

## PROGRAM DESCRIPTION

This program has been designed for the concessionaires, vendors and exhibitors who are selling, displaying, demonstrating or promoting their products or services, on a short term basis at special events, malls, shopping centers, tradeshow, consumer shows or a location that is away from any owned or long term leased premises. The insured operations can be conducted from a kiosk, booth, cart, trailer, tent or an outdoor area.

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:

- Alcoholic beverages-selling or furnishing
- Animals
- Any games that involve person-to-person contact
- Art displays over 10 feet or occupying more than 100 sq. feet (unless approved by us)
- Auto parts (mechanical)
- Body piercing or permanent tattooing
- Christmas tree retail lots
- Contractors (lighting, stage, sound, etc.)
- Cryogenic chambers/therapy
- E-commerce selling
- Fire safety equipment
- Fireworks sales & displays
- Haunted attractions
- Hot wax impressions
- Leasing/rental operations
- Mazes (corn, hay, fence)
- Mechanical or inflatable amusement devices
- Medical testing
- Motion simulators
- Motorized food trucks or game trailers
- Motorsports activities
- Nutritional or health supplements (selling)
- On-site installation, service or repair of products
- On-site equipment sales & rental
- Oxygen or aromatherapy bars
- Paintball equipment/accessories
- Photographers (unless for a single event)
- Protective equipment or apparel
- Storefront operations
- Tobacco, cannabis or tobacco/cannabis-related products (including e-cigarettes/vapor products)
- Toys (for ages 4 and under)
- Unmanned aircraft systems (e.g.: drones, RC aircrafts)
- Use of and/or sales of weapons (such as; knives, swords, tasers, defense sprays)
- Vehicles in motion
- Virtual reality games/simulators
- Watercraft exhibits on water
- Weight loss plans or products (selling)
- Wholesale business operations

## ELIGIBLE OPERATIONS

- Antiques & collectibles
- Apparel & accessories
- Arts & crafts
- Auto/vehicle accessories (non-mechanical)
- Book sales
- Candles
- Caterer (single event coverage only)
- Cleaning accessories & products
- Event decorator (single event coverage only)
- Exercise equipment
- Florist (single event coverage only)
- Food, drink or produce sales
- Game booths or detachable trailers (no VR or mechanical simulators)
- Gift wrap booths
- Hardware sales
- Health & beauty products
- Ice sculptor (single event coverage only)
- Kitchen or cookware accessories or appliances (no knives)
- Lawn & garden equipment
- Literature distribution
- Motorized equipment – static display only
- Photographer/videographer (single event coverage only)
- Product demonstrations
- Product or service displays
- Souvenir sales
- Sports or camping equipment
- Toys (for ages 5 and over)
- Vehicle/boat - static display only

## EASY WAYS TO ENROLL FOR COVERAGE

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

OR

Submit this enrollment form, with payment, to us.

**FAX** 1-913-754-5617

**MAIL** Academic HealthPlans, Inc.  
PO Box 736073  
Chicago, IL 60673-6073

## FOR SERVICE REQUESTS ONLY

**E-MAIL** [recsportsandmore@recsportsandmore.ahpcare.com](mailto:recsportsandmore@recsportsandmore.ahpcare.com)

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

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

## EXCLUSIONS

The following represent only some of the exclusions contained in this policy and state variations may apply.

- Abuse, molestation, or exploitation
- All operations listed as ineligible
- Amusement devices (e.g.: rides, slides, inflatables, bungees, climbing walls, dunk tanks-does not apply to structures)
- Animals (injury or death to any animal or injury, death, or property damage caused by your animal)
- Asbestos
- Communicable disease
- Employment-related practices
- Fireworks
- Fungi or bacteria
- Lead
- Nuclear energy liability

