



# HEALTH CLUB-LIMITED SERVICES PROGRAM

## Insurance Program and Enrollment Form

This brochure is valid for effective dates of 2/1/25 through 12/31/25

Higher liability limits are available immediately online.

### PROGRAM DESCRIPTION

This program has been designed for U.S.-based owners and operators of health clubs offering programs and services that may include personal training, aerobics, yoga, pilates, free weights, resistance machines, cardio machines and a variety of exercise classes for members. Coverage provided includes important liability protection for the health club, including its employees, for liability claims arising out of the operations of the health club. Note: coverage does not extend to independent contractors of the health club unless the optional coverage available with this program is purchased.

Optional coverages available under this program include liability for independent contractors and coverage for equipment and contents of the health club.

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

### INELIGIBLE OPERATIONS

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

- Unattended/unstaffed 24 hour key card/key pad/key code access operations or unattended/unstaffed operations \*
- Annual sales more than \$500,000
- Childcare/babysitting services/facilities
- Climbing walls
- CrossFit® Affiliate Owners and/or CrossFit® programs/activities\*
- Dance, gymnastics, cheer and martial arts schools/studios \*
- Facilities outside of the U.S.
- Ice skating, roller skating or skating treadmills
- Medical, therapy or health care services
- Parkour/Ninja/Obstacle course programs or facilities
- Physical therapy
- Physicals or stress testing
- Programs specifically designed for health disorders/diseases unless reported to/approved by us
- Salon services or indoor tanning
- Saunas or steam rooms
- Sports medicine
- Sports rehabilitation services/therapy
- Sports skills instructional facilities, academies, schools or programs
- Swimming pools, hot tubs, whirlpools, jacuzzis or cold plunge
- 100% dedicated hot yoga studio/facility

\*For information regarding eligibility for dance, gymnastics, cheer, martial arts schools/studios, CrossFit® Affiliate Owners and 24 hour fitness facilities, please contact us.

### ELIGIBLE OPERATIONS

U.S.-based health clubs with annual sales of \$500,000 or less qualify for this program

Note: Health clubs that offer programs and services that are not eligible for this program should contact us for other available insurance programs.

### EASY WAYS TO ENROLL FOR COVERAGE

**WEB** Receive coverage immediately by purchasing on-line at [www.mycare26.com/specialty-programs](http://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](mailto:recsportsandmore@recsportsandmore.ahpcare.com)

**QUESTIONS** Call 1-913-754-5617

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 and state variations may apply.

- Asbestos
- Abuse, molestation, or exploitation (unless reported to, approved by us, and the appropriate premium paid)
- Acupuncture
- All operations listed as ineligible
- Amusement devices (e.g.: rides, slides, inflatables, bungees, climbing walls, dunk tanks)
- Bodily injury to participants while in a hired auto or non-owned auto
- Communicable disease
- Events, competitions, tournaments, camps/clinics conducted or sponsored by, or on behalf of the insured, unless reported to and approved by us
- Cryogenic chambers/therapy
- Cyber incident, data compromise, and violation of statutes related to personal data
- Cycling (other than stationary)
- Employment-related practices
- Instruction/activity held on or in open water (e.g.: lakes, ponds, ocean)
- Massage therapy
- Multi-passenger vehicles
- Nuclear energy liability
- Sale or distribution of herbal, medicinal and/or nutritional products
- Sexually transmitted disease
- Training programs for law enforcement, public safety and military personnel
- The sport of boxing (contact/sparring)
- The sport of wrestling

## COVERAGES AND LIMITS

### On-site and Off-site Coverage:

Applies to the instruction activities of you and your employees and the business operations at your insured premises and also extends to locations away from your insured premises (e.g.: training or class instruction at other locations).

