	\$.026	\$ 1,000	\$ 100.00
\$ 100,001 +	\$.026	\$ 2,500	\$ 100.00

FREQUENTLY ASKED QUESTIONS

1. I need to receive a quote from your company, how do I do this?

This program does not offer quotes, as the rates are provided for you within this brochure. Simply complete the premium calculation pages 8 through 12 to determine your annual premium and then remit your completed enrollment form with payment to begin coverage. Please note, we cannot bind coverage until the day after we receive both your completed enrollment form and the appropriate payment.

2. We are a newly formed gym and we are not sure how many students we will have, how should I report my student count?

You need to report the number of students you project to have enrolled at the busiest time of year. You may add additional students at any time by using the cheer supplemental form.

3. Is coverage under this policy extended to independent contractors (non-employees) working on behalf of the gym?

Independent contractors (non-employees) are not covered under this program. We, however, do offer an insurance program specifically designed for independent contractors that directly supervise an individual or group engaged in cheer activities. Within this coverage, the independent contractor instructor can list your gym as an additional insured while instructing at your gym or as a part of your operations. Coverage for independent instructors can be purchased online or by contacting us.

4. Is my gym covered for a meet or competition that we are hosting that involves non-registered students/members?

Coverage is included for meets or competitions you host that only include students/members of your gym. To obtain coverage for an event that includes non-registered students/members, please contact us for coverage options available.

5. Am I allowed to transport students to activities such as meets, competitions or events?

This insurance program does not provide coverage for the transportation of students. Should the transportation of students be necessary for your operation, we suggest that you consult a licensed insurance agent in your area to provide you with commercial automobile coverage for this type of exposure.

6. I have been asked by my landlord or sponsor to add them as an “additional insured” to my policy. What does this mean?

An additional insured is an entity which has an insurable interest for claims arising out of your negligence as the named insured. By providing an entity additional insured status, they are now entitled to defense and indemnity (if policy limits have not been exhausted) under your policy with no responsibility for premium payments.

7. Will we receive a policy after submitting the enrollment form?

Coverage offered under this program is exclusively through Sports, Leisure and Entertainment Risk Purchasing Group (RPG). The RPG receives a master policy from the company. Submission of this enrollment form confirms your desire to receive coverage through the RPG. Each member will receive their own certificate of insurance as their evidence of coverage. The limits of insurance apply individually to each insured member organization-there are no shared limits of liability with any other members. A copy of the RPG master policy can be requested in writing to: Ascension Benefits & Insurance Solutions, P.O. Box 25936, Overland Park, KS 66225 or programs@ascensionins.com.



Enrollment Form Cheer Gyms

Valid for effective dates from 4/1/17 through 3/31/18

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. A risk purchasing group (RPG) provides group purchasing power for similar risks resulting in potential advantageous coverage terms, competitive rates, risk management bulletins, and rewards 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. 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 6 - 15) with payment**

GENERAL INFORMATION

I am a new account I am renewing my coverage

Full legal name of business: _____

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: Sole Proprietorship Limited Liability Co. Corporation Partnership
 Other (describe): _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Contact name: _____ Phone: (____) _____

Cell: (____) _____ Fax: (____) _____

E-mail: _____ Website: _____

LOCATIONS

Please list locations you own or operate on a 24 hour basis, if different than the mailing location above.
 (Note: Temporary leased spaces or mobile program sites should not be listed here, only your owned/operated location sites. You can add temporary/mobile locations on the certificate request section if evidence of coverage or additional insured status is needed)

Location 1: _____

Street Address	City	State	Zip
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Location 2: _____

Street Address	City	State	Zip
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DATES

Annual coverage will begin the day after the completed enrollment form and premium are received and approved by us, or on a later date you specify below. (If renewing coverage, please provide the expiration date of your current policy.)

Start my coverage on this date: ____ / ____ / ____

BUSINESS INFORMATION

1. Identify all programs/activities that are included in your operations (check all that apply)

Your operations must include cheerleading to be eligible for this program.

Cheerleading
 Dance
 Trampolines (instruction/training classes/programs only)
 Tumbling
 Other (please describe) - subject to approval: _____

Note: Gymnastics activities or operations that utilize gymnastic apparatuses are not covered by this program.
 (Contact us for information on our gymnastics program.)