Coverages	Option 1	Option 2	Option 3	Option 4	Option 5
<b>Commercial General Liability (CGL):</b>	<b>Limits</b>	<b>Limits</b>	<b>Limits</b>	<b>Limits</b>	<b>Limits</b>
Each Occurrence	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
General Aggregate (other than Products-completed Operations)	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000
Products-completed Operations Aggregate	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
Personal and Advertising Injury	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
Damage to Premises Rented to You (Fire Legal Liability)	\$ 300,000	\$ 300,000	\$ 300,000	\$ 300,000	\$ 300,000
Medical Expense	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000
<b>Costs</b> (based on single unit or 100 sq. ft. space) See page 5 for additional options for multiple units or space exceeding 100 sq. ft.					
Single event coverage (event must be one month or less)	\$ 186.00	\$ 269.00	\$ 519.00	\$ 769.00	\$ 1,019.00
3 consecutive months coverage	\$ 436.00	\$ 644.00	\$ 894.00	\$ 1,144.00	\$ 1,394.00
6 consecutive months coverage	\$ 683.00	\$ 1,015.00	\$ 1,265.00	\$ 1,515.00	\$ 1,765.00
Annual Coverage	\$ 1,158.00	\$ 1,727.00	\$ 2,012.00	\$ 2,262.00	\$ 2,512.00

\*Cost includes premium and a \$20 risk purchasing annual administration fee.

**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 while at the event.

## OPTIONAL COVERAGE AVAILABLE

### Equipment and Contents Coverage (Inland Marine)

This provides coverage for direct loss or damage to your vendor inventory, supply inventory, detachable trailers, equipment and portable storage units 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 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 six month or annual commercial general liability coverage for your concession, exhibitor or vendor business with our Concessionaires, Exhibitors & Vendors RPG Insurance Program.
2. Coverage cannot be extended to cover fine jewelry, fine arts, and permanent structures such as concession stands or storage units that are not portable.
3. Coverage will be effective the day after we receive the proper completed enrollment form with premium and will expire one year from the effective date or on the expiration date of your Commercial General Liability policy through the Concessionaires, Exhibitors and Vendors RPG program.
4. This coverage may not be available in all states.

Rates				
Total Value per Location	All States, except Hawaii Rate	Hawaii Applicant	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

## 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. When should we make our coverage effective?

The effective date is the date you need your insurance to start. If you are renewing annual coverage with us, use the expiration date of your coverage. Coverage will be in effect for the time period selected.

### 3. Can I apply for coverage over the phone?

Unfortunately, we are unable to take your information over the phone at this time. You can apply for coverage online or by completing an enrollment form and submitting it to us via fax or mail.

### 4. What is a general aggregate?

The general aggregate is the maximum amount to be paid out in any policy period for all losses.

### 5. I have been asked by the event where I am exhibiting to add them as an additional insured to my policy. What does this mean?

An additional insured is a person or organization not automatically included as an insured under an insurance policy, but who is included or added as an insured under the policy at the request of the named insured. By providing an entity additional insured status, it now is entitled to defense and indemnity (if policy limits have not been exhausted) under your policy with no responsibility for premium payments.

You can add an entity as an additional insured under the certificate request section of the enrollment form. Please provide their complete name, address, and relationship to you. All requests must be made in writing.

### 6. If we need to request another certificate of insurance for a specific event that we are attending, how do we do this?

A written request from the insured is required. There is a certificate request form that will be sent with your original coverage documents that can either be faxed, mailed or e-mailed to us. Please allow adequate time for processing.

### 7. What is the coinsurance penalty referenced with equipment and contents coverage?

The equipment and contents coverage available within this program contains a 100% coinsurance clause. With a 100% coinsurance clause, you are agreeing to accept a penalty if a covered loss occurs and all of your equipment and contents are not insured to their replacement cost value. For this reason, it is vital that the values of your equipment and contents be accurately reported and updated annually to reflect inflation and other increases in cost. If they are undervalued, a coinsurance penalty may be applied at the time of a loss. The penalty equals the difference between the amount of the loss and the amount actually paid by the carrier.

The simple formula used to arrive at the amount to be paid by the carrier is as follows:

“Did” / “Should” x Loss Amount – Deductible = Amount Paid

“Did” = the amount of coverage you did purchase  
“Should” = the replacement value of your equipment and contents that you should have insured

### 8. What does the term “replacement cost” value mean with regards to equipment and contents coverage?

Replacement cost means that the value of covered property will be based on the replacement cost at the time of loss without any deduction for depreciation. It is limited to the cost of repair or replacement with similar property and used for the same purpose.

### 9. 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 736073 Chicago, IL 60673-6073 or [recsportsandmore@recsportsandmore.ahpcare.com](mailto:recsportsandmore@recsportsandmore.ahpcare.com).



