



CONCESSIONAIRES, EXHIBITORS & VENDORS Insurance Program and Enrollment Form

This brochure is valid for effective dates of 2/1/25 through 1/31/26

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, tradeshows, 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)
- Medical testing
- Motion simulators
- 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 home-based photographer)
- Protective equipment or apparel
- Storefront operations
- Tobacco, cannabis or 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)
- Candles
- Caterer (single event option only)
- Celebrity, mascot or character appearances
- Cleaning accessories & products
- Exercise equipment
- Floral
- Food, drink or produce sales
- Game trailers or booths
- Gift wrap booths
- Hardware sales
- Health & beauty products
- Home based vendors (caterers,DJs, florists, ice sculptors, decorators, photographers/ videographers-single event option only)
- Kitchen or cookware accessories or appliances (no knives)
- Lawn & garden equipment
- Literature distribution
- Micro reality race tracks
- Motorized equipment – static display
- Product demonstrations
- Product or service displays
- Souvenir sales
- Sports or camping equipment
- Toys (for ages 5 and over)
- Vehicle/boat display - static only

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 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
Commercial General Liability (CGL):	Limits	Limits	Limits	Limits	Limits
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
Costs (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 81315 Cleveland, OH 44181 or recsportsandmore@recsportsandmore.ahpcare.com.



Academic HealthPlans

Enrollment Form - Concessionaires, Exhibitors & Vendors

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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 4-11) 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 9 of the application for Electronic Disclosure and Consent)

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. Check all that apply regarding your type of operations:

Selling products/services - Describe product/service: _____

Distribution of literature and/or display only

Describe product/service being displayed/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)

2. Select one of the following that best describes your business operations:

Customers can walk up to your booth, exhibit, tent, trailer, etc. Examples below:

- 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 up the side of the trailer and customers play a game while standing outside of your trailer Provide your # of units (e.g.: trailer, push cart, table): _____

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

- You are a food vendor that also provides seating for your customers
- You are a game trailer and customers enter your trailer to play games Provide your total square footage: _____

Micro reality race tracks Provide # of your tracks: _____

Home-based wedding vendor. Available only for a single event coverage period - use 1 unit rating

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

4. 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 Yes No
or have a long term lease at a single location for your operations?

(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.)

5. 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: (including set-up/tear-down): _____ / _____ / _____ to _____ / _____ / _____

Location of event (Venue name): _____

Street address: _____ City: _____ State: _____ Zip: _____

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

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.

PROGRAM COST CALCULATION

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

OPTION 1 - \$1,000,000 Commercial General Liability Limit			
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"/> \$ 852.00
6 Months	<input type="radio"/> \$ 683.00	<input type="radio"/> \$1,015.00	<input type="radio"/> \$1,347.00
Annual	<input type="radio"/> \$1,158.00	<input type="radio"/> \$1,727.00	<input type="radio"/> \$2,297.00
OPTION 2 - \$2,000,000 Commercial General Liability Limit			
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
OPTION 3 - \$3,000,000 Commercial General Liability Limit			
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
OPTION 4 - \$4,000,000 Commercial General Liability Limit			
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
OPTION 5 - \$5,000,000 Commercial General Liability Limit			
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)	
<u>Vendor inventory</u> (such as items held for sale)	\$ _____
<u>Supply inventory</u> (such as equipment, giveaways, paper goods)	\$ _____
<u>Trailer equipment, excluding products</u> (such as detachable trailers, signs, concession equipment, refrigerators, cooking equipment, supplies)	\$ _____
<u>Portable storage units</u> (not permanent structures)	\$ _____
<u>Misc. equipment</u> - please describe: _____	\$ _____

Total replacement value (add all lines above)	\$ _____

Step 2: Complete ONLY if your replacement cost value is over \$100,000

1. Please describe the building type your equipment is stored in (e.g.: frame or fire resistive warehouse)

2. Do you have a security system in place: Yes No
 - a. If yes, please describe: _____
3. Is any other operations, besides your own, or equipment of others stored in the same facility in which you store your equipment? Yes No
 - a. If yes, please describe: _____
4. Please attach a complete inventory list with values of each item

Step 3: Calculate premium

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

Equipment and Contents Premium			
<input type="radio"/> My total replacement value is between \$1 – \$10,000 (\$250 deductible will apply)			
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"/> My total replacement value is over \$10,000 (\$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)	\$
Total Cost Due (add lines above)	\$

WHERE ALLOWED BY STATE JURISDICTION, COSTS ARE 100% FULLY EARNED AND NON-REFUNDABLE/NON-TRANSFERRABLE ONCE COVERAGE BEGINS.

COVERAGE IS CONTINGENT UPON RECEIPT OF PAYMENT AND A FULLY COMPLETED ENROLLMENT FORM.

NO COVERAGE WILL BE DEEMED IN EFFECT UNTIL THE ACCURATE PAYMENT IS RECEIVED BY THE COMPANY OR THEIR REPRESENTATIVE.

CANCELLATIONS/CHANGES CAN ONLY BE MADE BY THE NAMED INSURED.

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); Medical testing; Motion Simulators; Motor sports activities; 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 home-based photographer); Protective equipment and apparel; Storefront operations; Tobacco, cannabis or 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

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www.mycare26.com/specialty-programs
CA # 0H64806, TX # 1554208, FL # L074590

ATTENTION: AGENTS

AGENTS: YOU MUST COMPLETE THE AGENT WARRANTY 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:** _____

PLEASE READ, COMPLETE #9 BELOW (if you do not wish to receive documents via email), AND SIGN ON PAGE 10

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 4): _____

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

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 81315
Cleveland, OH 44181

- Credit Card - please note there will be a 3.5% fee added for credit card transactions
Proceed to <https://res.epaypolicy.com> to complete the credit card payment

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.