



DANCE SCHOOLS & PROGRAMS

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 dance schools and other organizations specializing in the instruction of performance and social dance. Coverage provided includes important liability protection for the school or organization, including its employees and volunteers, for liability claims arising out of its operations.

For eligible dance schools or programs, your covered operations consist of operations and activities at your locations involving registered members/participants, under your direct supervision or organized by you, that have been reported to and approved by the Company, and for which the applicable premium has been paid; and off-site competitions, demonstrations, parades and fundraising activities, directly associated with the above that are under direct supervision, or organized by you; and ancillary events or activities at off-site locations involving registered members/participants under your direct supervision, or organized by you, that have been reported to and approved by the Company, and for which the applicable premium has been paid.

“Covered Operations” may also include: birthday/social parties at your premises that are under your direct supervision or organized by you, that have been reported to and approved by the Company, and for which the applicable premium has been paid; activities involving non-registered members/participants, under your direct supervision or organized by you, that have been reported to and approved by the Company, and for which the applicable premium has been paid.

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 and circus skills training
- Ballroom rental facilities
- Banquet and reception halls
- Cabarets
- Dance halls
- Discotheques
- Nightclubs
- Production companies
- Professional dance companies
- Professional touring companies
- Trampoline parks/facilities

ELIGIBLE OPERATIONS

Schools or organizations providing instruction in the following styles of dance are eligible for this program.

Note: If your style of dance is not listed, contact us for proper classification.

- Acro dance
- Ballet
- Ballroom
- Belly dancing
- Clogging
- Contemporary
- Country western
- Cultural/ethnic
- Flamenco
- Folk dancing
- Hawaiian
- Hip hop
- Irish
- Jazz
- Latin
- Modern
- Salsa
- Scottish
- Square
- Swing
- Tango
- Tap
- Tumbling (floor only, no gymnastics apparatus)
- ZUMBA®

Coverage for independent dance instructors can be purchased online or by contacting us for additional information.

EASY WAYS TO ENROLL FOR COVERAGE

WEB

Receive coverage immediately by purchasing on-line at www.mycare26.com/specialty-programs

OR

Submit this enrollment form, with payment, to us.

FAX

1-913-754-5617

MAIL

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

FOR SERVICE REQUESTS ONLY

E-MAIL

recsportsandmore@recsportsandmore.ahpcare.com

QUESTIONS

Call 1-913-754-5617

This brochure is for illustrative purposes only and is not a contract of insurance. You must refer to the actual coverage document for complete information regarding coverage terms, conditions and exclusions as they may change from one coverage term to the next. You may request a copy of the full policy by submitting a written request to us.

COVERAGES AND LIMITS
Higher liability limits are available immediately online

Coverages	Option 1		Option 2	
Commercial General Liability	Limits		Limits	
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	
Medical Payments for Participants (excess) \$250 per claim deductible applies	\$ 25,000		\$ 25,000	
Rates (per student/member)	All States, except Hawaii	Hawaii Applicant	All States, except Hawaii	Hawaii Applicant
	\$ 11.86	\$ 11.40	\$ 14.68	\$ 14.11
Minimum Premiums	\$ 870.00	\$ 870.00	\$ 1,305.00	\$ 1,305.00

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

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 covered activities of your dance school operations.

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

Medical Payments for Participants – coverage which pays the medical and dental expenses incurred by a “participant” when an accidental injury occurs while participating in your covered dance school operations. “Participant” means any person practicing for or participating in any physical exercise, athletic or recreational activity, game, sport, contest, performance, exhibition, or entertainment activity. “Participant” does not include any instructor, coach, official, referee, volunteer, or compensated member of your staff, including “employees” or independent contractors. 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 \$250 deductible applies to each claim and the benefit period is two years from the date of the accident.

COVERAGES AND LIMITS CONTINUED

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 bodily injury to participants while in a hired auto or non-owned auto, or the use of a 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

Non-Registered Member Activity Coverage

This coverage is available for events and/or activities you conduct at your facility that involve non-registered members of your dance school and are incidental to your dance operations.

When reported and paid for, coverage is extended to provide liability and excess medical coverage for non-registered members while participating in an event/activity you are hosting and supervising. Examples of such events and activities are: camps and clinics; recitals; arts, crafts and/or music programs or classes; exercise and/or yoga classes; tumbling programs or classes; theater arts and/or drama programs or classes.