Academic HealthPlans

# Enrollment Form - Vendor Liability For Concessionaires, Exhibitors & Vendors

This brochure is valid for effective dates of 2/1/26 through 1/31/27

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 4-12) 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 /Individual    Limited Liability Co.    Corporation    Partnership  
 Other (describe): \_\_\_\_\_

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

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

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

Insured contact name: \_\_\_\_\_ Insured phone: (\_\_\_\_) \_\_\_\_\_

Insured cell: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Insured e-mail: \_\_\_\_\_ Website: \_\_\_\_\_

(By listing an email address, you are giving us permission to contact you by email about your policy. Refer to page 10 - Consent for Electronic Transactions)

## 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. Are all of the event operations to be insured located within the United States?    Yes    No

2. Please select the coverage period desired:    Single event    3 Months    6 Months    Annual

a. If seeking annual coverage, do you own/operate/manage a storefront/brick and mortar business or have a long term lease at a single location for your operations?    Yes    No

(Storefront/brick and mortar operations or those with long term leases are not eligible for annual coverage. Coverage is only available for a single event (lasting one month or less), 3 months or 6 months policy periods for those exposures that occur away from any of your owned or long-term leased premises.)

**NOTE: This commercial general liability coverage applies only while you are operating as a concessionaire, exhibitor or vendor. This program does not provide commercial automobile coverage.**

## BUSINESS INFORMATION CONT.

3. Select the following that best describes your business operations:

a. I am a:

- Food concessionaire/vendor

Please describe the product/service being sold: \_\_\_\_\_

- Push cart(s)/kiosk(s)

Please describe the product/service being sold: \_\_\_\_\_

- Service vendor (available only for single event coverage)

Please describe the product/service being sold: \_\_\_\_\_

- Tent/outdoor vendor area (non-food)

Please describe the product/service being sold: \_\_\_\_\_

- Product/service display(s) or providing literature distribution

Please describe the product/service being displayed or information being provided: \_\_\_\_\_

Is your display over 10 feet tall or does it occupy more than 100 sq. feet?  Yes  No

(Please note: Art displays over 10 feet tall or more than 100 sq. feet are ineligible for coverage under this program, unless reviewed and approved by the program administrator)

b. Which description best describes how you interact with customers?

- Customers can walk up to your booth, exhibit, tent, trailer, etc.

Examples:

- You are a food trailer, and customers walk up to your window to obtain their food and they walk away. You do not provide seating.
- You are a game trailer, and you open the side of the trailer and customers play a game while standing outside your trailer

Provide the # of units you operate (e.g: trailers, push carts, tables, etc.): \_\_\_\_\_

- Customers are able to walk in, through and around your booth, exhibit, tent, trailer, etc.

Examples:

- You are a food vendor that also provides seating to your customers
- You are a game trailer, and customers can enter your trailer to play games.

Provide the total square footage of the area you use: \_\_\_\_\_

- You provide a single service to your client(s)

Examples:

- You provide flowers for a single event
- You take pictures or a video at a single event
- You are a caterer needing coverage for a single event

Use 1 unit rating on page 6

4. If applying for single event coverage, please provide the following:

Name of event: \_\_\_\_\_

Hours of event: \_\_\_\_\_ A.M./P.M. to \_\_\_\_\_ A.M./P.M.

Date(s) of event: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Set-up date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Tear-down date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Location of event (Venue name): \_\_\_\_\_

Venue Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**NOTE:** This coverage only applies to a single event and the single event cannot exceed one month

## PROGRAM COST CALCULATION

Please check the coverage period and cost that is applicable. Cost includes premium and a \$20 risk purchasing administration fee.