Coverages	On-site and Off-site Health Club Coverage			
	Option 1		Option 2	
<b>Commercial General Liability</b> Each Occurrence	\$ 1,000,000		\$ 2,000,000	
General Aggregate (other than Products-completed Operations)	\$ 5,000,000 per location		\$ 5,000,000 per location	
Products-completed Operations Aggregate	\$ 1,000,000		\$ 2,000,000	
Personal and Advertising Injury	\$ 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	
Hired Auto Liability and Non-Owned Auto Liability (not available in: IL, LA, UT, VT & WI)	\$ 1,000,000		\$ 2,000,000	
Professional Liability	\$ 1,000,000		\$ 2,000,000	
Bodily Injury to Participants Liability	\$ 1,000,000		\$ 2,000,000	
<b>Rates</b> (per \$1,000 of annual sales)	<b>All States, except Hawaii</b>	<b>Hawaii Applicants</b>	<b>All States, except Hawaii</b>	<b>Hawaii Applicants</b>
	\$ 9.10	\$ 8.75	\$ 13.65	\$ 13.13
<b>Minimum Premiums</b>	\$ 1,100.00	\$ 1,100.00	\$ 1,650.00	\$ 1,650.00

\* Visit our website for Higher Liability Limits \*

Coverage provided under this program includes:

**Commercial General Liability with Enhancement 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 enhancement endorsement are:

Extended Property Damage – Expected or Intended injury resulting from use of reasonable force to protect persons or property, Non-owned watercraft – extended to 58 feet, Property Damage To Borrowed Equipment - \$10,000 each occurrence, Property Damage To Customers' Goods - \$10,000 each occurrence, Broadened Coverage – Damage to Premises Rented to You – definition expanded, Property Damage from Elevator Use, Personal And Advertising Injury From Televised Or Videotaped Material (if not professionally produced), Medical Personnel - \$100,000 Any One Person, Broadened Definition of Insured – Newly acquired or formed organization for up to 180 days, Supplementary payments - \$2,500 bail bonds, \$500 a day loss of earnings, Knowledge or Notice of Occurrence, Unintentional Failure to Disclose all Hazards, Waiver Of Transfer Of Rights Of Recovery Against Others To Us (Waiver Of Subrogation), Mental Anguish Resulting From Bodily Injury, Broadened Definition Of Mobile Equipment, Additional coverages:

- Emergency Real Estate Consultant Fee - \$25,000
- Identify Theft Exposure - \$25,000
- Key Individual Replacement Cost - \$50,000
- Lease Cancellation Moving Expense - \$2,500
- Temporary Meeting Place - \$25,000
- Terrorism Travel Reimbursement - \$25,000
- Workplace Violence Counseling - \$25,000

## COVERAGES AND LIMITS CONTINUED

**Damage to Premises Rented to You** – This coverage is solely for the premises, and the contents of such premises, rented to you if the damage is caused by fire, lightning, explosion, smoke and leaks from sprinklers.

**Bodily Injury to Participants Liability** – coverage which offers protection against bodily injury liability claims brought by persons participating in fitness/exercise activities under the direction of the insured.

**Professional Liability** – provides protection against wrongful acts (negligent act, error, omission or breach of duty in the discharge of fitness/exercise activities) that occur under the operations of the insured.

**Hired Auto Liability and Non-Owned Auto Liability** (not available for facility locations that are in: IL, LA, UT, VT & WI) – coverage which protects the insured against liability claims arising out of the maintenance or use of motor vehicles hired, leased, rented, 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 use of multi-passenger vehicles (designed to carry 9 or more persons), or to bodily injury to participants while in a hired auto or non-owned auto, or to those vehicles that are rented, leased, hired or borrowed on a long-term basis.

## OPTIONAL COVERAGES AVAILABLE

### Liability for Independent Contractors (non-employees)

This coverage option allows you to purchase liability for those independent contractor (non-employees) instructors or trainers while they are conducting instruction activities on behalf of your health club operations.