Ascension Benefits & Insurance Solutions • P.O. Box 25936 • Overland Park, KS 66225 • 1-800-955-1991
E-mail = programs@ascensionins.com • Fax 1-913-327-0201 • www.ascensionins.com/programs

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2. Do you have activities that occur away from the facility location/premises other than competitions, Yes No demonstrations, exhibitions, parades or fundraising activities?
 If yes, please describe: _____
 (Activities held off-site must be reported prior to occurring and approved by us except for competitions, demonstrations, exhibitions, parades or fundraising activities.)
3. Do you have aerial performance training (e.g.: circus) Yes No
 (High wires, ribbon/fabric performing devices or trapeze systems more than 5 feet from the ground without a safety harness are not eligible for coverage under this program.)
4. Do you have birthday parties? Yes No
5. Do you have camps or clinics? Yes No
 If yes: a. Do non-members attend? Yes No
 (Non-member campers are excluded from coverage under this policy, unless you purchase the optional subsidiary activity coverage available.)
 b. Describe the type of camps or clinics you may have along with the activities/events taking place at the camps/clinics: _____
 (Coverage can only be extended for those types of operations/activities that coverage has been purchased for under this program. Ancillary activities are subject to approval)
 c. Describe any activities that occur away from your facility: _____
 (Activities held off-site are subject to approval.)
6. Do you have child-care/babysitting services/pre-schools and/or accredited schools? Yes No
 (Child-care and/or babysitting services are excluded under this program.)
7. Do you have climbing devices? Yes No
 If yes: a. List maximum height of climbing device: _____ Describe the device: _____
 b. Is a safety harness required? Yes No
 (If over 10 feet, please include pictures of the device with this submission for review. Prior approval is required for climbing walls exceeding 10 feet with no safety harness.)
8. Do you have dance programs or classes and/or drama and theater programs or classes that Yes No are separate from your cheer program?
 (The following type of dance operations are not eligible for coverage under this program: ballroom rental facilities, banquet and reception halls, cabarets, dance halls, discotheques, nightclubs, production companies, professional dance companies and professional touring companies.)
9. Do you host meets, competitions or events involving other gyms or organizations? Yes No
 (Please contact us for additional information on coverages available for this type of exposure.)
10. Do you have inflatable devices that are not used for cheerleading training or instruction Yes No
 (This program contains an exclusion for amusement devices. Amusement devices do not include any video or computer games or any device that is specifically designed for the training or instruction of the activity for which you are enrolled.) Limited coverage for inflatables is available. Please contact us for additional information.
11. Do you have martial arts programs and classes? Yes No
 (The following styles of martial arts are not eligible for coverage under this program: boxing (contact/sparring), dim mak, haganah, kali/escrima, mixed martial arts, savate, sayoc kali, thai boxing/muay thai, training programs for law enforcement, public safety and military personnel, ultimate fighting/extreme fighting/ cage fighting and wrestling.)
12. Do you have parkour, urban/extreme gymnastics, tricking, free-running and/or similar type Yes No programs/activities?
 (Coverage for these types of operations is excluded under this program. Please contact us for possible coverage options.)
13. Do you have programs involving professional medical or behavioral treatments or counseling? Yes No
 (Coverage for these types of operations or services is excluded under this program)
14. Do you have a swimming pool, sauna, steam room, jacuzzi, hot tub, whirlpool or spa? Yes No
 (Please contact us for additional information on coverages available for this type of exposure and a questionnaire to complete. If approved, an additional premium charge of \$650.00 applies, per pool)

15. Does your operation utilize gymnastic apparatuses? Yes No
 (e.g.: foam pits, high bars, pommel horse, rings)
16. If you suspect an athlete has a concussion, do you have an action plan that includes:
- a. Immediately removing the athlete from play or practice? Yes No
- b. Keeping the athlete out of play or practice until they provide written clearance from a licensed physician? Yes No

FOR NEW ACCOUNTS ONLY

If not a new account, skip these questions and proceed to the next section.

