

Higher liability limits available online

PROGRAM DESCRIPTION

This program has been designed for U.S.-based clubs and or groups conducting youth or adult non-sport activities. Coverage provided includes important liability protection for the organization, including its employees and volunteers, for liability claims arising out of its operations. For those clubs or groups specifically reported to and approved by us, covered operations consist of your scheduled, sanctioned, organized and supervised activities in which the insured participates and that are directly related to the specific common interest or goal for which the club or group is formed. Coverage is also provided for member activities such as meetings, registrations, parades in which the insured participates, picnics, banquets and ceremonies. Coverage for activities not related directly to the club's common interest must be pre-reported and approved by us.

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:

- Acrobatic or circus performing programs
- Addiction support groups
- Boys and/or girls clubs
- Boy scouts or girl scouts
- Country clubs
- Dating clubs, programs or organizations
- Day care or adult before and/or after school care operations, latch key programs, babysitting or childcare clubs or programs
- E-Gaming clubs or programs
- Faith-based or religious studies
- Fitness clubs
- Fraternities or sororities
- Groups under the direction of a professional counselor or therapist
- Historical battle re-enactment groups
- Homeowner Associations
- Instruction in first aid, CPR or life-saving/life guarding
- Nutritional and weight loss programs
- Political, activist and/or governmental groups
- Programs dedicated to discipline, rehabilitation or behavior modification
- Programs or activities involving animals
- Programs or activities that involve weapons or firearms
- School accredited classes, programs or clubs
- Senior centers
- Sports teams, leagues or associations or sporting events/activities
- Vehicle owner clubs
- Veterans or military organizations (eg: American Legion, Elks, Moose, Knights of Columbus)
- Wine/beer/alcohol clubs

ELIGIBLE OPERATIONS

The following types of operations/programs are eligible for this insurance program. This is not a complete list of eligible operations/programs. If your type of operation/program is not listed, please contact us for eligibility.

- Amateur youth robotic or STEM clubs (grades 8 & below only)
- Art
- Bird watching
- Book
- Calligraphy
- Collector
- Cooking
- Craft making
- Cultural
- Game or card (non-gambling)
- Garden
- Genealogy
- History
- Model train or model car clubs
- Needlework
- Peer support groups (no professional or licensed facilitators)
- Puppetry
- Scrap booking

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.
16201 West 95th Street,
Suite 210
Lenexa, KS 66219

FOR SERVICE REQUESTS ONLY

E-MAIL

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.

- Abuse, molestation, or exploitation (unless reported to, approved by us, and the appropriate premium paid)
- All operations listed as ineligible
- Amusement devices (eg.: rides, slides, inflatables, bungees, or dunk tanks)
- Any events or activities involving or promoting tobacco or cannabis
- Asbestos
- Communicable disease
- Cyber incident, data compromise, and violation of statutes related to personal data
- Employment-related practices
- Events where the insured is required to hold a liquor license or permit
- Events or activities hosted, sponsored or organized by the insured that are open to the public
- Fireworks
- Gambling activities or events
- Haunted attractions
- Hiking on ungroomed trails or orienteering
- In or on water activities
- Outside concessionaires and vendors in conjunction with your organization
- Operation, ownership or management of any facility or premises, other than while being used for covered activities
- Room and board/camping liability
- Sexually transmitted disease
- The use of power tools, unmanned aircrafts and combustion
- Transportation of members/participants