Coverage Conditions:

1. You must have commercial general liability coverage for your facility with our Health Club-Limited Services RPG Insurance Program and coverage must follow the same limit option purchased for your location(s).
2. Coverage will be effective the day after we receive the request with premium and will expire on the expiration date of your Health Club-Limited Services RPG Insurance Program.
3. A U.S.-based instructor age 18 or older conducting private or group instruction on your behalf for any of the following is eligible for this coverage.
 

<ul style="list-style-type: none"> <li>• Acro dance</li> <li>• Acrobatic/partner yoga</li> <li>• Aerobics</li> <li>• Aerial/anti-gravity/suspended yoga (certified instructors only)</li> </ul>	<ul style="list-style-type: none"> <li>• Cardio kickboxing</li> <li>• Children’s fitness programs</li> <li>• Dance</li> <li>• Exercise</li> </ul>	<ul style="list-style-type: none"> <li>• Fitness bootcamp</li> <li>• GYROTONIC®</li> <li>• Hoop fitness</li> <li>• Personal training</li> <li>• Pilates</li> </ul>	<ul style="list-style-type: none"> <li>• Spinning®</li> <li>• Tai chi</li> <li>• Yoga</li> <li>• ZUMBA®</li> <li>• Tumbling (floor only, no gymnastic apparatus)</li> </ul>
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4. Ineligible instructors or those offering the following operations that are not eligible for this coverage are:
 

<ul style="list-style-type: none"> <li>• Certified athletic trainers</li> <li>• Coaching of organized competitive athletic teams</li> <li>• Instructors under the age of 18</li> </ul>	<ul style="list-style-type: none"> <li>• Instruction of sport skills activities</li> <li>• Instructor’s employment as an exempt or non-exempt employee of a school, university or college</li> </ul>
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5. This coverage is 100% fully earned at inception.
6. Contact us for higher limit options.

Rates* (annual) Rates are the same for all applicants	Option 1 \$1,000,000 CGL Limit	Option 2 \$2,000,000 CGL Limit
On-site and off-site coverage	\$ 300.00	\$ 450.00

\*Operations with more than 10 independent contractors may be subject to additional underwriting and premium.

## 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 leased personal property, HVAC or building glass where you are a tenant and who have contractual responsibility to insure 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 - \$10,000 any one occurrence
- Valuable Papers and Records Coverage - \$10,000 on premises / \$2,500 off premises
- Account Receivable Coverage - \$10,000 on premises / \$2,500 off premises
- Employee Theft - \$5,000 any one occurrence
- Forgery or Alteration - \$10,000 any one occurrence
- Robbery or Safe Burglary of Other Property - \$10,000 inside the premises / \$10,000 outside the premises
- Additional Acquired Property – up to \$15,000
- Concession Equipment - \$50,000 any one occurrence
- Pollutant Cleanup - \$25,000

Coverage Conditions:

1. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your health club with our Health Club-Limited Services 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 Health Club-Limited Services RPG Insurance Program.
3. Receipt of purchase is required at the time of loss to show verification of purchase for improvements or betterments
4. This coverage may not be available in all states.

Rates				
Total Value per Location	All States, except Hawaii	Hawaii Applicant Rate	Deductible	Minimum Premium
\$ 1 - \$ 10,000	\$ .033	\$ . 03	\$ 250	\$ 100.00
\$ 10,001 - \$100,000	\$.0286	\$ .026	\$ 1,000	\$ 100.00
\$ 100,001 +	\$.0286	\$ .026	\$ 2,500	\$ 100.00

### Sexual Abuse or Sexual Molestation Liability OR Abuse, Molestation, or Exploitation Defense 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 or in any way involving sexual abuse or sexual molestation, whether threatened or actual. Limit is a part of, and not in addition to, the general liability limit section.
- Option 2: \$100,000 of coverage for reimbursement of defense costs only resulting from claims arising out of abuse, molestation, or exploitation.

Coverage Conditions:

1. Coverage is contingent upon completion, as well as review and approval from us, of the underwriting questions found on page 10.
2. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for health club with our Health Club Limited Services RPG Insurance Program.
3. Only one option may be purchased.
4. This coverage is 100% fully earned at inception.