1. What is the name of your current insurance carrier(s) and the expiration date(s) of coverage?
 Name(s): _____ Expiration date(s): _____
2. Is your current carrier non-renewing your coverage? Yes No
3. Please list and describe any liability or medical claims that have been paid under your insurance coverage for the past three (3) years, including the amount paid. (If you have loss information, please provide a copy.)

Premium is determined by applying the appropriate option and rate for your gym or organization to the greatest number of students/registered members that your program could have annually. The same option must be used for all groups. Note: The LLP limit will be limited to \$1,000,000 for options (2-5) \$2,000,000 - \$5,000,000 general liability occurrence limits.

Coverages	Option 1 \$1,000,000 CGL w/ \$150,000 Med Pay	Option 2 \$2,000,000 CGL w/ \$150,000 Med Pay
Ages 13 and over	\$ 49.44	\$ 68.93
Ages 7 through 12	\$ 28.84	\$ 38.03
Ages 5 and 6	\$ 23.17	\$ 31.11
Ages 4 and under	\$ 12.36	\$ 16.94
Minimum Premiums	\$ 1,000.00	\$ 1,335.00

Rate/Premium Calculation						
Option	Age Groups	Rate	X	Number of Students/Members	=	Premium
	Age 13 and over		X		=	\$
	Ages 7 - 12		X		=	\$
	Ages 5 and 6		X		=	\$
	Ages 4 and under		X		=	\$
Premium (add all lines above)						\$
Program Minimum Premium						\$
Program Premium						
If the premium is less than the minimum premium, the program premium due is the minimum premium						\$

Non-registered Member Activity and/or Birthday or Social Party Coverage

Please select all of the activities you may have and report the total number of non-registered members of the gym and/or the number of separately enrolled participants in each of the activities listed below along with the number of birthday/social parties you may have at your facility. You must choose the same coverage and limits as purchased for your gym for non-registered member activities and/or birthday/social party coverage.

	Option 1 \$ 1,000,000 CGL	Option 2 \$ 2,000,000 CGL
Martial Arts Programs & Classes	\$ 20.00	\$ 25.38
Camps or Clinics	\$ 5.00	\$ 6.05
Birthday or Social Party	\$ 29.50	\$ 39.99
All Other Activities, Classes or Programs	\$ 14.50	\$ 18.96

OPTIONAL COVERAGES PREMIUM CALCULATION

Type of Activity	Number of Participants	X	Rate	=	Premium
<input type="radio"/> Arts and/or craft classes		X		=	\$
<input type="radio"/> Basketball and/or volleyball programs or classes		X		=	\$
<input type="radio"/> Camps or clinics		X		=	\$
<input type="radio"/> Dance, drama and/or theater art programs or classes List the styles of dance offered: _____ _____		X		=	\$
<input type="radio"/> Martial arts programs or classes List the styles of martial arts offered: _____ _____		X		=	\$
<input type="radio"/> Swimming programs or classes		X		=	\$
<input type="radio"/> Trial or open cheer		X		=	\$
<input type="radio"/> Yoga and/or exercise classes		X		=	\$
<input type="radio"/> Other (please describe): _____ _____ Note: This is subject to approval by us		X		=	\$
<input type="radio"/> Birthday/social parties	Number of Parties Held Annually	X		=	\$
Non-registered Member Activity and/or Birthday or Social Party Premium (add all lines above)					\$

Equipment and Contents Coverage

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

TO AVOID A CO-INSURANCE PENALTY, YOU MUST INSURE 100% OF THE REPLACEMENT COST OF YOUR EQUIPMENT AND CONTENTS FOR ALL OF YOUR LOCATIONS.