<b>OPTION 1 - \$1,000,000 Commercial General Liability Limit</b>			
Coverage Period	1 Unit or Up to 100 Sq. Ft.	2 Units or 101 - 200 Sq. Ft.	3 Units or 201 – 300 Sq. Ft.
Single Event	<input type="radio"/> \$ 186.00	<input type="radio"/> \$ 269.00	<input type="radio"/> \$ 311.00
3 Months	<input type="radio"/> \$ 436.00	<input type="radio"/> \$ 644.00	<input type="radio"/> \$ 748.00
6 Months	<input type="radio"/> \$ 683.00	<input type="radio"/> \$1,015.00	<input type="radio"/> \$1,181.00
Annual	<input type="radio"/> \$1,158.00	<input type="radio"/> \$1,727.00	<input type="radio"/> \$2,012.00
<b>OPTION 2 - \$2,000,000 Commercial General Liability Limit</b>			
Coverage Period	1 Unit or Up to 100 Sq. Ft.	2 Units or 101 - 200 Sq. Ft.	3 Units or 201 – 300 Sq. Ft.
Single Event	<input type="radio"/> \$ 269.00	<input type="radio"/> \$ 394.00	<input type="radio"/> \$ 457.00
3 Months	<input type="radio"/> \$ 644.00	<input type="radio"/> \$ 956.00	<input type="radio"/> \$ 1,112.00
6 Months	<input type="radio"/> \$ 1,015.00	<input type="radio"/> \$ 1513.00	<input type="radio"/> \$ 1,762.00
Annual	<input type="radio"/> \$ 1,727.00	<input type="radio"/> \$ 2,581.00	<input type="radio"/> \$ 3,009.00
<b>OPTION 3 - \$3,000,000 Commercial General Liability Limit</b>			
Coverage Period	1 Unit or Up to 100 Sq. Ft.	2 Units or 101 - 200 Sq. Ft.	3 Units or 201 – 300 Sq. Ft.
Single Event	<input type="radio"/> \$ 519.00	<input type="radio"/> \$ 644.00	<input type="radio"/> \$ 707.00
3 Months	<input type="radio"/> \$ 894.00	<input type="radio"/> \$ 1,206.00	<input type="radio"/> \$ 1,362.00
6 Months	<input type="radio"/> \$ 1,265.00	<input type="radio"/> \$ 1,763.00	<input type="radio"/> \$ 2,052.00
Annual	<input type="radio"/> \$ 2,012.00	<input type="radio"/> \$ 3,007.00	<input type="radio"/> \$ 3,506.00
<b>OPTION 4 - \$4,000,000 Commercial General Liability Limit</b>			
Coverage Period	1 Unit or Up to 100 Sq. Ft.	2 Units or 101 - 200 Sq. Ft.	3 Units or 201 – 300 Sq. Ft.
Single Event	<input type="radio"/> \$ 769.00	<input type="radio"/> \$ 894.00	<input type="radio"/> \$ 957.00
3 Months	<input type="radio"/> \$ 1,144.00	<input type="radio"/> \$ 1,456.00	<input type="radio"/> \$ 1,612.00
6 Months	<input type="radio"/> \$ 1,515.00	<input type="radio"/> \$ 2,013.00	<input type="radio"/> \$ 2,302.00
Annual	<input type="radio"/> \$ 2,262.00	<input type="radio"/> \$ 3,263.00	<input type="radio"/> \$ 3,805.00
<b>OPTION 5 - \$5,000,000 Commercial General Liability Limit</b>			
Coverage Period	1 Unit or Up to 100 Sq. Ft.	2 Units or 101 - 200 Sq. Ft.	3 Units or 201 – 300 Sq. Ft.
Single Event	<input type="radio"/> \$ 1,019.00	<input type="radio"/> \$ 1,144.00	<input type="radio"/> \$ 1,207.00
3 Months	<input type="radio"/> \$ 1,394.00	<input type="radio"/> \$1,706.00	<input type="radio"/> \$ 1,862.00
6 Months	<input type="radio"/> \$ 1,765.00	<input type="radio"/> \$ 2,263.00	<input type="radio"/> \$ 2,552.00
Annual	<input type="radio"/> \$ 2,512.00	<input type="radio"/> \$ 3,513.00	<input type="radio"/> \$ 4,055.00

**Contact us for operations with more than 3 units or 300 sq. ft.**

## OPTIONAL COVERAGE PREMIUM CALCULATION

### Optional Equipment and Contents Coverage

**This optional coverage is available only with six month or annual commercial general liability coverage.  
TO AVOID A COINSURANCE 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)

Vendor inventory (such as items held for sale)	\$ _____
Supply inventory (such as equipment, giveaways, paper goods)	\$ _____
Trailer equipment, excluding products (such as detachable trailers, signs, concession equipment, refrigerators, cooking equipment, supplies)	\$ _____
Portable storage units (not permanent structures)	\$ _____
Misc. equipment - please describe: _____	\$ _____