Rates		
Options	All States, except Hawaii	Hawaii Applicant
<b>Option 1</b> - \$1,000,000 Sexual Abuse or Sexual Molestation Liability	\$1.82 (per \$1,000 of annual sales) \$150.00 minimum premium	\$1.75 (per \$1,000 of annual sales) \$150.00 minimum premium
<b>Option 2</b> - \$100,000 Abuse, Molestation, Exploitation Defense Reimbursement	\$100.00 (Flat rate)	\$100.00 (Flat rate)

## FREQUENTLY ASKED QUESTIONS

**1. Is coverage under this policy extended to independent contractors (non-employees) working on behalf of the health club?**

Independent contractors (non-employees) are covered only if the optional coverage available with this program is purchased. If this optional coverage is not purchased, as a health club owner, you need to require that all independent contractors (non-employees) working at your location(s) obtain professional liability coverage and name your business as an additional insured to their instructor policy and submit proof of this coverage to you.

**2. Do I have coverage for virtual training?**

Coverage does extend to incidental virtual training provided by you (the named insured) to your clients/members. The policy is intended to extend bodily injury coverage for training available to your clients/members only (through a private platform such as a password protected website or a closed Facebook group) - Coverage does not extend to any training material that is accessible to the general public.

Reasonable precautions should be taken when assessing potential new clients/members online, including but not limited to: health assessments, waivers/release forms, and interviews prior to instruction or training. We encourage you to consult with an attorney to consider special waiver/release agreements that will apply specifically to virtual training.

Virtual training/instruction does not extend to any training/instruction that includes gymnastic apparatuses, tumbling, or stunting (including pyramids), or in-water activities. We do not provide coverage for cyber liability, so if you are taking payment or collecting personal information online and it is compromised, there would be no coverage under the general liability policy.

**3. I have been asked by my landlord 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.

**4. Will we 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](mailto:recsportsandmore@recsportsandmore.ahpcare.com).



# Enrollment Form - Health Club-Limited Services Insurance

This brochure is valid for effective dates of 2/1/25 through 12/31/25

Academic HealthPlans

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, PLEASE:**
- 1. Complete all sections (print legibly)**
  - 2. Sign and date where required**
  - 3. Remit completed enrollment form (pages 6 - 16) with payment**

We can offer limits above \$2,000,000. Quotes available immediately for higher limits online.

## 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): \_\_\_\_\_

Form of business:  Not-for-profit  For-profit

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 13 of the application for Electronic Disclosure and Consent)

## 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

Location 2: \_\_\_\_\_  
Street Address City State Zip

## DATES

Annual coverage will begin the day after the completed enrollment form and payment 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. Are employee(s) or a company representative on site during all open hours?  Yes  No
2. Do you have locations outside of the U.S.?  Yes  No
3. Is your health club a dance, gymnastics, cheer or martial arts school/studio?  Yes  No

## BUSINESS INFORMATION CONTINUED

4. Does your health club have any of the following features or services?

- |  |                           |                          |
|--|---------------------------|--------------------------|
| Childcare/babysitting services                               | <input type="radio"/> Yes | <input type="radio"/> No |
| Climbing walls   | <input type="radio"/> Yes | <input type="radio"/> No |
| CrossFit® licensed services                                  | <input type="radio"/> Yes | <input type="radio"/> No |
| Ice skating, roller skating or skating treadmills            | <input type="radio"/> Yes | <input type="radio"/> No |
| Medical, therapy or health care services                     | <input type="radio"/> Yes | <input type="radio"/> No |
| Parkour/ninja/obstacle course programs                       | <input type="radio"/> Yes | <input type="radio"/> No |
| Physical therapy, physicals or stress testing                | <input type="radio"/> Yes | <input type="radio"/> No |
| Programs specifically designed for health disorders/diseases | <input type="radio"/> Yes | <input type="radio"/> No |