COVERAGES AND LIMITS

Coverages	Option 1	Option 2
Commercial General Liability (CGL):	Limits	Limits
Each Occurrence	\$ 1,000,000	\$ 2,000,000
General Aggregate (Other than Products-completed Operations)	\$ 5,000,000	\$ 5,000,000
Products-completed Operations Aggregate	\$ 1,000,000	\$ 2,000,000
Personal and Advertising Injury	\$ 1,000,000	\$ 2,000,000
Bodily Injury to Participants Liability	\$ 1,000,000	\$ 2,000,000
Professional Liability	\$ 1,000,000	\$ 2,000,000
Hired Auto Liability and Non-Owned Auto Liability (not available for clubs located in: IL, LA, UT, VT & WI)	\$ 1,000,000	\$ 2,000,000
Damage to Premises Rented to You (Fire Legal Liability)	\$ 1,000,000	\$ 2,000,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000
Medical Payments for Participants (excess) \$100 per claim deductible applies	\$ 25,000	\$ 25,000
Rates (per member/participant)	\$ 3.24	\$ 4.32
Minimum Premiums	\$ 300.00	\$ 375.00

* Higher liability limit options available immediately online *

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

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

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

Medical Payments for Participants – coverage which pays the medical and dental expenses incurred by a member/participant when an accidental injury occurs while participating in your covered activities. 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 \$100 deductible applies to each claim, and the benefit period is two years from the date of the accident.

Hired Auto Liability and Non-owned auto liability (not available for clubs located 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 transporting of members/participants, or to the use of multi-passenger vehicle (designed to carry 9 or more persons), or to those vehicles that are rented, leased, hired or borrowed on a long-term basis.

OPTIONAL COVERAGES AVAILABLE

Equipment and Contents Coverage (Inland Marine)

This provides coverage for direct loss or damage to your club equipment, supplies and small portable storage units that you own 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.

Coverage Conditions:

1. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your club with our Activity & Social Club RPG Insurance Program.
2. Coverage cannot be extended to cover non-structural glass or permanent structures.
3. 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 Activity & Social Club RPG Insurance Program.
4. This coverage may not be available in all states.

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

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 part of, and not in addition to, the general liability limit selection.
- 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 8.
2. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your club with our Activity and Social Clubs RPG Insurance Program.
3. Only one option may be purchased.

Options	Rates
Option 1 - \$1,000,000 Sexual Abuse or Sexual Molestation Liability	\$0.43 Per member/participant (\$150.00 minimum premium)
Option 2 - \$100,000 Abuse, Molestation, or Exploitation Defense Reimbursement	\$100.00 (Flat rate)

OPTIONAL COVERAGES AVAILABLE CONTINUED

Ancillary Activities / Events

Coverage excludes ancillary events and/or activities that you host, sponsor or organize that are open to the public. Examples of such events and activities are auctions, banquets, and award ceremonies. Please contact us for additional information for coverage options available.

FREQUENTLY ASKED QUESTIONS

1. 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.

2. Our club has not held its registration and we are not sure how many members/participants we will have, how should I report my member/participant count?

You should report the maximum number of members/participants expected during the year. Additional members/participants must be reported to us in writing.

3. Our club is hosting an event involving outside members and/or attendees. Is coverage provided for this?

Coverage would not extend to this type of event or activity. Please contact us for additional information on coverage options available.

4. Does this coverage follow the members/participants wherever they go to participate?

Coverage will follow the reported members/participants as long as they are participating in scheduled, organized and supervised activities that are directly related to the specific common interest or goal for which the club or group is formed, including events hosted by other organizations. Coverage does not apply to the transportation of members/participants.

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

You will receive a certificate of insurance as proof of coverage. Coverage is offered 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 receives 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: Academic HealthPlans, Inc., 16201 West 95th Street, Suite 210, Lenexa, KS 66219 or recsportsandmore@recsportsandmore.ahpcare.com.

6. Do I have coverage for virtual training/instruction/activities?

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

Reasonable precautions should be taken when assessing potential new 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/activities does not extend to any training/instruction/activities 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.