Unless this option is purchased, coverage is excluded for non-registered members who participate in any activities referenced above.

Coverage Conditions:

1. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your dance school or organization with our Dance Schools & Programs RPG Insurance Program.
2. The same coverages and limits would apply to this optional coverage as purchased for your school or organization.
3. A birthday/social party is not considered to be a subsidiary activity and a separate premium charge will apply.
4. Non-registered members are only to be counted once in your premium calculation, regardless of the number of times that they may participate in those activities. Also include members of your school if they are charged a separate registration fee to participate in the activity.

Rate (per participant)	\$1,000,000 Limit Option		\$2,000,000 Limit Option	
	All States, except Hawaii	Hawaii Applicant	All States, except Hawaii	Hawaii Applicant
		\$14.04	\$13.50	\$18.88

Birthday/Social Party Coverage

Coverage can be extended to cover birthday or social parties held at your dance school or organization premises.

Coverage Conditions:

1. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your dance school or organization with our Dance Schools & Programs RPG Insurance Program.
2. The same coverages and limits would apply to this optional coverage as purchased for your school or organization.

Rate (per party)	\$1,000,000 Limit Option		\$2,000,000 Limit Option	
	All States, except Hawaii	Hawaii Applicant	All States, except Hawaii	Hawaii Applicant
		\$15.60	\$15.00	\$21.58

OPTIONAL COVERAGES AVAILABLE CONTINUED

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 or 11.
2. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your dance school or organization with our Dance Schools and Programs RPG Insurance Program.
3. Only one option may be purchased.
4. This coverage is 100% fully earned at inception.

Rates	
Options	Rates
Option 1 - \$1,000,000 Sexual Abuse or Sexual Molestation Liability	See page 10 for rates (\$150.00 minimum premium) Hawaii applicants see page 11 for rates
Option 2 - \$100,000 Abuse, Molestation, or Exploitation Defense Reimbursement	\$100.00 (Flat rate)

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 dance school or organization with our Dance Schools & Programs 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 Dance Schools & Programs RPG Insurance Program.
3. Receipt of purchase is required at the time of loss to show verification of purchase for any improvements or betterments.
4. This coverage may not be available in all states.

Rate	Total Value per Location	All States, except Hawaii Rate	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

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 (e.g.: rides, slides, inflatables—unless reported to and approved by us, bungees, climbing walls or devices, dunk tanks)
- Asbestos
- Babysitting and/or childcare services
- Bodily injury to participants while in a hired auto or non-owned auto
- Communicable disease
- Cryogenic chambers/therapy
- Cyber incident, data compromise, and violation of statutes related to personal data
- Employment-related practices
- Fireworks
- Fungi or bacteria
- Multi-passenger vehicles
- Nuclear energy liability
- Parkour, ninja, obstacle course, free-running/tricking/urban gymnastics/ extreme tumbling or any similar type activities/programs, unless reported to, and approved by us
- Pollution
- Sale or distribution of herbal, medicinal and/or nutritional products
- Sexually transmitted disease
- Tumbling/gymnastic classes/ programs, unless reported to, approved by us and appropriate premium paid

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. I periodically open my facility for an event such as a parent's night out activity. Do I have coverage for this?

You must report all events and activities that are held at your facility and under your direction supervision. Coverage will not extend to non-registered members in any activity unless you have reported those participants, paid the appropriate premium, and the activity has been approved by us.

3. We are a newly formed school and we are not sure how many students we will have, how should I report my student count?

You need to report the number of students you project to have within an annual term. You may add additional students at any time by using the dance supplemental form.

4. Is coverage under this policy extended to independent contractors (non-employees) working on behalf of the school?

Independent contractors (non-employees) are not covered under this program. We however, do offer an insurance program specifically designed for independent contractors that directly supervise an individual or group engaged in dance activities. Within this coverage, the independent dance instructor can list your school or organization as an additional insured while instructing at your school or as a part of your operations. Coverage for independent instructors can be purchased online or by contacting us.

5. Is my school covered for a recital or performance that we are hosting that involves non-registered students/members?

Coverage is included for recitals and performances you host that only include students/members of your school. To obtain coverage for an event that includes non-registered students/members, please contact us to obtain coverage for your recital or performance.