If yes, please describe the program: \_\_\_\_\_

- |  |                           |                          |
|--|---------------------------|--------------------------|
| Salon services or indoor tanning   | <input type="radio"/> Yes | <input type="radio"/> No |
| Sports medicine  | <input type="radio"/> Yes | <input type="radio"/> No |
| Sports rehabilitation services/therapy   | <input type="radio"/> Yes | <input type="radio"/> No |
| Sports skills instructional programs   | <input type="radio"/> Yes | <input type="radio"/> No |
| Swimming pools, saunas, steam rooms, hot tubs, whirlpools, jacuzzis or cold plunge | <input type="radio"/> Yes | <input type="radio"/> No |

The exposures/activities listed above are not eligible under this program. If you have answered yes to any of the questions, please contact our office to determine if other coverage/program options are available, or visit us online to review additional fitness insurance programs available.

5. Do you have any independent contractors (non-employees) working at your studio/facility?  Yes  No

If yes, how many? \_\_\_\_\_

6. Does your facility have a ring/cage?  Yes  No  
(Facilities with rings/cages are subject to additional underwriting questions and may not be eligible.)

7. Does your business operate out of a private residence?  Yes  No  
If yes: Is there a separate entrance, with no access available to the residential part of the home?  Yes  No

8. Do you have any off-site programs/training?  Yes  No  
If yes, please describe: \_\_\_\_\_

### 9. 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.

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

## PROGRAM PREMIUM CALCULATION

Select an option and calculate premium.

- Check if a higher liability (CGL) limit is needed and to obtain a quote. Limit requested: \$ \_\_\_\_\_  
 Quoted Premium Due: \$ \_\_\_\_\_ (Office Use Only)

<b>On-site and Off-site Health Club Coverage</b>			
Coverage applies to the operations of the health club at their own insured location(s) and also extends to their operations conducted at locations owned/operated by others.			
<input type="radio"/> <b>Option 1</b> <b>\$1,000,000 CGL Limit</b>		<input type="radio"/> <b>Option 2</b> <b>\$2,000,000 CGL Limit</b>	
<b>All States, except Hawaii</b> <b>Rate = \$.0091</b>	<b>Hawaii Applicant</b> <b>Rate = \$.00875</b>	<b>All States, except Hawaii</b> <b>Rate = \$.01365</b>	<b>Hawaii Applicant</b> <b>Rate = \$.01313</b>
<b>Minimum Premium = \$1,100.00</b>		<b>Minimum Premium = \$1,650.00</b>	

Annual Sales	X	Rate	=	Premium
\$	X	\$	=	\$
<b>Minimum Premium</b> Please enter minimum premium from above.				\$
<b>Program Premium</b> If the total calculated premium is less than the minimum premium, the premium due is the minimum premium.				\$ (A)

## OPTIONAL COVERAGES PREMIUM CALCULATION

### Liability for Independent Contractors (non-employees) Coverage

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

Coverage for these instructors only applies while they are conducting activities on behalf of your health club. You must choose the same limit option that was selected for your health club above.

#### On-site and Off-site Coverage Rates\* (annual)

Rates are the same for all applicants

<b>Option 1 - \$1,000,000 CGL Limit</b>	<input type="radio"/> \$300.00
<b>Option 2 - \$2,000,000 CGL Limit</b>	<input type="radio"/> \$450.00
<b>Higher Limit Option \$ _____</b>	<input type="radio"/> \$ _____

\* Operations with more than 10 independent contractors may be subject to additional underwriting and premium.