Enrollment Form Activity and Social Clubs Programs

Valid for effective dates from 4/1/23 through 5/31/24

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 5 - 13) 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 _____

(By listing an email address, you are giving us permission to contact you by email about your policy. Refer to page 11 of the application for Electronic Disclosure and Consent)

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

2. Type of organization:

- Individual club or group
- Association (an entity, usually not-for-profit, which exists to further a particular activity or program, to protect the public interest and the interests of the memberships/participants of that activity or program. A fee is typically charged to become a member and formal rules/regulations are usually required and enforced) - **Please contact us for coverage options available.**

3. Are you seeking coverage for all members/participants within your club? Yes No

4. Select all types of activities or operations that are being conducted:

- | | | | |
|---|------------------------------------|--|--|
| <input type="radio"/> Amateur youth robotic or STEM clubs (grades 8 & below only) | <input type="radio"/> Book | <input type="radio"/> Game or card (non-gambling) | <input type="radio"/> Needlework |
| <input type="radio"/> Art | <input type="radio"/> Calligraphy | <input type="radio"/> Garden | <input type="radio"/> Peer support groups (no professional or licensed facilitators) |
| <input type="radio"/> Bird watching | <input type="radio"/> Collector | <input type="radio"/> Genealogy | <input type="radio"/> Puppetry |
| | <input type="radio"/> Cooking | <input type="radio"/> History | <input type="radio"/> Scrap booking |
| | <input type="radio"/> Craft making | <input type="radio"/> Model train or model car clubs | |
| | <input type="radio"/> Cultural | | |

- Other - subject to approval by us (please describe): _____

BUSINESS INFORMATION CONTINUED

5. Does the named insured own or have 24 hour responsibility of a facility? Yes No
6. Do you host, sponsor or organize any activities or events that are open to the public? Yes No
7. Do your club activities/operations include any of the following? Yes No
- Acrobatic or circus performing programs
 - Groups under the direction of a professional counselor or therapist
 - Addiction support groups
 - Instruction in first aid, CPR or life-saving/life guarding
 - Dating programs
 - Nutritional and weight loss programs
 - Day care or adult before and/or after school care operations, latch key programs, babysitting or childcare programs
 - Programs or activities involving animals
 - Discipline, rehabilitation or behavior modification programs
 - Programs or activities that involve weapons or firearms
 - E-gaming
 - Professional advice
 - Faith-based or religious studies
 - School accredited classes, programs or clubs
 - Sporting events/activities
8. Is your club one of the following? Yes No
- Boys and/or girls club
 - Homeowners Association
 - Boy scouts or girl scouts club
 - Political, activist and/or governmental group
 - Country club
 - Senior center
 - Day care center (child and/or adult care)
 - Sports team, league or association
 - Fitness club
 - Vehicle owner club
 - Fraternity or sorority
 - Veterans or military organization
 - Historical battle re-enactment group
 - Wine/beer/alcohol clubs

The exposures/activities listed above are not eligible under this program. If you wish to cover any of these activities, please contact us to determine if other coverage options are available.

PROGRAM PREMIUM CALCULATION

Premium is determined by applying the appropriate rate for the coverage option selected to each individual member/participant and is subject to the minimum premium. Please select only one limit option to apply for all activities or operations. All of your members/participants are required to be reported in the premium calculation, and a list/roster may be requested as verification.

Check here if a higher liability limit is needed. Limit requested: \$ _____

Higher liability limit options are available immediately online or by contacting us.

Options	Option 1 \$1,000,000 CGL \$25,000 Med Pay	Option 2 \$2,000,000 CGL \$25,000 Med Pay
Rates (per member/participant)	\$ 3.24	\$ 4.32
Minimum Premiums	\$ 300.00	\$ 375.00

Activity/Operation	Coverage Option	Number of Members/Participants	X	Rate	=	Premium
			X	\$	=	\$
			X	\$	=	\$
			X	\$	=	\$
Premium (add all lines above)					\$	
Minimum Premium: Please enter your minimum premium					\$	
Premium Due: If the total calculated premium is less than the minimum premium, the total premium due is the minimum premium					\$	(A)

COSTS ARE 100% FULLY EARNED AND NON-REFUNDABLE/NON-TRANSFERABLE 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/CHANGES CAN ONLY BE MADE BY THE NAMED INSURED.**

OPTIONAL COVERAGES PREMIUM CALCULATION

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)

