



MARTIAL ARTS 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 martial arts schools and other organizations specializing in the instruction of martial arts. 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 martial arts 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; tournaments or competitions hosted by you 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:

- The sport of boxing (contact/sparring)
- Training programs for law enforcement, public safety, military personnel, CPR, and First Aid
- Trampoline parks/facilities
- The sport of wrestling

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.

ELIGIBLE OPERATIONS

Schools or organizations providing instruction, practice, demonstrations and exhibitions in the following styles of martial arts are eligible for this program.

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

- Aikido
- Brazilian jiu jitsu
- Capoeira
- Chi kun
- Dim mak *
- Fitness boxing (non-contact)
- Goju-ryu
- Haganah *
- Hapkido
- Jeet kune do
- Judo
- Jiu jitsu
- Kali/escrima *
- Karate
- Kenjitsu
- Kickboxing (cardio/fitness only)
- Kickboxing (contact/sparring)
- Krav maga
- Kung fu
- Mixed martial arts (Ultimate/extreme/cage fighting)*
- Savate *
- Sayoc kali *
- Shaolinquan
- Taekwondo
- Tai chi
- Taijiquan
- Tang soo do
- Thai boxing/muay thai *
- Wushu

Karate includes various styles such as: Chito-ryu, Goju-ryu, Isshin-ryu, Shuri-ryu, Kyokushinkai, Seido juku, Keichu do, Keichu-ryu, Shorin-ryu, Shotokan, Shito-ryu, Uechi-ryu, Wado-ryu and Yoshukai karate

***Note:** Coverage for these styles apply only to instruction/training type programs. Events/competitions/tournaments in which the insured's members participate with these styles are excluded and not covered under this program.

EASY WAYS TO ENROLL FOR COVERAGE

WEB Receive coverage immediately by purchasing online 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

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	\$	150,000	\$	150,000
Rates (per student/member)	All States, except Hawaii		Hawaii Applicant	
	\$	20.79	\$	24.15
Minimum Premiums	\$	750.00	\$	1,125.00

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 coverages added with enhancement endorsement are:

1. Extended Property Damage – Expected or Intended injury resulting from use of reasonable force to protect persons or property
2. Non-owned watercraft – extended to 58 feet
3. Property Damage To Borrowed Equipment - \$10,000 each occurrence
4. Property Damage To Customers' Goods - \$10,000 each occurrence
5. Broadened Coverage – Damage to Premises Rented to You – definition expanded
6. Property Damage from Elevator Use
7. Personal And Advertising Injury From Televised Or Videotaped Material (if not professionally produced)
8. Medical Personnel - \$100,000 Any One Person
9. Broadened Definition of Insured – Newly acquired or formed organization for up to 180 days
10. Supplementary payments - \$2,500 bail bonds, \$500 a day loss of earnings
11. Knowledge or Notice of Occurrence
12. Unintentional Failure to Disclose All Hazards
13. Waiver Of Transfer Of Rights Of Recovery Against Others To Us (Waiver Of Subrogation)
14. Mental Anguish Resulting From Bodily Injury
15. Broadened Definition Of Mobile Equipment
16. 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 martial arts school operations.

Professional Liability – provides protection against wrongful acts (negligent act, error, omission or breach of duty in the discharge of martial arts 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 martial arts 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 leased, hired, 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 martial arts school and are incidental to your martial arts 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: dance programs or classes; camps or clinics; meetings and/or seminars, yoga and/or exercise 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 martial arts school or organization with our Martial Arts 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 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)	Option 1 \$1,000,000 CGL Limit		Option 2 \$2,000,000 CGL Limit	
	All States, except Hawaii	Hawaii Applicant	All States, except Hawaii	Hawaii Applicant
	\$ 15.95	\$ 14.50	\$ 21.07	\$ 19.15

Birthday Party Coverage

Coverage can be extended to cover birthday parties held at your martial arts 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 martial arts school or organization with our Martial Arts 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)	Option 1 \$1,000,000 CGL Limit		Option 2 \$2,000,000 CGL Limit	
	All States, except Hawaii	Hawaii Applicant	All States, except Hawaii	Hawaii Applicant
	\$18.15	\$16.50	\$24.48	\$22.25

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 part of, and not in addition to, the general liability limit selection.
- 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 11 or 12.
2. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your school or organization with our Martial Arts 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 11 for rates (\$150.00 minimum premium) Hawaii applicants see page 12 for rates
Option 2 - \$100,000 Abuse, Molestation, or Exploitation Defense Reimbursement	\$100.00 (Flat rate)

Equipment and Contents Coverage (Inland Marine) with Additional Coverage Endorsement

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

Rates				
Total Value per Location	All States, except Hawaii Rates	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

OPTIONAL COVERAGES AVAILABLE CONTINUED

Hosted Tournament Coverage

Hosted tournaments are those you organize and operate that include participants who are not members of your school or organization. Coverage excludes liability and medical payment claims by non-registered members/participants that participate in tournaments you host unless this optional coverage is purchased. The named insured and their registered members are automatically covered for participation in tournaments conducted by others without purchasing this additional coverage. Please contact us for additional information and supplemental questionnaire on this available optional coverage.