6. Am I allowed to transport students to activities such as classes, recitals or performances?

This insurance program does not provide coverage for the transportation of students. Should the transportation of students be necessary for your operation, we suggest that

you consult a licensed insurance agent in your area to provide you with commercial automobile coverage for this type of exposure.

7. 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.

8. 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.



Enrollment Form- Dance Schools & Programs

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

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 - 18) 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): _____

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 16 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

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. Styles of dance offered (check all that apply) and any other types of operations/activities offered:

- | | | | | | |
|-------------------------------------|---------------------------------------|------------------------------------|------------------------------|--------------------------------|---|
| <input type="radio"/> Acro dance | <input type="radio"/> Clogging | <input type="radio"/> Folk dancing | <input type="radio"/> Jazz | <input type="radio"/> Scottish | <input type="radio"/> Tap |
| <input type="radio"/> Ballet | <input type="radio"/> Contemporary | <input type="radio"/> Hawaiian | <input type="radio"/> Latin | <input type="radio"/> Square | <input type="radio"/> Tumbling (floor only, no gymnastic apparatus) |
| <input type="radio"/> Ballroom | <input type="radio"/> Country western | <input type="radio"/> Hip hop | <input type="radio"/> Modern | <input type="radio"/> Swing | <input type="radio"/> ZUMBA® |
| <input type="radio"/> Belly dancing | <input type="radio"/> Cultural/ethnic | <input type="radio"/> Irish | <input type="radio"/> Salsa | <input type="radio"/> Tango | |
| | <input type="radio"/> Flamenco | | | | |

Other (subject to approval), please describe: _____

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

BUSINESS INFORMATION CONT.

2. Do you have any activities that occur away from the facility/premises other than recitals, competitions, demonstrations, parades or fundraising activities? Yes No
- a. If yes, please describe: _____
(Activities held off-site must be reported prior to occurring and approved by us except for recitals, competitions, demonstrations, parades and fundraising activities.)
3. Do you have camps/clinics? Yes No
- If yes:
- a. Do non-members attend? Yes No
(Non-member campers (those that are not registered members of your school) are excluded from coverage under this policy, unless you purchase the optional non-registered member activity coverage available.)
- b. Describe the type of camps or clinics you may have along with the activities/events taking place at the camps/clinics: _____
(Coverage can only be extended for those types of operations/activities that coverage has been purchased for under this program. Ancillary activities are subject to approval)
4. Do you have birthday parties? Yes No
5. Do you have child-care/babysitting services/pre-schools and/or accredited schools? Yes No
(Child-care and/or babysitting services are excluded under this program.)
6. Do you have any tumbling programs/activities? Yes No
- If yes:
- Are all participants in your tumbling program under the age of 18? Yes No
 - Is this program for recreational training purposes only (no competitions)? Yes No
 - Do you utilize any gymnastic apparatuses? (such as trampolines, foam pits, bars, beams, etc.)? Yes No
7. Do you utilize any inflatable devices? Yes No
(This program contains an exclusion for amusement devices. Amusement devices do not include any video or computer games or any device that is specifically designed for the training or instruction of the activity for which you are enrolled.) Limited coverage for inflatables may be available. Please contact us for additional information.
8. Do you instruct parkour, ninja, urban/extreme gymnastics, tricking, free-running and/or similar type programs/activities? Yes No
(If yes, please contact us for additional information on coverage availability.)
9. Do you employ independent contractor instructors? Yes No
This program provides coverage for instructors and personnel who are employees of the named insured and does not extend to independent dance instructors. Coverage for independent dance instructors can be purchased online at www.mycare26.com/specialty-programs or by contacting us.
10. If you suspect a participant has a concussion, do you have an action that includes:
- a. Immediately removing the participant from play or practice? Yes No
- b. Keeping the participant out of play or practice until they provide written clearance from a licensed physician? Yes No
11. **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.

