



ENTERTAINER AND PERFORMER

Insurance Program and Enrollment Form

This brochure is valid for effective dates from 4/1/25 through 3/31/26

PROGRAM DESCRIPTION

This program has been designed for individual U.S.-based entertainers and performers who work on an independent contractor basis entertaining at local fairs, festivals, special events, private parties, conventions or tradeshow booths. Coverages provided include important liability protection for the entertainer or performer for liability claims arising out of their operations.

The following criteria must be met to be eligible for consideration of coverage under this program:

- Must be at least 18 years of age
- Annual gross income from the entertainer's or performer's activities cannot exceed \$300,000

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

INELIGIBLE OPERATIONS

The following entertainers/performers not eligible for this program include, but are not limited to the following:

- Acrobatic or aerialist performer
- Actor or actress
- Circus performer
- Cosmetologist/Beautician
- Escape artist
- Fire handler
- Group acts or bands
- Henna/Mehndi artist
- Hypnotist
- Jousting
- Mascot (college, high school, professional)
- Model (unless reported to and approved by us)
- Performer putting on an athletic exhibition
- Performer using weapons (live ammunition or sharpened blades)
- Permanent tattoo and/or body piercing artist
- Production/entertainment companies
- Public speaker (unless reported to and approved by us)
- Pyrotechnician
- Rap, hip-hop, electronic/techno or heavy metal/screamo musical entertainer, performer or DJ
- Strength performer
- Stripper/burlesque performer/exotic dancer
- Stunt performer
- Touring entertainer/performer

ELIGIBLE OPERATIONS

- Actor portraying historical person (actual or fictional)
- Balloon artist
- Belly dancer
- Caricature sketching
- Celebrity look-alike
- Clown
- Comedian
- Conductor
- Contortionist
- DJ or KJ
- Face/body painter (FDA approved/compliant paint only)
- Holiday character
- Impersonator
- Impressionist
- Juggler
- Magician
- Mime
- Musician, singer or vocalist
- Poet
- Psychic/fortune teller
- Public speaker (subject to review and approval by us)
- Puppeteer
- Story teller
- Theatrical performer (single event option only)
- Trade show/promotional model (subject to review and approval by us)
- Ventriloquist
- Western performer
- Yodeler

Coverage is also available for groups of entertainers and performers through our Band & Performing Groups Program. Contact us or visit our website for more information and/or a brochure.

EASY WAYS TO ENROLL FOR COVERAGE

WEB For information and applications, visit us on-line at www.mycare26.com/specialty-programs

OR

Submit this enrollment form, with payment, to us.

FAX 1-913-754-5617

MAIL Academic HealthPlans, Inc.,
PO Box 81315
Cleveland, OH 44181

FOR SERVICE REQUESTS ONLY

E-MAIL recsportsandmore@recsportsandmore.ahpcare.com

QUESTIONS Call 1-913-754-5617

EXCLUSIONS

The following represent only some of the exclusions contained in this policy and state variations may apply.

- Reenactment performances/activities involving boats and/or activities held on or in water
- Abuse, molestation, or exploitation
- All operations listed as ineligible
- Amusement devices (e.g.: rides, slides, inflatables, bungees, climbing walls, dunk tanks)
- Animals (injury or death to any animal or injury, death or property damage caused by your animal-see FAQ on page 3 for limited small animals coverage)
- Any event or activity involving or promoting tobacco or cannabis
- Asbestos
- Athletic activity
- Body surfing or mosh pits
- Communicable disease
- Cyber incident, data compromise, and violation of statutes related to personal data
- Employment-related practices
- Events hosted/organized by the entertainer/performer
- Fireworks (exclusion does not apply to flashboxes)
- Full body art and painting
- Fungi or bacteria
- Haunted attractions
- Historical battle reenactments
- Hot wax impressions
- Lead
- Nuclear energy liability
- Ownership of a facility for performances
- Personal and advertising injury
- Use of any substance to paint or apply on the face or body that is not classified as non-toxic and/or manufactured using only FDA compliant ingredients