## OPTIONAL COVERAGES PREMIUM CALCULATION CONTINUED

### Equipment and Contents Coverage (Inland Marine)

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

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

**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.) \$ \_\_\_\_\_

**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"/> <b>My total replacement value is between \$1 – \$10,000</b> (\$250 deductible will apply)			
Rates: All States except Hawaii = \$.033		Hawaii Applicant = \$.03	
\$ _____	x \$ _____	= \$ _____	\$ _____ (C)
Rate	Total Replacement Value		Equipment and Contents Premium (\$100.00 minimum premium applies)
<input type="radio"/> <b>My total replacement value is over \$10,000</b> (\$10,001 - \$100,000 value = \$1,000 deductible and \$100,001+ = \$2,500 deductible)			
Rates: All States except Hawaii = \$.0286		Hawaii Applicant = \$.026	
\$ _____	x \$ _____	= \$ _____	\$ _____ (C)
Rate	Total Replacement Value		Equipment and Contents Premium (\$100.00 minimum premium applies)

## OPTIONAL COVERAGES PREMIUM CALCULATION CONTINUED

### Sexual Abuse or Sexual Molestation Liability Coverage OR Abuse, Molestation, or Exploitation Defense Reimbursement

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

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

1. Does your organization currently have employees, volunteers or independent contractors?  Yes  No  
The term "Volunteers" means someone, including parent volunteers, who exerts control over or supervises participants.
2. Have any claims, allegations or charges of abuse, molestation or sexual misconduct been made against you or your organization or anyone working on behalf of your organization?  Yes  No  
If yes, please explain: \_\_\_\_\_
3. Are you aware of any occurrences that could lead to a claim?  Yes  No  
If yes please explain: \_\_\_\_\_
4. Do you, your organization or sanctioning/governing body have written procedures and training in place regarding the prevention and mitigation of abuse, molestation or sexual misconduct?  Yes  No  
If yes:
  - a. Do the procedures require that known or suspected abuse incidents must be reported to law enforcement?  Yes  No
  - b. Are written procedures and training provided or available to each employee, volunteer, independent contractor or sanctioning/governing body member?  Yes  No
  - c. Does your written plan include reasonable procedures to limit one-on-one interactions between a minor and an adult (who is not the minor's legal guardian) to those that are observable by another adult and within an interruptible distance, except under emergency circumstances?  Yes  No
5. Please complete the following questions regarding employee, volunteer, or independent contractor screening controls used by your organization.

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

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

6. Calculate premium

<b>Rates :</b> All States, except Hawaii = \$.00182		Hawaii Applicants = \$.00175			
<input type="radio"/> <b>Option 1 - \$1,000,000</b> Sexual Abuse or Sexual Molestation Liability (Choose the same option as purchased on page 8.)					
<b>Type of Coverage</b>	<b>Rate</b>	<b>X</b>	<b>Annual Sales</b>	<b>=</b>	<b>Premium</b>
On-site and Off-site	\$	X	\$	=	\$
<b>Option 1 Total Premium</b> Insert premium total from above or \$150.00 minimum premium. The higher amount applies.					\$ (D)
<input type="radio"/> <b>Option 2 - \$100,000</b> Abuse, Molestation, or Exploitation Defense Reimbursement					\$100.00 (D)

## TOTAL COST SUMMARY

Program Premium (Required Coverage)	\$	(A)
Liability for Independent Contractors Premium (Optional Coverage)	\$	(B)
Equipment and Contents Premium (Optional Coverage)	\$	(C)
Sexual Abuse/Sexual Molestation Premium: (Optional Coverage) ○ \$100,000 Defense Reimbursement Only OR ○ \$1,000,000 Liability Limit	\$	(D)
<b>Subtotal Due (add lines A thru D)</b>	<b>\$</b>	<b>(E)</b>
Risk Purchasing Group Administration Fee (REQUIRED to process enrollment)	\$ 20.00	(F)
<b>Total Cost Due (add lines E &amp; F)</b>	<b>\$</b>	

## 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? : \_\_\_\_/\_\_\_\_/\_\_\_\_

2. This certificate is for:  General Liability Coverage

All locations

Specific location(s): \_\_\_\_\_

Equipment & Contents/Inland Marine Coverage (if applicable)

3. What is the additional insured's relationship to you?  Owner/manager/lessor of premises (facility or venue)

Sponsor  Co-promoter  Lessor of equipment/contents (liability)  Loss Payee (equipment/contents)