**ALL STATES, except HAWAII
PROGRAM PREMIUM CALCULATION
(Hawaii applicants proceed to the next page)**

Please select one option below. Premium is determined by applying the rate to the greatest number of students/registered members that your program could have during the year. **If the total program premium is less than the minimum premium, the total premium due is the minimum premium.**

For higher limit options please visit www.mycare26.com/specialty-programs for an immediate quote OR

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

Options	Rates/Premium Calculation	Program Premium
<input type="radio"/> Option 1 - \$1,000,000 CGL Limit All States, except Hawaii Rate	\$ 11.86 x _____ = \$ _____ (rate) number of students	Minimum Premium = \$870.00 \$ _____
<input type="radio"/> Option 2 - \$2,000,000 CGL Limit All States, except Hawaii Rate	\$ 14.68 x _____ = \$ _____ (rate) number of students	Minimum Premium = \$1,305.00 \$ _____

**COSTS ARE 20% FULLY EARNED AND NON-REFUNDABLE/NON-TRANSFERABLE 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.**

*See page 4. Sexual Abuse/Sexual Molestation options are 100% fully earned at inception (may vary by state).

**ALL STATES, except HAWAII
OPTIONAL COVERAGES PREMIUM CALCULATION**

Non-registered Member Activity Coverage and/or Birthday/Social Party Coverage

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

Please select all of the activities and/or birthday/social parties you have at your school or organization and report the total number of non-registered or separately enrolled participants in each of the activities listed below along with the number of birthday/social parties. **Use the rate for the same limit selected above. These activities must be incidental to your dance operations.**

	Type of Activity	Number of Participants	X	All State Rates, except Hawaii		=	Premium
				\$ 1 Mil Rate	\$ 2 Mil Rate		
<input type="radio"/>	Arts, Crafts and/or Music Programs or Classes		X	\$14.04	\$18.88	=	\$
<input type="radio"/>	Camp/Clinic		X	\$14.04	\$18.88	=	\$
<input type="radio"/>	Exercise and/or Yoga Classes		X	\$14.04	\$18.88	=	\$
<input type="radio"/>	Tumbling/Gymnastic Programs or Classes (floor only) Please describe types of programs/classes offered along with age groups, level of training and apparatuses used (subject to approval): _____		X	\$14.04	\$18.88	=	\$
<input type="radio"/>	Theater Arts and/or Drama Programs or Classes		X	\$14.04	\$18.88	=	\$
<input type="radio"/>	Other (please describe): _____ Note: This is subject to approval by us.		X	\$14.04	\$18.88	=	\$
<input type="radio"/>	Birthday/Social Parties	Number of Parties Held Annually	X	\$15.60	\$21.58	=	\$
Non-registered Member Activity and/or Birthday/Social Parties Premium (add all lines above)						\$	

HAWAII ONLY APPLICANTS PROGRAM PREMIUM CALCULATION

Please select one option below. Premium is determined by applying the rate to the greatest number of students/registered members that your program could have during the year. **If the total program premium is less than the minimum premium, the total premium due is the minimum premium.**

For higher limit options please visit www.mycare26.com/specialty-programs for an immediate quote OR

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

Options	Rates/Premium Calculation	Program Premium
<input type="radio"/> Option 1 - \$1,000,000 CGL Limit Hawaii Only Applicant Rate	$\$ 11.40 \times \text{number of students} = \$ \text{_____}$ (rate)	Minimum Premium = \$870.00 \$ _____
<input type="radio"/> Option 2 - \$2,000,000 CGL Limit Hawaii Only Applicant Rate	$\$ 14.11 \times \text{number of students} = \$ \text{_____}$ (rate)	Minimum Premium = \$1,305.00 \$ _____

COSTS ARE 20% FULLY EARNED AND NON-REFUNDABLE/NON-TRANSFERABLE 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.

*See page 4. Sexual Abuse/Sexual Molestation options are 100% fully earned at inception (may vary by state).

HAWAII ONLY APPLICANTS OPTIONAL COVERAGES PREMIUM CALCULATION

Non-registered Member Activity Coverage and/or Birthday/Social Party Coverage

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

Please select all of the activities and/or birthday/social parties you have at your school or organization and report the total number of non-registered or separately enrolled participants in each of the activities listed below along with the number of birthday/social parties. **Use the rate for the same limit selected above. These activities must be incidental to your dance operations.**