Step 1: Fill in the values to determine your total replacement cost amount for ALL locations

Individually list any items with values over \$5,000

Value

_____	\$ _____
_____	\$ _____
_____	\$ _____

Provide values for categories below

(DO NOT include those values already shown above)

Supplies & Inventory (office supplies, items held for sale) \$ _____

Equipment & Contents (athletic equipment, electronics, furniture, non-structural glass, phone/fax system, office contents, etc.) \$ _____

Improvements & Betterments (items you have installed or altered at your expense, such as flooring, mirrors, ceiling tile, window treatments, lighting, shelving, etc.) Receipt of purchase is required at the time of loss to show verification of purchase. \$ _____

Signs (indoor or outdoor) \$ _____

Misc. Equipment - please describe: _____ \$ _____

Total replacement value for all location(s) (add all lines above) \$ _____

Step 2: Complete ONLY if your replacement cost value is over \$100,000

1. Please describe the building type your equipment is stored in (e.g.: frame or fire resistive warehouse)

2. Do you have a security system in place? Yes No

a. If yes, please describe: _____

3. Is any other operations, besides your own, or equipment of others stored in the same facility in which you store your equipment? Yes No

a. If yes, please describe: _____

4. Please attach a complete inventory list with values of each item

Step 3: Calculate premium

(If total calculated premium is less than the minimum premium, the total premium due is the minimum premium)

Equipment and Contents Premium	
<input type="radio"/> My total replacement value is between \$1 - \$10,000 (\$250 deductible will apply)	
$\$.03 \times \$$ _____ = \$ _____	\$ _____ Equipment and Contents Premium (\$100.00 minimum premium applies)
<input type="radio"/> My total replacement value is over \$10,000 (\$1,000 deductible applies to values from \$10,001 - \$100,000 and a \$2,500 deductible applies to values over \$100,000)	
$\$.026 \times \$$ _____ = \$ _____	\$ _____ Equipment and Contents Premium (\$100.00 minimum premium applies)

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

Check here and skip this section if you do not want this coverage option. Coverage is contingent upon underwriting review and approval of the following questionnaire.

1. Does your organization currently have employees, volunteers or require the presence of at least two adults when minors are present? Yes No
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
- a. Are you aware of any occurrences that could lead to a claim? Yes No
- If yes to 2. or 2.a., please explain: _____

3. Do you, your organization or sanctioning/governing body have written procedures in place regarding the prevention and mitigation of abuse, molestation or sexual misconduct? Yes No
- a. Do the procedures require that known or suspected abuse incidents must be reported to law enforcement? Yes No
- b. Are written procedures provided or available to each employee, volunteer or sanctioning/governing body member? Yes No
- c. Do the written procedures establish and require adherence to the "three person rule"? ("Three person rule" prohibits one adult from being alone with one youth. A second adult must be present, or there must be two or more youths with an adult.) Yes No
- If no, do the procedures establish if and when exceptions to the "three person rule" are permissible as part of your operations/activities? Yes No

4. Please complete the following questions regarding employee and volunteer screening controls used by your organization.
- Check here and skip the chart below if you have no employees or volunteers, but always require the presence of at least two adults whenever minors are present.

Please Complete All Questions <small>*The term "Volunteers/Independent contractors" in the following questions means someone who exerts control over or supervises participants.</small>	Employees (Check Here if No Employees <input type="radio"/>)	Volunteers/Independent contractors* (Check Here if No Volunteers/Independent contractors <input type="radio"/>)
Are written applications required? 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? 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 <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No <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? 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	<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 #4: _____

Continue to page 12 for premium calculation.

Sexual Abuse or Sexual Molestation Liability Coverage OR Abuse, Molestation or Harassment or Sexual Conduct Defense Cost Reimbursement Continued

Premium is determined by applying the appropriate option and rate for your school or organization to the greatest number of students which you have reported on pages 8 and 9. Two options are available. **Please choose only one option.**

Options	Age Group/Activity Type	Rate (per participant)	X	Total # of Participants (see pages 8 & 9)	=	Premium	
<input type="radio"/> Option 1 - \$1,000,000 Sexual Abuse or Sexual Molestation Liability	Age 13 and over	\$ 7.80	X		=	\$	
	Ages 7 through 12	\$ 3.68	X		=	\$	
	Ages 5 and 6	\$ 3.18	X		=	\$	
	Ages 4 and under	\$ 1.83	X		=	\$	
	Non-registered Member Activity(s) • Arts and/or crafts • Basketball and/or volleyball • Dance, drama and/or theater • Swimming • Trial or open gymnastics • Yoga and/or exercise	\$ 1.78	X		=	\$	
	Martial Arts Activity	\$ 2.15	X		=	\$	
	Camp/Clinic	\$ 0.42	X		=	\$	
	Birthday or Social Party	\$ 4.20 per party	X	_____ # of parties	=	\$	
	TOTAL Sexual Abuse/Sexual Molestation Liability Premium (add all lines above, \$150.00 minimum premium applies)						\$
	<input type="radio"/> Option 2 - \$100,000 Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement						\$ 100.00