Club equipment/supplies (such as activity material and/or equipment)	\$ _____
Portable units (not permanent structures)	\$ _____
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)	
$$.03 \times \$ \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}}$ <p style="text-align: center; margin: 0;">Total Replacement Value</p>	$\$ \underline{\hspace{2cm}} \text{ (D)}$ <p style="text-align: center; margin: 0;">Equipment and Contents Premium (\$100.00 minimum premium applies)</p>
<input type="radio"/> My total replacement value is over \$10,000 (\$1,000 deductible applies to values from \$10,001 - \$100,000 and a \$2,500 deductible applies to values over \$100,000)	
$$.026 \times \$ \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}}$ <p style="text-align: center; margin: 0;">Total Replacement Value</p>	$\$ \underline{\hspace{2cm}} \text{ (D)}$ <p style="text-align: center; margin: 0;">Equipment and Contents Premium (\$100.00 minimum premium applies)</p>

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 Yes No
been made against you or your organization or anyone working on behalf of your organization?
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 in Yes No
place regarding the prevention and mitigation of abuse, molestation or sexual misconduct?
If yes:
 - a. Do the procedures require that known or suspected abuse incidents must be Yes No
be reported to law enforcement?
 - b. Are written procedures provided or available to each employee, volunteer, Yes No
independent contractor or sanctioning/governing body member?
 - c. Does your written plan include reasonable procedures to limit one-on-one interactions Yes No
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?
5. Please complete the following questions regarding employee, volunteer, or independent contractor screening
controls used by your organization.

Check here and skip the chart below if you have no employees, volunteers, or independent contractors

Please Complete All Questions The term "Volunteers/Independent contractors" in the following questions means someone who exerts control over or supervises participants.	Employees (Check Here if No Employees <input type="radio"/>)	Volunteers/Independent contractors (Check Here if No Volunteers/ Independent contractors <input type="radio"/>)
Are employee/volunteer 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 #5: _____

6. Calculate premium

Rates	
<input type="radio"/> Option 1 - \$1,000,000 Sexual Abuse or Sexual Molestation Liability	$\$0.43 \times \underline{\hspace{2cm}} = \$\underline{\hspace{2cm}}$ (E) Total # of member/participants from page 7 \$150.00 minimum premium applies
<input type="radio"/> Option 2 - \$100,000 Abuse, Molestation, or Exploitation Defense Reimbursement	\$100.00 (E)

NOTE: Sexual abuse or sexual molestation coverage does not extend to open-to-public ancillary activities/events

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 Equipment & Contents/Inland Marine Coverage (if applicable)
 Ancillary Activity Coverage

3. What is the additional insured's relationship to you? Owner/manager/lessor of premises (facility or venue)
 Sponsor Co-promoter Lessor of equipment/contents (liability) Loss Payee (equipment/contents)
 Other (please identify/explain): _____

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: 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:

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

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

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

Location of event/activity: _____

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

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

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 optional coverage is reported to, approved by us, and appropriate premium paid); Activities or events hosted, sponsored or organized by the insured that are open to the public; Any events or activities involving or promoting tobacco or cannabis; Asbestos; 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 where the insured is required to hold a liquor license or permit; Fireworks; Fungi or bacteria; Gambling activities or events; Hiking on ungroomed trails or orienteering; In or on water activities; Lead; Multi-passenger vehicles; Nuclear energy; Operation, ownership or management of any facility or premises, other than while being used for covered activities; Outside concessionaires and vendors in conjunction with your organization; Room and board/camping liability; 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 any device that is specifically designated for the training or instruction of the activity for which you are enrolled; Animal; Bungee; Dunk tank; Haunted attraction; Performer; Rodeo; Saddle animal; Snowmobile; The use of power tools, unmanned aircrafts, and combustion; Total pollution with a building heating, cooling & dehumidifying equipment exception and hostile fire exception; Transportation of participants; Unmanned aircraft; Those operations listed as ineligible: Acrobatic and circus skills performing programs; Addiction support groups; Boys and/or girls clubs; Boy or Girl Scouts; Country Clubs; Dating clubs, programs or organizations; Day care or adult before or after school care operations; E-gaming clubs or programs; Latch key programs; Babysitting or childcare clubs or programs; Faith-based or religious studies; Fitness clubs; Fraternities or Sororities; Groups under the direction of a professional counselor or therapist; Historical battle reenactment groups; Homeowner associations; Instruction in first aid; CPR or life-saving/lifeguarding; Nutritional and weight loss programs; Political, activist and/or governmental groups; Programs dedicated to discipline, rehabilitation or behavioral modification; Programs or activities involving animals; Programs or activities that involve weapons or firearms; School accredited classes, programs or clubs; Senior centers; Sports teams, leagues or associations or sporting events/activities; Vehicle owner clubs; Veterans or military organizations; Wine/beer/alcohol clubs