<b>Total replacement value</b> (add all lines above)	<b>\$ _____</b>
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**Step 2: Complete ONLY if your replacement cost value is over \$100,000**

1. Please describe the building type your equipment is stored in (e.g.: frame or fire resistive warehouse)  
\_\_\_\_\_
2. Do you have a security system in place:  Yes  No
  - a. If yes, please describe: \_\_\_\_\_
3. Is any other operations, besides your own, or equipment of others stored in the same facility in which you store your equipment?  Yes  No
  - a. If yes, please describe: \_\_\_\_\_
4. Please attach a complete inventory list with values of each item

**Step 3: Calculate premium**

(If total calculated premium is less than the minimum premium, the total premium due is the minimum premium)

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

## TOTAL COST SUMMARY

Program Cost (Required Coverage)	\$
Equipment and Contents Premium (Optional Coverage)	\$
<b>Total Cost Due (add lines above)</b>	<b>\$</b>

**WHERE ALLOWED BY STATE JURISDICTION, COSTS ARE  
100% 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.**

## 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)  
 Event organizer  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.**

If applicable:

For specific event:

Date(s) of event/activity: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of event/activity: \_\_\_\_\_

Name of event/activity: \_\_\_\_\_

Location of event/activity: \_\_\_\_\_

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

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

## COVERAGE EXCLUSIONS

The following notable exclusions are contained in the commercial general liability coverage provided by this program (note: state variations may apply). Abuse, molestation, or exploitation; 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; Fireworks; Fungi or bacteria; Lead; Nuclear energy; Sexually transmitted disease; Silica or silica-related dust; Specified recreational vehicles and activities – Aircraft/hot air balloon; Airport: Ownership, operation, maintenance, or use of any airfield or airport facility or premises. This exclusion does not apply to concessionaires, exhibitors, or vendors selling, displaying, demonstrating or promoting their products or services at any airfield or airport facility or premises; 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 structures that are not designed to bounce on, slide on, ride on or tunnel through; Animal; Bungee; Dunk tank; Haunted attraction; Performer; Rodeo; Saddle animal; Snowmobile; Total pollution with a building heating, cooling & dehumidifying equipment exception and hostile fire exception; Unmanned aircraft; Those operations listed as ineligible: Alcoholic beverages – selling or furnishing; Animals; Any games that involve person-to-person contact; Art exhibits over 10 feet tall or occupying more than 100 square feet (unless reviewed and approved by the program administrator); Auto parts (mechanical); Body piercing or permanent tattooing; Christmas tree retail lots; Contractors (lighting, stage, sound, etc.); Cryogenic chambers/therapy; E-commerce selling; Fire safety equipment; Fireworks sales and displays; Hot wax impressions; Leasing/rental operations; Mazes (corn/hay/fence); Mechanical or inflatable amusement devices; Medical testing; Motion Simulators; Motorsports activities; Motorized food trucks or game trailers; Nutritional or health supplement products (selling); On-site installations, service or repair of products; On-site equipment sales and rental; Oxygen or aromatherapy bars; Paintball equipment/accessories; Photographers (unless for a single event); Protective equipment and apparel; Storefront operations; Tobacco, cannabis or tobacco/cannabis-related products (including e-cigarettes/vapor products); Toys (for ages 4 and under); Unmanned aircraft systems; Use of and/or sales of weapons (such as: knives, swords, tasers, defense sprays); Vehicles in motion; Virtual reality games/simulators; Watercraft exhibits on water; Weight loss plans or products (selling); Wholesale business operations

## ATTENTION AGENTS

**Agents, you must complete the agent warranty section below. Enrollments cannot be accepted unless this section is completed.**

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 understand that agents do not have authority to issue binders or a certificate of insurance on behalf of this program.*

*By signing this proposal or application, I represent and warrant I have authority to sign on behalf of the producer and producer represents and warrants it shall not solicit, sell or bind any product unless it maintains, and will maintain, all individual, corporate or agency licenses or permits required to conduct insurance business in the state coverage is being written and to receive commission. Failure to acquire or maintain required licenses can result in forfeiture of commission. I further represent and warrant that the producer currently maintains, and will maintain, errors and omissions insurance with a minimum limit of \$1,000,000. If requested, evidence of coverage or licensing will be provided for all of the above-mentioned items.*

**Agent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE READ AND COMPLETE THE BELOW**  
**if you do not wish to receive documents via email and prefer another method of delivery**

**Consent for Electronic Transactions**

The Electronic Signatures in Global and National Commerce Act 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.