	Type of Activity	Number of Participants	X	Hawaii Only Applicants		=	Premium
				\$ 1 Mil Rate	\$ 2 Mil Rate		
<input type="radio"/>	Arts, Crafts and/or Music Programs or Classes		X	\$13.50	\$18.15	=	\$
<input type="radio"/>	Camp/Clinic		X	\$13.50	\$18.15	=	\$
<input type="radio"/>	Exercise and/or Yoga Classes		X	\$13.50	\$18.15	=	\$
<input type="radio"/>	Tumbling/Gymnastic Programs or Classes (floor only) Please describe types of programs/classes offered along with age groups, level of training and apparatuses used (subject to approval): _____		X	\$13.50	\$18.15	=	\$
<input type="radio"/>	Theater Arts and/or Drama Programs or Classes		X	\$13.50	\$18.15	=	\$
<input type="radio"/>	Other (please describe): _____ Note: This is subject to approval by us.		X	\$13.50	\$18.15	=	\$
<input type="radio"/>	Birthday/Social Parties	Number of Parties Held Annually	X	\$15.00	\$20.75	=	\$
Non-registered Member Activity and/or Birthday/Social Parties Premium (add all lines above)						\$	

**ALL STATES, except HAWAII
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 and Yes No
training in 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 reported Yes No
to law enforcement?
 - b. Are written procedures and training 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 between Yes No
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.

Please Complete All Questions <small>The term "Volunteers/Independent contractors" in the following questions means someone who exerts control over or supervises participants.</small>	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 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 complete the following Please explain any "No" responses to questions asked in #5: _____

6. Calculate premium:

Options	Activity Type	All States, except Hawaii (per participant)	X	Total # of Participants (see page 8)	=	Premium
<input type="radio"/> Option 1 - \$1,000,000 Sexual Abuse or Sexual Molestation Liability	Dance	\$1.13	X		=	\$
	Non-Registered Member Activity(s): Arts and/or Crafts, Camp/Clinic, Exercise and/or Yoga, Tumbling (floor only), Theater Arts and/or Drama	\$1.93	X		=	\$
	Birthday or Social Party	\$2.39 per party	X	_____ # 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

HAWAII ONLY APPLICANTS 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 and Yes No
training in 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 reported Yes No
to law enforcement?
 - b. Are written procedures and training 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 between Yes No
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.

Please Complete All Questions	Employees	Volunteers/Independent contractors
The term "Volunteers/Independent contractors" in the following questions means someone who exerts control over or supervises participants.		
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 complete the following Please explain any "No" responses to questions asked in #5: _____

6. Calculate premium:

Options	Activity Type	Hawaii Only Applicants (per participant)	X	Total # of Participants (see page 9)	=	Premium
<input type="radio"/> Option 1 - \$1,000,000 Sexual Abuse or Sexual Molestation Liability	Dance	\$1.08	X		=	\$
	Non-Registered Member Activity(s): Arts and/or Crafts, Camp/Clinic, Exercise and/or Yoga, Tumbling (floor only), Theater Arts and/or Drama	\$1.86	X		=	\$
	Birthday or Social Party	\$2.30 per party	X	_____ # parties	=	\$
	TOTAL Sexual Abuse/Sexual Molestation Liability Premium (add all lines above, \$150.00 minimum premium applies)					

**ALL STATES, except HAWAII
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) \$ _____

Equipments & 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.) Receipt of purchase is required at the time of loss to show verification of purchase. \$ _____

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 - All States, except Hawaii Premium Calculation	
<input type="radio"/> My total replacement value is between \$1 – \$10,000 (\$250 deductible will apply)	
$\begin{matrix} \$.033 \\ \text{Rate} \end{matrix} \times \$ \begin{matrix} \text{Total Replacement Value} \end{matrix} = \$ \end{matrix}$	$\begin{matrix} \$ \text{_____} \\ \text{Equipment and Contents Premium} \\ (\$100.00 \text{ minimum premium applies}) \end{matrix} \text{(C)}$
<input type="radio"/> My total replacement value is over \$10,000 (\$10,001 - \$100,000 value = \$1,000 deductible and \$100,001+ = \$2,500 deductible)	
$\begin{matrix} \$.0286 \\ \text{Rate} \end{matrix} \times \$ \begin{matrix} \text{Total Replacement Value} \end{matrix} = \$ \end{matrix}$	$\begin{matrix} \$ \text{_____} \\ \text{Equipment and Contents Premium} \\ (\$100.00 \text{ minimum premium applies}) \end{matrix} \text{(C)}$

**HAWAII APPLICANTS ONLY
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) \$ _____

Equipments & 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.) Receipt of purchase is required at the time of loss to show verification of purchase. \$ _____

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 - Hawaii Only Applicant Premium Calculation