TOTAL COST SUMMARY

Program Premium (from page 6)	\$	(A)
OPTIONAL COVERAGES:		
Equipment and Contents Premium (from page 7)	\$	(B)
Sexual Abuse/Sexual Molestation Premium: (from page 8) <input type="radio"/> \$100,000 Defense Reimbursement Only OR <input type="radio"/> \$1,000,000 Liability Limit	\$	(C)
Premium subtotal (A + B + C)	\$	(D)
Risk Purchasing Group Administration Fee (Required)	\$ 15.00	(E)
Total Cost Due (D + E)	\$	

COSTS ARE 100% FULLY EARNED AND NON-REFUNDABLE/NON-TRANSFERABLE 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/CHANGES CAN ONLY BE MADE BY THE NAMED INSURED.

ATTENTION: AGENTS

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

AGENTS:

Please complete the information below.

Agency name: _____ Agent/contact name: _____

Agency complete mailing address: _____
Address City State Zip

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

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

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. • 16201 West 95th Street, Suite 210, Lenexa, KS 66219 • 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

Electronic Signature Disclosure and Consent
PLEASE READ, COMPLETE #9 BELOW, AND SIGN BELOW

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, Inc., 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., 16201 West 95th Street, Suite 210, Lenexa, KS 66219.
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 mailing or 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.
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: _____

REPRESENTATION STATEMENT

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% FULLY EARNED AND NON-REFUNDABLE/NON-TRANSFERRABLE ONCE COVERAGE BEGINS (may vary by state).

Applicant business name (from page 5): _____

Applicant or agent signature: _____ **Date:** _____

Printed name: _____ **Title:** _____

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

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 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 OPTIONS

Submit a completed enrollment (including signed Representation Statement) and payment to:

Applicant business name: _____ Effective date: _____

PAY BY ACH (Bank Account):

- **E-mail** recsportsandmore@risk-strategies.com
or

- **Fax** 1-913-754-5617

I (we) authorize Academic HealthPlans, Inc. to initiate a single electronic debit from the account shown below:

Name on Bank Account: _____ Bank Name: _____

Draft Amount : \$ _____ Checking, or Savings

Bank Account Routing/Transit Number* _____ Bank Account Number* _____

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

_____ Date: _____

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

_____ Date: _____

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

EXPLANATION OF CHECK NUMBERS

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

The diagram shows a check with the following fields: YOUR NAME (1234 Main Street, Anywhere, OH 00000), DATE, 123, PAY TO THE ORDER OF, \$, and DOLLARS. Below the MICR line, three boxes are labeled: 1. ROUTING NUMBER (044072324), 2. ACCOUNT NUMBER (000123456789), and 3. CHECK NUMBER (123).

PAY BY CHECK: (Payable to Academic HealthPlans, Inc.)

- **Mail** Academic HealthPlans, Inc.
16201 West 95th Street
Suite 210
Lenexa, KS 66219

PAY BY CREDIT CARD:

- **Fax only** 1-913-754-5617
 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: (____) _____