Coverages	Option 1	Option 2	Option 3	Option 4	Option 5
Commercial General Liability (CGL):	Limits	Limits	Limits	Limits	Limits
Each Occurrence	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
General Aggregate (Other than Products-completed Operations)	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000
Products-completed Operations Aggregate	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
Personal and Advertising Injury	Excluded	Excluded	Excluded	Excluded	Excluded
Bodily Injury to Participants Liability	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
Damage to Premises Rented to You (Fire Legal Liability)	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000
Medical Payments for Participants	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000
Annual Cost (based on annual income)					
\$ 30,000 or less	\$ 236.00	\$ 344.00	\$ 594.00	\$ 844.00	\$ 1,094.00
\$ 30,001 - \$100,000	\$ 355.00	\$ 523.00	\$ 773.00	\$ 1,023.00	\$ 1,273.00
\$100,001 - \$200,000	\$ 669.00	\$ 994.00	\$ 1,244.00	\$ 1,494.00	\$ 1,744.00
\$200,001 - \$300,000	\$ 994.00	\$ 1,481.00	\$ 1,731.00	\$ 1,981.00	\$ 2,231.00
Single Event Coverage (per event) *Single event = 10 consecutive days or less	\$ 186.00	\$ 269.00	\$ 519.00	\$ 769.00	\$ 1,019.00

*Cost includes premium and a \$20 risk purchasing annual administration fee.

Coverage provided under this program includes:

Commercial General Liability with Enhancement Endorsement – coverage that protects the insured against liability claims for bodily injury and property damage arising out of their operations.

Bodily Injury to Participants Liability – coverage that offers protection against bodily injury liability claims brought by persons participating in covered activities.

Medical Payments for Participants – coverage that pays the medical and dental expenses incurred by a participant when an accidental injury occurs while participating in your covered activities. The coverage is provided on a primary basis.

FREQUENTLY ASKED QUESTIONS

1. What name should be listed on enrollment form?

Because this program provides coverage for the entertainer or performer as an individual, provide the full legal name of the entertainer/performer to be covered. If performing under a stage or other name, include that name on the "Doing Business As" line.

2. How soon does coverage start? When will we receive proof of coverage?

Coverage can be bound the date after we receive a completed enrollment form and the appropriate premium. Please allow adequate time for us to process your enrollment form and issue certificates.

3. When should I make our coverage effective?

The effective date is the date you need your insurance to start. If you are renewing coverage with us, use the expiration date of your coverage. Coverage will be in effect for one year.

4. I have been asked by the facility/event where I will be working to add them as an additional insured to my policy. What does this mean and how do I do that?

An additional insured is a person or organization not automatically included as an insured under an insurance policy, but who is included or added as an insured under the policy at the request of the named insured. By providing an entity additional insured status, it now is entitled to defense and indemnity (if policy limits have not been exhausted) under your policy with no responsibility for premium payments.

You can add an entity as an additional insured under the certificate request section of the enrollment form. Please provide their complete name, address, and relationship to you. All requests must be made in writing.

5. If I need to request another certificate of insurance, how do I do this?

A written request from the insured is required. A certificate request form will be sent with your coverage documents that can be mailed, faxed or e-mailed to us. Please allow adequate time for processing.

6. What if my act involves an animal and it injures someone?

This program only provides coverage for claims arising out of the following smaller animals: rabbits, doves, mice, hamsters, non-venomous/non-constrictor snakes and dogs weighing less than 15 pounds. No coverage exists for claims arising from all others animals, and no coverage is provided for the actual death or injury to any animal.

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

No. You will receive a certificate of insurance as proof of coverage. By applying for this insurance, you are applying for membership in the Sports, Leisure and Entertainment Risk Purchasing Group (RPG), a group formed and operating pursuant to the Liability Risk Retention Act of 1986 (15 USC 3901 et seq.). Coverage is offered exclusively through the Sports, Leisure and Entertainment Risk Purchasing Group (RPG). The RPG receives a master policy from the insurance company. Submission of this enrollment form confirms your desire to receive coverage through the RPG. Each member receives their own certificate of insurance as 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. For a copy of the RPG master policy, please submit your request in writing to: Academic HealthPlans, Inc., PO Box 81315, Cleveland, OH 44181 or recsportsandmore@recsportsandmore.ahpcare.com

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.

Enrollment Form - Entertainer and Performer

Valid for effective dates from 4/1/25 through 3/31/26

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. We reserve the right to decline any request for coverage.

