

Cheer Gyms Meets, Competitions and Events Request Form

Hosted events are those you organize and operate that include participants who are not members of your club or gym. **Hosted events must be seven days or less in duration.**

Please retain a copy of this form for your records.

GENERAL INFORMATION

Named insured (as it appears on your Member Certificate): _____

Policy number (as it appears on your Member Certificate): _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Contact name: _____ Phone: (_____) _____

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

E-mail: _____

EXPOSURE INFORMATION

Note:

- You must submit this request form prior to the effective date needed
- The same coverages and limits would apply to this optional coverage as purchased for your school/club or gym
- Where allowed by state jurisdiction, hosted event premiums are 100% fully earned and non-refundable once the event begins
- Hosted events must be seven days or less in duration
- Should you have Sexual Abuse or Sexual Molestation Liability coverage in place with us, you will need to submit this supplemental for a quotation. Please DO NOT submit payment at this time. We will send you a quote with the correct payment due. Note, this coverage is only available if you already have it in place for your cheer gym.

Premium is determined by applying the appropriate rate to your non-rostered participant count. For multiple hosted events, complete separate requests with the information provided below for each event.

Event name: _____

Event date(s): ____/____/____ to ____/____/____ Event hours: ____ A.M./P.M. to ____ A.M./P.M.

Location: _____

Sport type: _____ Age group: _____ Total spectator attendance: _____

☐ Check here if you currently have Sexual Abuse or Sexual Molestation Liability Coverage in place

| Options/Rates | \$1,000,000 CGL with \$150,000 Medical Payments for Participants Rates/Premium Calculation per Hosted Event |
|--|--|
| 1 Day Event All States, except Hawaii Rate = \$3.30 Hawaii Rate = \$3.00 | <input type="radio"/> \$_____ x _____ = \$_____ # of Non-rostered Participants Hosted Event Premium |
| 2 or 3 Days Event All States, except Hawaii Rate = \$4.40 Hawaii Rate = \$4.00 | <input type="radio"/> \$_____ x _____ = \$_____ # of Non-rostered Participants Hosted Event Premium |
| 4 - 7 Days Event All States, except Hawaii Rate = \$11.00 Hawaii Rate = \$10.00 | <input type="radio"/> \$_____ x _____ = \$_____ # of Non-rostered Participants Hosted Event Premium |

For liability limits of \$2,000,000 - \$5,000,000 proceed to the next page to complete to obtain a quotation from us.

Complete the below to obtain a quote for CGL limits of \$2,000,000 - \$5,000,000

| Number of Event Days | CGL Limit Needed | Rate/Premium Calculation per Hosted Event |
|----------------------|------------------|---|
| 1 Day Event | \$ _____ | <input type="radio"/> \$ _____ x _____ = \$ _____ Rate # of Non-rostered Participants Hosted Event Premium |
| 2 or 3 Days Event | \$ _____ | <input type="radio"/> \$ _____ x _____ = \$ _____ Rate # of Non-rostered Participants Hosted Event Premium |
| 4 – 7 Days Event | \$ _____ | <input type="radio"/> \$ _____ x _____ = \$ _____ Rate # of Non-rostered Participants Hosted Event Premium |

CERTIFICATE REQUESTS

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.

1. When is this certificate needed? : _____ / _____ / _____

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

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

☐ Other (please identify/explain): _____

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

3. Certificate holder/additional insured name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

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

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

☐ Other (please explain): _____

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

If applicable:

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

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.

**100% of the premium is due to bind coverage.
Payment plans are not available with supplemental requests.**

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

PAYMENT OPTIONS

Submit a completed supplemental and payment via one of the options below.

Applicant business name: _____ Effective date: _____

NOTE: 100% of the premium is due upon receipt of this supplemental. Payment plans are not available with supplemental requests.

- ☐ ACH – this option is only available for purchases made 15 days or more prior to the effective date
Proceed to <https://res.epaypolicy.com> to complete the ACH payment
- ☐ Mail in Check – make check payable to Academic HealthPlans, Inc.
Academic HealthPlans, Inc.
PO Box 81315
Cleveland, OH 44181
- ☐ Credit Card - please note there will be a 3.5% fee added for credit card transactions
Proceed to <https://res.epaypolicy.com> to complete the credit card payment