Program Premium	\$
Non-registered Member Activity and/or Birthday or Social Party Premium (optional coverage)	\$
Equipment and Contents Premium (optional coverage)	\$
Sexual Abuse/Sexual Molestation Premium (optional coverage): <input type="radio"/> \$100,000 Defense Reimbursement Only OR <input type="radio"/> \$1,000,000 Liability Limit	\$
Total Premium Due (add all lines above)	\$

You will receive a certificate showing evidence that coverage has been bound. This coverage document will be delivered via e-mail, unless otherwise indicated below. If you have an insurance agent, all documents will be delivered to your agent only. Additional certificate requests will be issued to the same person. Please select only one option.

- E-mail to: _____ attn: _____
(selecting this option confirms your consent for coverage documents to be delivered via e-mail)
- Fax to: _____ attn: _____
- Mail to: _____ attn: _____

TO BE COMPLETED ONLY IF LICENSED INSURANCE AGENT IS SUBMITTING THIS FORM

Agency name: _____
 Agency mailing address: _____
 City: _____ State: _____ Zip: _____
 Agent/contact name: _____
 Agency telephone: (____) _____ Agency fax: (____) _____
 Agent/contact e-mail address: _____ Tax ID #: _____

UW Rec: ____/____/____ Status: N R Broker: Y N Comm: ____% OPS Rec: ____/____/____
 GL Exp Policy #: ____/CP #: ____ Exp Dates: ____/____/____ to ____/____/____
 IM Exp Policy#: ____ Exp Dates: ____/____/____ to ____/____/____
 SAM IM D&O GL Option: ____ Delivery: M F E Date: ____/____/____ Pay Plan: ____ Bill: AB AD CBG
 Opt Form: 2026 2011 8016 8018 876 2404 Comments: _____
 GL Policy #: ____/CP #: ____ GL Prem: ____ Eff Date: ____/____/____ to ____/____/____
 IM Policy #: ____ IM Prem: ____ IM Eff Dates: ____/____/____ to ____/____/____
 D&O Policy #: ____ D&O Prem: ____ Insured #: _____

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD Only.

Applicable in CO 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 Agencies.

Applicable in FL and OK Any person 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)*. *Applies in FL Only.

Applicable in KS 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 which 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.

Applicable in KY, NY, OH and PA 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* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA 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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

You will receive a certificate showing evidence that coverage has been bound. Complete this section to request additional certificates. Provide separate requests for each additional certificate needed.

Note: Additional insureds are not automatically provided/issued per previous policy terms. You will need to request Additional Insureds that are needed for this policy term below.

This certificate is for our: Program coverage (commercial general liability) Equipment and contents coverage

Check the type of certificate you are requesting: Add additional insured Proof of coverage only Loss payee

Certificate holder information: Entity name: _____
 Mailing address: _____
 City: _____ State: _____ Zip: _____

Relationship to named insured: Owner/lessor of premises Sponsor Co-promoter Franchisor
 Lessor of equipment and contents Other (please identify/explain): _____

Other than being named on the certificate as an additional insured or certificate holder, does the person or organization require any special wording or endorsements? Yes No

If yes, check all that apply (**Check your request carefully before submitting. The most common delay in certificate processing is caused by providing a partial or incorrect name and/or instructions.**)

Form CG2026 Primary endorsement Waiver of subrogation Other (please explain): _____

If applicable:

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: _____

For Equipment & contents/Loss payee:

Type of equipment (please describe): _____ Replacement cost limit: _____

Step 1: Calculate Final Cost

Total Premium Due (from page 12)	\$ _____
Risk Purchasing Group Administration Fee (REQUIRED to be able to process enrollment)	\$ \$15.00
TOTAL COST DUE	\$ _____

Step 2: Select Payment Plan: Check one.