TO AVOID PROCESSING DELAYS:

1. Complete all sections (print legibly)
2. Sign and date where required
3. Remit completed enrollment form with payment (pages 4 - 10)

GENERAL INFORMATION

☐ I am a new account ☐ I am renewing my coverage

Individual's name (as it should appear on the policy): _____
First name Last name

Doing business as (DBA): _____
(additional name(s) under which the named insured operates)

Mailing address: _____

City: _____ State: _____ Zip: _____

Contact name: _____ Phone: (____) _____

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

E-mail: _____ Website: _____

(By listing an email address, you are giving us permission to contact you by email about your policy. Refer to page 8 of the application for Electronic Disclosure and Consent)

DATES

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. Type of entertainer/performer (check all that apply):

- | | | |
|---|---|--|
| <input type="radio"/> Actor portraying historical person (actual/fictional) | <input type="radio"/> Holiday character | <input type="radio"/> Public speaker
describe type (subject to approval): _____ |
| <input type="radio"/> Balloon artist | <input type="radio"/> Impersonator | <input type="radio"/> Puppeteer |
| <input type="radio"/> Belly dancer | <input type="radio"/> Impressionist | <input type="radio"/> Story teller |
| <input type="radio"/> Caricature sketching | <input type="radio"/> Juggler | <input type="radio"/> Theatrical performer
(single event option only) |
| <input type="radio"/> Celebrity look-alike | <input type="radio"/> Magician | <input type="radio"/> Trade show/promotional model
describe type (subject to approval): _____ |
| <input type="radio"/> Clown | <input type="radio"/> Mime | <input type="radio"/> Ventriloquist |
| <input type="radio"/> Comedian | <input type="radio"/> Musician, singer or vocalist
Genre of music + % of each: _____ | <input type="radio"/> Western performer |
| <input type="radio"/> Conductor | <input type="radio"/> Poet | <input type="radio"/> Yodeler |
| <input type="radio"/> Contortionist | <input type="radio"/> Psychic/fortune teller | |
| <input type="radio"/> DJ/KJ | | |
| <input type="radio"/> Face/body painter | | |
| <input type="radio"/> Other (subject to our approval): _____ | | |

2. Does your annual gross income as an entertainer/performer exceed \$300,000? ☐ Yes ☐ No

BUSINESS INFORMATION CONT.

3. Are you age 18 or older? ☐ Yes ☐ No

4. Do you own/operate your own facility and/or have employees/volunteers? ☐ Yes ☐ No

If yes, this program only provides coverage for your operations as an entertainer/performer. It does not extend to your employees or anyone assisting or performing on your behalf, nor does it apply to the operation of a facility.

5. Do you conduct/perform operations outside the U.S.? ☐ Yes ☐ No

If yes,

• How many times per year do you perform outside of the U.S.? _____

• What is the maximum number of consecutive days you will spend outside the U.S. for performances? _____

(Note: Coverage applies only if your responsibility to pay damages is determined in suit brought in the U.S.)

6. Are any of the events where you perform part of a promoted tour? ☐ Yes ☐ No

7. Do your performances/operations include any of the following: ☐ Yes ☐ No

Reenactment performances/
activities involving boats and/or
activities held on or in water

Full body art/painting
Haunted attractions
Historical battle reenactments

Permanent tattooing or body
piercing

Amusement devices

Hot wax impressions

Use of any substance to paint or apply
on the face or body that is not classified
as non-toxic and/or manufactured using
only FDA compliant ingredients

Animals*

Hypnotism

Athletic activity

Involvement or promoting of
tobacco or cannabis

Weapons (live ammunition/
sharpened blades)

Body surfing or mosh pits

Circus act

Stunts and/or strength acts

Fire (fireworks, pyrotechnics)

Note: the exposures/activities listed above are not covered by this program and any resulting claims will be denied.

*** See FAQ # 6 on page 3 for limited small animal coverage available.**

8. FOR NEW ACCOUNTS ONLY

Do you have current coverage in place? ☐ Yes ☐ No

If no, please check/explain:

☐ New business operation ☐ Other, please explain: _____

If yes:

a) Name(s) of current carrier(s): _____ Expiration date(s): _____

b) Is your current carrier non-renewing your coverage? ☐ Yes ☐ No

If yes, why? _____

c) In the past 5 years, have you had any losses? ☐ Yes ☐ No

If yes, please provide current loss runs with at least 5 years of loss history, including your current year.
In addition, please describe any liability or medical claims over \$5,000 that have been paid under your
insurance coverage for those years.