Other (please identify/explain): \_\_\_\_\_

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

4. Certificate holder/additional insured name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

If yes, check all that apply:  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.**

6. For Loss Payee: Type of equipment (please describe): \_\_\_\_\_ Replacement cost value: \_\_\_\_\_

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

## 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, unless reported to, approved by us, and the appropriate premium paid; Acupuncture; Any adult-themed parties/meetings/trips, including but not limited to parties/meetings/trips during which demonstration of products and/or services used in the adult entertainment industry takes place; Asbestos; Athletic competitions held/sponsored by the insured or in which the insured's members participates; Bodily injury to participants while in a hired auto or non-owned auto; Commercial general liability standard exclusions (CG0001 4/13 edition); Cap on losses from certified acts of terrorism; Communicable disease; Cryogenic chambers/therapy; Cyber incident, data compromise, and violation of statutes related to personal data; Cycling (other than stationary); Employment related practices; Events, competitions, tournaments, camps/clinics conducted or sponsored by, or on behalf of the insured, unless reported to, and approved by us; Fireworks; Fitness/exercise operations related, in whole or in part, to performance as an exotic dancer or any similar occupation in the adult entertainment industry; Full-size trampolines; Fungi or bacteria; Independent Contractors: Independent Contractors (non-employees) under the age of 18, and/or instructing sports skills, and/or coaching of organized competitive athletic teams, and/or operating as a certified athletic trainer and/or exempt or non-exempt employee of a university or college; Instruction/activities held on or in open water (e.g.: lakes, ponds, ocean); Lead; Massage therapy; Multi-passenger vehicles; Nuclear energy; 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; or to any device that is specifically designed for the training or instruction of an activity for which you are enrolled; Animal; Bungee; Dunk tank; Haunted attraction; Performer; Rodeo; Saddle animal; Snowmobile; The sale or distribution of medicinal, herbal and/or nutritional products; The sport of boxing (contact/sparring); The sport of wrestling; Total pollution with a building heating, cooling & dehumidifying equipment exception and hostile fire exception; Training programs for law enforcement, public safety and military personnel; Unmanned aircraft; Those operations listed as ineligible: Unattended/unstaffed 24 hour key card/key pad/key code access operations or unattended/unstaffed operations; Childcare/babysitting services; CrossFit® affiliate owners and/or CrossFit® programs/activities; Dance, gymnastics, cheer & martial arts schools/studios; Facilities outside of the U.S.; Ice skating, roller skating or skating treadmills; Medical, therapy or health care services; Parkour/ninja/obstacle course programs or facilities; Physical therapy; Physicals or stress testing; Programs specifically designed for health disorders/diseases, unless reported to, and approved by us; Salon services or indoor tanning; Saunas or steam rooms; Sports medicine; Sports rehabilitation services/therapy; Sports skills instruction facilities, academies schools or programs; Swimming pools, Jacuzzis, hot tubs, whirlpools or cold plunge

## ATTENTION: AGENTS

**AGENTS: YOU MUST COMPLETE THE AGENT 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. \_\_\_\_\_

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:** \_\_\_\_\_

**PLEASE READ, COMPLETE #9 BELOW (if you do not wish to receive documents via email), AND SIGN ON PAGE 14**

**Electronic Signature Disclosure and Consent**

The Electronic Signatures in Global and National Commerce Act (15 U.S.C. § 7001, et seq.) 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.

Academic HealthPlans, Inc., whether on its own behalf, and/or on behalf of an insurer and/or third parties, may utilize the internet, email, cloud services, digital storage, digital media or similar electronic means to transmit Policy Documents to its clients. This Agreement informs you of your rights when we are delivering and you are receiving such documents from us electronically.

