



Martial Arts Schools & Programs - ALL STATES, except Hawaii \$1,000,000 Sexual Abuse or Sexual Molestation Liability Coverage Request Supplemental Questionnaire

TO AVOID PROCESSING DELAYS, PLEASE:

1. Complete all sections (print legibly)
2. Remit completed questionnaire with payment

GENERAL INFORMATION

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

Named insured (as it appears on your certificate of insurance): _____

Policy number (as it appears on your certificate of insurance): _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Contact name: _____ Phone: (____) _____

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

E-mail: _____ Website: _____

DATES

Coverage will begin the day after coverage is bound or on a later date you specify below. Coverage will expire on the same day as your RPG commercial general liability program coverage. (If renewing coverage, please provide the expiration date of your current policy).

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

BUSINESS INFORMATION

Coverage is contingent upon underwriting review and approval of the following questionnaire. This coverage may not be available for all submissions or different limit options may only be available.

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

Academic HealthPlans, Inc. • 16201 West 95th Street, Suite 210, Lenexa, KS 66219 • Ph 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

BUSINESS INFORMATION CONTINUED

5. Please complete the following questions regarding employee, volunteer, or independent contractors screening controls used by your organization.

Please Complete All Questions The term "Volunteers/Independent contractors" in the following questions means someone, including parent volunteers, who exert control over or supervises participants.	Employees	Volunteers/Independent Contractors
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 employment/volunteer 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: _____

Information and resources applicable to preventing, responding to and treating Sexual Abuse and Molestation can be found at www.CDC.gov

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 1): _____

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

Printed name: _____ **Title:** _____

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

SEXUAL ABUSE/MOLESTATION COSTS ARE 100% FULLY EARNED AND NON-REFUNDABLE/NON-TRANSFERRABLE ONCE COVERAGE BEGINS.* 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.

PREMIUM CALCULATION

Premium is determined by applying the appropriate option and rate for your school or organization to the greatest number of students which you have reported. You will need to use your General Liability application to rate this section as participant numbers need to match. Two options are available. **Please choose only one option.**

Options	Activity Type	Rate (per participant)	X	Total # of Participants (see CGL application on what was reported)	=	Premium	
<input type="radio"/> Option 1 - \$1,000,000 with \$1,000,000 aggregate Sexual Abuse or Sexual Molestation Liability	Martial Arts	\$ 2.31	X		=	\$	
	Non-registered Member Activity(s) • Dance • Camp/Clinic • Exhibitions, seminars or demonstrations (involving guest participation) • Tumbling/Gymnastic program or classes (floor only) - Please describe types of programs/ classes offered along with age groups, level of training and apparatuses used (subject to approval): _____ _____ _____ • Yoga and/or exercise	\$ 2.05	X		=	\$	
	Other (please describe): _____ _____ _____ _____	\$ 2.05	X		=	\$	
	Birthday or Social Party	\$ 2.53 per party	X	_____ # of parties	=	\$	
	TOTAL Sexual Abuse/Sexual Molestation Liability Premium (add all lines above, \$150.00 minimum premium applies)						\$
<input type="radio"/> Option 2 - \$100,000 - Abuse, Molestation, or Exploitation Defense Reimbursement						\$100.00	

PAYMENT OPTIONS

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

Select Payment Option:

- ☐ ACH – this option is only available for purchases made 15 days or more prior to the effective date
 Proceed to <https://res.epaypolicy.com> to complete the ACH payment
- ☐ Mail in Check – make check payable to Academic HealthPlans, Inc.
 Academic HealthPlans, Inc.
 16201 West 95th Street, Suite 210
 Lenexa, KS 66219
- ☐ 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

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.