As part of your participation in this program you will receive all documentation, including but not limited to, the insurance quotes, policies, certificates, endorsements, and invoices (if applicable), by electronic means. If permitted by your state, you may also receive conditional renewal notices, cancellation, or non-renewal notices via electronic delivery.

To obtain, download, and view all policy documentation electronically you must have the following hardware or software in place.

- A personal computer capable of receiving, accessing, and displaying or printing or storing communications and documents received in an electronic form.
- Adobe PDF Reader version
- System requirements: OC: Windows 7 or higher, Internet Explorer v11 or higher, Firefox v45.7 or higher, Chrome v40 or higher; OS: Mac OS x 10.9 or higher, Safari 9.0 or higher, Firefox v45.7 or higher, Chrome v40 or higher.

By agreeing to receive documents electronically, you are affirming that your computer system meets the hardware and software requirements for receiving all related documents. If documents are provided through a website or portal, you should download and store all such documents. For persons who receive electronic documents via email, these documents will be delivered to the email address on file. Upon receipt of your emailed documentation please save a copy on your own device.

You agree to notify us promptly if your mailing address, e-mail address or other delivery information changes by calling 1-913-754-5617 or mailing us at Academic HealthPlans, Inc., PO Box 736073, Chicago, IL 60673-6073. We will endeavor to provide a notice to you in the event of any changes regarding hardware or software requirements necessary to receive documents and other related documents electronically. However, it is your duty to notify us if you are unable to access the documentation made electronically available to you.

We may at our sole discretion discontinue availability of electronic delivery at any time, without further notice to you. At any time, you may request a paper copy of your documents in lieu of electronic delivery. You may withdraw your consent to receive electronic documentation by sending a request in writing to us at Academic HealthPlans, Inc., PO Box 736073, Chicago, IL 60673-6073. Until receipt of such withdrawal, you will continue to receive all documentation electronically.

This consent is voluntary, by accepting, you signify that you consent to these terms of electronic document delivery via email or other electronic media in connection with your insurance documents, whether such delivery is made on its own behalf and/or on behalf of an organization or other third party. You further represent and warrant that if consenting on behalf of an organization or third party, you have the requisite authority to provide such consent, and that you and the organization have the requisite hardware and software to receive and acknowledge receipt of electronically delivered Documents.

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.

**I AGREE TO RECEIVE ALL MAILINGS AND COMMUNICATIONS ELECTRONICALLY. SUCH ELECTRONIC MAILING OR COMMUNICATIONS MAY EVEN INCLUDE CANCELLATION OR NONRENEWAL NOTICES.**

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

# FRAUD WARNING

Any person who knowingly and with intent to defraud any Insurance Company or another 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 the person to criminal and civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, MN, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, VT, WA, and WV) (Insurance benefits may also be denied in LA, ME, TN, and VA.).

## **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.

MARKEL FRAUD APPS (2024/01)

## 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 and that this policy is 100% non-refundable/transferable once coverage begins.**

**Applicant business name** (from page 4): \_\_\_\_\_

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

*I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.*

*By selecting 'Yes' and typing my name above, I am electronically signing the application and agreeing to the terms and conditions stated in the AHP Consent for Electronic Transactions. I agree that my electronic signature is the legally binding equivalent to my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.  Yes  No*

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

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

## PAYMENT OPTIONS

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

Applicant business name: \_\_\_\_\_ Effective date: \_\_\_\_\_

### 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.  
PO Box 736073  
Chicago, IL 60673-6073

- 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

**Academic HealthPlans, Inc. • PO Box 736073, Chicago, IL 60673-6073 • 1-913-754-5617**

**E-mail = [recsportsandmore@recsportsandmore.ahpcare.com](mailto:recsportsandmore@recsportsandmore.ahpcare.com) • Fax 1-913-754-5617**

**[www.mycare26.com/specialty-programs](http://www.mycare26.com/specialty-programs)**

**CA # 0H64806, TX # 1554208, FL # L074590**