By agreeing to proceed with this transaction, you acknowledge and consent to the following:

1. I hereby voluntarily consent to proceeding with this transaction, and all subsequent actions related to this transaction, electronically.
2. I understand that further documents relating to this insurance purchased through Academic HealthPlans, including but not limited to correspondence, communications, confirmations, requests for premium payments and policy documents, may, to the extent permitted by law, be transmitted by electronic means to me, including by e-mail sent to the e-mail address I have provided as part of this transaction and/or my on-line registration. I consent to such documents being provided to me electronically.
3. Notwithstanding paragraph 2, any notice of cancellation shall be sent to me by mailing to the address I have provided as part of my registration and/or application for insurance, or to such other address for which I have provided notice pursuant to the terms of the policy.
4. Any change or revision to the e-mail address or other electronic contact information which I have provided as part of this transaction and/or my on-line registration process shall be requested by me by faxing, emailing, or by mailing a written notice to: Academic HealthPlans, Inc., PO Box 81315, Cleveland, OH 44181.
5. I understand that I have the right to obtain a paper copy of any electronic record provided to me pursuant to this transaction or any subsequent transaction involving my coverage by mailing a written request to the address provided in paragraph 4.
6. In order to access the electronic records provided, the following hardware and software are required: (a) a personal computer or other device through which Internet access is available, (b) an Internet connection, (c) an e-mail account with an Internet service provider, and (d) Adobe Acrobat Reader.
7. I understand that I have the right and option to withdraw my consent to the receipt of further electronic documents at any time by faxing, emailing, or mailing a written request to the address provided in paragraph 4. By withdrawing my consent to electronic delivery of documents I understand that I will receive a paper copy of future policy documentation.
8. Information relating to this transaction is subject to the terms of our privacy statement, a copy of which is provided at [www.mycare26.com/specialty-programs](http://www.mycare26.com/specialty-programs).
9. DOCUMENT DELIVERY. 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.

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: \_\_\_\_\_

\_\_\_\_\_

**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.

**Applicant business name** (from page 6): \_\_\_\_\_

**Applicant or agent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

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

**COSTS ARE 20% FULLY EARNED AND NON-REFUNDABLE/NON-TRANSFERRABLE  
ONCE COVERAGE BEGINS\***

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

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

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

\* See page 3 and 4. Liability for Independent Contractors and Sexual Abuse/Sexual Molestation options are 100% fully earned at inception (may vary by state).

## 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.

## PAYMENT PLAN OPTIONS

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

Applicant Business Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**Step 1: Select Payment Plan:** Check one.

- 100% Plan** - 100% of the total premium is due to bind coverage
- 30% / 70% Plan**
- 30% of the total premium + \$20 RPG fee is due to bind coverage
  - The balance of the premium (70%) will be due within 30 days of the effective date
- 25% + 3 Plan**
- 25% of the total premium + \$20 RPG fee is due to bind coverage
  - The balance of the premium will be due in (3) consecutive monthly installments

**Step 2: Select future installment option:** Check one.

- Please mail me an invoice for any future balance/installments
- If paying by credit card, please automatically charge my credit card provided below for any outstanding balances or installments.

**Step 3: Making your Payment:**

- Pay by check:** (Academic HealthPlans)
- **Mail** Academic HealthPlans  
PO Box 81315  
Cleveland, OH 44181
- Pay by credit card:**
- **Fax** 1-913-754-5617
  - OR**
  - **Mail** See above for mailing address

VISA     MASTERCARD     AMERICAN EXPRESS

Card number: \_\_\_\_\_

CSC # (card security) code: \_\_\_\_\_ Expiration date: \_\_\_\_\_

I authorize Academic HealthPlans, Inc. to charge my payment to my credit card in the amount of \$ \_\_\_\_\_

Print name (as on card) \_\_\_\_\_

**Cardholder signature:** \_\_\_\_\_

Cardholder phone number: (\_\_\_\_\_) \_\_\_\_\_

**For your security, we cannot accept credit card payments via e-mail. Please fax or mail only.**

FATCA Notice: Please go to [Aon.com/FATCA](http://Aon.com/FATCA) to obtain appropriate W-9.