- 100% Plan – 100% of the total premium is due to bind coverage. Payable by check or credit card.
- Premium Financing Plan – Finance charge will apply.
 - At least 20% of the total premium + \$15 RPG fee due to bind coverage as down payment.
 - Down payment can be paid by check or credit card (complete below information).
 - The balance of premium can be paid in monthly installments (3-9 payments). Installment payments must be drafted from a checking account.
 - A finance agreement will be produced for you to review and sign.

I elect to pay down payment of \$ _____ with _____ monthly installments.

If paying by credit card, any outstanding balances or installments will be charged to the same card number provided below, unless you have checked the box above.

Step 3: Making your Payment:

- Check:** Please make check payable to Ascension Benefits & Insurance Solutions.
 Enclosed is check # _____ for \$ _____
- Credit Card:** If you are making your payment by credit/debit card, please complete the following:
 - VISA MASTERCARD AMERICAN EXPRESS

Card number: _____

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

I authorize Ascension Benefits & Insurance Solutions to charge my payment to my credit card in the amount of \$ _____

Print name (as on card) _____

Cardholder signature: _____

READ AND SIGN

COVERAGE EXCLUSIONS

The following exclusions are contained in the commercial general liability coverage provided by this program. Abuse, molestation, harassment or sexual conduct (unless reviewed and approved by us); Aircraft/hot air balloon; Airport; Amusement devices (the ownership, operation, maintenance or use of: any mechanical or non-mechanical ride, slide, or water slide, any inflatable recreational device, unless reviewed and approved by us, any bungee operation or equipment or dunk tank. Amusement devices do not include any video or computer games or any device that is specifically designed for the training or instruction of the activity for which you are enrolled.); Animals (injury or death to, or injury, death or property damage caused by any animal owned, rented or hired by you); Asbestos; Climbing walls exceeding ten (10) feet in height with no safety harness system (unless reviewed and approved by us); Child-care/babysitting services; Commercial general liability standard exclusions (CG0001 04/13 edition); Cryogenic chambers/therapy; Dance operations that are not eligible for coverage under this program: ballroom rental facilities, banquet and reception halls, cabarets, dance halls, discotheques, nightclubs, production companies, professional dance companies and professional touring companies; Employment-related practices; Fireworks; Fungi or bacteria; Haunted attractions; High wires, ribbon/fabric performing devices or trapeze systems more than 5 feet from the ground without a safety harness; Lead; Martial arts styles that are not eligible for coverage under this program: boxing (contact/sparring), dim mak, haganah, kali/escrima, mixed martial arts, savate, sayoc kali, thai boxing/muay thai, training programs for law enforcement, public safety and military personnel, ultimate fighting/extreme fighting/ cage fighting and wrestling; Nuclear energy liability; Parkour activities/programs; Performers (injury or death to any performer or entertainer during any activity, event or exhibition including but not limited to any stunt, concert, show or theatrical event. This exclusion does not apply to participants in any activity, event or exhibition that are part of the designated operations for which you are enrolled); Programs involving professional medical or behavioral treatments or counseling; Rodeos; Saddle animals; Snowmobile; Swimming pools, saunas, steam rooms, jacuzzis, hot tubs, whirlpools or spas (unless reviewed and approved by us); Transportation of athletes/participants; Violation of statutes that govern e-mails, faxes, phone calls or other methods of sending materials or information; Those operations listed as ineligible: Circus skills training, Your operations as a sport complex or multi-purpose facility, except for those sport(s) and/or subsidiary activities you have reported, paid for and that have been approved by us, Trampoline parks/facilities, Gymnastics facilities/operations.

**COSTS ARE 20% FULLY EARNED AND NON-REFUNDABLE ONCE COVERAGE BEGINS.*
COVERAGE IS CONTINGENT UPON RECEIPT OF PAYMENT. NO COVERAGE WILL BE DEEMED IN EFFECT
UNTIL THE ACCURATE PAYMENT IS RECEIVED BY THE COMPANY OR THEIR REPRESENTATIVE.**

*See page 4. Sexual Abuse/Sexual Molestation is 100% fully earned at inception.

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 books 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.

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.

Applicant or agent signature: _____ Date: _____

Printed name: _____ Title: _____

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

Applicant Business Name (from page 6): _____