My total replacement value is between \$1 – \$10,000 (\$250 deductible will apply)

$$\begin{matrix} \$.03 & \times & \$ & & = & \$ & & \$ & & (C) \\ \text{Rate} & & \text{Total Replacement Value} & & & & & \text{Equipment and Contents Premium} & & \\ & & & & & & & (\$100.00 \text{ minimum premium applies}) & & \end{matrix}$$

My total replacement value is over \$10,000 (\$10,001 - \$100,000 value = \$1,000 deductible and \$100,001+ = \$2,500 deductible)

$$\begin{matrix} \$.026 & \times & \$ & & = & \$ & & \$ & & (C) \\ \text{Rate} & & \text{Total Replacement Value} & & & & & \text{Equipment and Contents Premium} & & \\ & & & & & & & (\$100.00 \text{ minimum premium applies}) & & \end{matrix}$$

TOTAL COST SUMMARY

Program Premium (from page 8 or 9)	\$	
OPTIONAL COVERAGES:		
Non-registered Member and/or Birthday/Social Party Premium (from page 8 or 9)	\$	
Sexual Abuse/Sexual Molestation Premium (from page 10 or 11) - Optional Coverage <input type="radio"/> \$100,000 Defense Reimbursement Only OR <input type="radio"/> \$1,000,000 Liability Limit	\$	
Equipment and Contents Premium (from page 12 or 13) - Optional Coverage	\$	
Premium subtotal (add all lines above)	\$	(A)
Risk Purchasing Group Administration Fee (Required)	\$ 20.00	(B)
Total Cost Due (add lines A + 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 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 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 reported to, approved by us, and the appropriate premium paid); 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 take place; Asbestos; Bodily injury to participants while in a hired auto or non-owned auto; Childcare/babysitting services; 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; Fireworks; Fungi or bacteria; Gymnastic/tumbling classes/programs (unless reported to, approved by us, and appropriate premium paid); Instruction/activities held on or in open water (e.g.: lakes, ponds, ocean); Lead; Martial arts styles consisting of: the sport of boxing (contact/sparring), dim mak, haganah, kali/escrima, mixed martial arts, savate, sayoc kali, thai boxing/muay thai, training programs for law enforcement, public safety and military personnel, ultimate fighting/extreme fighting/cage fighting and the sport of wrestling; Massage therapy; Medical, therapy or health care services; Multi-passenger vehicles; Nuclear energy; Operations related, in whole or in part, to performance as an exotic dancer or any similar occupation in the adult entertainment industry; Parkour, obstacle course, ninja, free-running, tricking, urban gymnastics, extreme tumbling, or any similar type programs (unless reported to, approved by us, and appropriate premium paid); Salon services or indoor tanning; Saunas, steam rooms, Jacuzzis, hot tubs, whirlpools or spas; 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 (unless reported to, approved by us); 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 ("bodily injury" or "personal and advertising injury" any performer or entertainer during any activity, event or exhibition including but not limited to any stunt, concert, show or theatrical event. This exclusion does not apply to participants in any activity, event or exhibition that are part of the designated operations for which you are enrolled); Rodeo; Saddle animal; Snowmobile; Sports rehabilitation services/therapy; Swimming pools (unless reported to, and approved by us, and the appropriate premium paid); The sale or distribution of medicinal, herbal and/or nutritional products; Total pollution with a building heating, cooling & dehumidifying equipment exception and hostile fire exception; Unmanned aircraft; Use of projectile weapons including, but not limited to firearms and tasers, and defense sprays; Use of sharpened/bladed weapons; Those operations listed as ineligible: Acrobatic and circus skills training; Ballroom rental facilities; Banquet and reception halls; Cabarets; Dance halls; Discotheques; Nightclubs; Production companies; Professional dance companies; Professional touring companies; Trampoline parks/facilities

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: _____

COSTS ARE 20% FULLY EARNED AND NON-REFUNDABLE/NON-TRANSFERABLE 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.

*See page 4. Sexual Abuse/Sexual Molestation options are 100% fully earned at inception (may vary by state).

PLEASE READ, COMPLETE #9 BELOW (if you do not wish to receive documents via email), 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, 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.
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

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:** (Payable to Academic HealthPlans, Inc.)
- **Mail** Academic HealthPlans, Inc.
PO Box 81315
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