COSTS ARE 100% NON-REFUNDABLE/NON-TRANSFERRABLE ONCE COVERAGE BEGINS. (may vary by state)

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/CHANGEES CAN ONLY BE MADE BY THE NAMED INSURED.

PROGRAM COST

Please check the option you are seeking:

☐ **Annual Coverage**

Annual Income	Option 1 \$1,000,000 CGL Limit	Option 2 \$2,000,000 CGL Limit	Option 3 \$3,000,000 CGL Limit	Option 4 \$4,000,000 CGL Limit	Option 5 \$5,000,000 CGL Limit
\$ 30,000 or less	<input type="radio"/> \$ 236.00	<input type="radio"/> \$ 344.00	<input type="radio"/> \$ 594.00	<input type="radio"/> \$ 844.00	<input type="radio"/> \$ 1,094.00
\$ 30,001 - \$100,000	<input type="radio"/> \$ 355.00	<input type="radio"/> \$ 523.00	<input type="radio"/> \$ 773.00	<input type="radio"/> \$ 1,023.00	<input type="radio"/> \$ 1,273.00
\$100,001 - \$200,000	<input type="radio"/> \$ 669.00	<input type="radio"/> \$ 994.00	<input type="radio"/> \$ 1,244.00	<input type="radio"/> \$ 1,494.00	<input type="radio"/> \$ 1,744.00
\$200,001 - \$300,000	<input type="radio"/> \$ 994.00	<input type="radio"/> \$ 1,481.00	<input type="radio"/> \$ 1,731.00	<input type="radio"/> \$ 1,981.00	<input type="radio"/> \$ 2,231.00

☐ **Single Event Coverage**

Single Event/ Show (10 consecutive days or less)	Option 1 \$1,000,000 CGL Limit	Option 2 \$2,000,000 CGL Limit	Option 3 \$3,000,000 CGL Limit	Option 4 \$4,000,000 CGL Limit	Option 5 \$5,000,000 CGL Limit
	<input type="radio"/> \$ 186.00	<input type="radio"/> \$ 269.00	<input type="radio"/> \$ 519.00	<input type="radio"/> \$ 769.00	<input type="radio"/> \$ 1,019.00

Event name: _____ Event date(s): ____/____/____ to ____/____/____

Event location: _____

CERTIFICATE REQUESTS

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? : ____/____/____ Event #: _____

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

☐ Owner/manager/lessor of premises (facility or venue) ☐ Sponsor ☐ Co-promoter

☐ Other (please identify/explain): _____

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

3. Certificate holder/additional insured name: _____

Mailing address: _____

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

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

☐ Other (please explain): _____

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

If applicable:

5. For specific events: Date(s) of event/activity: ____/____/____

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: _____

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.

COVERAGE EXCLUSIONS

The following notable exclusions are contained in the commercial general liability coverage provided by this program (note: state variations may apply). Abuse, molestation, or exploitation; Any events or activities involving or promoting tobacco or cannabis; Asbestos; Athletic Activity; Body surfing and/or mosh pits; Commercial general liability standard exclusions (CG0001 4/13 edition); Cap on losses from certified acts of terrorism; Communicable disease; Cyber incident, data compromise, and violation of statutes related to personal data; Employment related practices; Events hosted/organized by the entertainer/performer; Fireworks (However, this exclusion does not apply to flashboxes. As used in this environment, flashboxes means any device used to create a visual effect along with an explosive noise that is induced electronically in a cylinder with no projectile, wadding, or wrapping); Full body art/painting; Fungi or bacteria; Historical battle re-enactments; Hot wax impressions; Lead; Nuclear energy; Ownership of a facility for performances; Personal and advertising injury; Sexually transmitted disease; Silica or silica-related dust; Specified recreational vehicles and activities – Aircraft/hot air balloon; Airport; Amusement device: The ownership, operation, maintenance or use of any device or equipment a person rides for enjoyment, including, but not limited to: mechanical or non-mechanical ride, slide, or water slide (including any ski or tow when used in conjunction with a water slide); inflatable recreational device; or vertical device or equipment used for climbing whether permanently affixed or temporarily erected. This exclusion does not apply to video games or computer games; Animal (injury or death to, or injury, death or property damage caused by any animal owned, rented or hired by you. However, rabbits, doves, mice, hamsters, non-venomous/non-constricting snakes and dogs weighing less than 15 lbs. are covered for the liability arising out of the insured's operations that include the use of these animals); Bungee; Dunk tank; Haunted attraction; Performer ("bodily injury" or "personal and advertising injury" to any performer or entertainer during any activity, event, or exhibition including, but not limited to, any stunt, concert, show, or theatrical event); Rodeo; Saddle animal; Snowmobile; Throwing of object(s) into the audience during a performance; Use of any substance to paint or apply on the face or body that is not classified as non-toxic and/or manufactured using only FDA compliant ingredients; Total pollution with a building heating, cooling & dehumidifying equipment exception and hostile fire exception; Unmanned aircraft; Those operations listed as ineligible: Acrobatic/aerialist performer; Actor or actress; Circus performer; Cosmetologist/beautician; Electronic/techno, hip hop, rap or heavy metal/screamo musical entertainer, performer or DJ; Escape artist; Exotic dancer/stripper/burlesque performer; Fire handlers; Group acts or bands; Henna/Mehndi artist; Hypnotist; Jousting; Mascot (college, high school, professional); Model (unless reported to and approved by us); Performer/entertainer under the age of 18; Performer putting on an athletic exhibition; Performer using weapons (live ammunition or sharpened blades); Permanent tattoo and/or body piercing artist; Production/entertainment companies; Public speaker (unless reported to and approved by us); Pyrotechnician; Strength performer; Stunt performer; Touring entertainer/performer

ATTENTION: AGENTS

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

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. _____

Agent License #: _____

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, 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: _____

Academic HealthPlans, Inc. • PO Box 81315 Cleveland, OH 44181 • 1-913-754-5617
E-mail = recsportsandmore@recsportsandmore.ahpcare.com • Fax 1-913-754-5617
www.mycare26.com/specialty-programs
CA # 0H64806, TX # 1554208, FL # L074590

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 1-913-754-5617 or mailing us at Academic HealthPlans, Inc., PO Box 81315, Cleveland, OH 44181.

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 Academic HealthPlans, Inc., PO Box 81315, Cleveland, OH 44181. 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: _____

IMPORTANT INFORMATION. PLEASE READ.

Fair Credit Report Act Notice

Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us

Fraud Warning

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 CA: For your protection, California law requires that you be advised of the following:

“Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.”

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 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)*. *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 MN: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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.

Applicable in VT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Applicable in all other states: 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.

PLEASE READ AND SIGN BELOW

Representation Statement

The undersigned authorized officer of the applicant declares that the statements set forth herein are true to the best of his or her knowledge. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant to the insurer to complete the insurance.

I am aware that accurate reporting is required for premium calculation and that my books and records, as they relate to this coverage, may be examined or audited by the company at any time during the coverage period and up to three years thereafter. I acknowledge that intentional misrepresentation or misreporting may jeopardize coverage and that the company reserves 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.

COSTS ARE 100% NON-REFUNDABLE/NON-TRANSFERRABLE ONCE COVERAGE BEGINS. (may vary by state)

Applicant name (from page 4): _____

Applicant or agent signature: _____ Date: _____

Printed name: _____ Title: _____

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

PAYMENT OPTIONS

Submit a completed enrollment (including signed Representation Statement) and payment via one of the options below.

Applicant name: _____ Effective date: _____

Select Payment Option:

- ☐ ACH – this option is only available for purchases made 15 days or more prior to the effective date

Proceed to <https://res.epaypolicy.com> to complete the ACH payment

- ☐ Mail in Check – make check payable to Academic HealthPlans, Inc.

Academic HealthPlans, Inc.
PO Box 81315
Cleveland, OH 44181

- ☐ Credit Card - please note there will be a 3.5% fee added for credit card transactions

Proceed to <https://res.epaypolicy.com> to complete the credit card payment