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, & the appropriate premium paid)
- All operations listed as ineligible
- Amusement devices (eg: rides, slides, inflatables—unless reported to, and approved by us, bungees, dunk tanks)
- Bodily injury to participants while in a hired auto or non-owned auto
- Communicable diseases
- CrossFit® Affiliate owners and/or CrossFit® programs/activities
- Cryogenic chambers/therapy
- Cyber incident, data compromise, and violation of statutes related to personal data
- Multi-passenger vehicles
- Non-registered participants at events/tournaments hosted by the named insured
- Parkour/ninja/obstacle course/free-running/tricking/urban gymnastics/extreme tumbling or any similar type activities/programs, unless reported to, approved by us, and the appropriate premium paid
- Sexually transmitted disease
- Tournaments or competitions involving the following styles: muay thai/thai boxing; kali/escrima; savate; sayoc kali; dim mak; haganah; and full contact mixed martial arts, including but not limited to: cage events, extreme and ultimate fighting
- Use of projectile weapons including, but not limited to, firearms and tasers, and defense sprays
- Use of sharpened/bladed weapons
- Climbing walls exceeding ten (10) feet with no safety harness system, unless reported to and approved by us

FREQUENTLY ASKED QUESTIONS

1. 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 martial arts supplemental form.

2. Do you provide coverage for mixed martial arts?

We are able to provide coverage for mixed martial arts, but only for your instructional and training programs. Mixed martial arts events, competitions and tournaments in which you or your members participate are not covered under this program. Refer to the exclusions section of this brochure for other styles that are excluded for tournaments and competitions.

3. Am I allowed to transport students to activities such as classes, tournaments or exhibitions?

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.

4. How do I add another entity or organization as an additional insured to my policy?

You may add an entity as an additional insured under the certificate request section of the enrollment form. Please make sure to check the box in the certificate request area noted "additional insured", and provide their entire name, address and relationship to you.

5. 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.

6. 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 Martial Arts 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 - 19) 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: _____

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 17 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

Styles of martial arts offered and any other types of operations/activities provided by your operation. (check all that apply)

- | | | | |
|---|-------------------------------------|---|--|
| <input type="radio"/> Aikido | <input type="radio"/> Haganah* | <input type="radio"/> Kickboxing (cardio/fitness only) | <input type="radio"/> Shaolinquan |
| <input type="radio"/> Brazilian jiu jitsu | <input type="radio"/> Hapkido | <input type="radio"/> Kickboxing (contact/sparring) | <input type="radio"/> Taekwondo |
| <input type="radio"/> Capoeira | <input type="radio"/> Jeet kune do | <input type="radio"/> Krav maga | <input type="radio"/> Tai chi |
| <input type="radio"/> Chi kun | <input type="radio"/> Judo | <input type="radio"/> Kung fu | <input type="radio"/> Taijiquan |
| <input type="radio"/> Dim mak* | <input type="radio"/> Jiu jitsu | <input type="radio"/> Mixed martial arts*
(ultimate/extreme/cage fighting) | <input type="radio"/> Tang soo do |
| <input type="radio"/> Fitness boxing
(non-contact) | <input type="radio"/> Kali/escrima* | <input type="radio"/> Savate* | <input type="radio"/> Thai boxing/muay thai* |
| <input type="radio"/> Goju-ryu | <input type="radio"/> Karate | <input type="radio"/> Sayoc kali* | <input type="radio"/> Wushu |
| <input type="radio"/> Kenjitsu | | | |

Other (please describe, subject to approval): _____

* NOTE: Coverage for these styles apply only to instruction/training type programs. Events/competitions/tournaments in which the insured's members participate with these styles are excluded and not covered under this program.

BUSINESS INFORMATION CONTINUED

1. Do you have any climbing devices exceeding 10 feet in height? Yes No
If yes, please provide:
a. The maximum height of the climbing device: _____
b. A description of the device: _____
c. Is a safety harness required? Yes No
(If over 10 feet, please include pictures of the device with this submission for review. Prior approval is required for climbing walls exceeding 10 feet with no safety harness.)
2. Do you have any activities that occur away from the facility/premises other than 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 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.)
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 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 martial arts/self defense instructors. Coverage for independent martial arts/self defense instructors can be purchased by contacting us.)
5. Do you have birthday parties? Yes No
6. 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.)
7. Do you utilize any inflatable devices? Yes No
(This program contains an exclusion for amusement devices. Amusement devices do not include any video games 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 ninja, parkour, 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 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
10. Does your facility have a ring/cage? Yes No
If yes, what programs utilize the ring/cage? _____
11. Do you have any boxing classes (not including kickboxing and/or fitness boxing)? Yes No

BUSINESS INFORMATION CONTINUED

12. Do you have open gym/studio time? Yes No
If yes,
a. Please select the type of persons who can participate in your open gym/studio (check all that apply) Members only Members and public
b. Is open gym supervised by a staff member at all times? Yes No
c. Are participants of open gym only allowed to practice techniques for which they have been properly instructed? Yes No
d. Is your open gym time available to all ages at the same time? Yes No

(NOTE: Additional premium may apply for open gym/studio exposures)

13. Do you use weapons as part of your instruction? Yes No
a. If yes, are they sharpened/bladed? Yes No
b. If yes, are the weapons replicas? Yes No
c. If yes, do they contain ammunition? Yes No
d. If yes, do you use tasers or defense sprays? Yes No

The use of projectile weapons including, but not limited to, firearms and tasers, and defense sprays along with sharpened/bladed weapons are excluded from coverage under this policy.

14. 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

15. Do you host any events or competitions at your facility? Yes No

16. 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.

COSTS ARE 20% 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.

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

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

Program Rating

Premium is determined by applying the appropriate option and rate for your school or organization 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.**

Quotes for higher liability limits are available immediately online OR

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

Select one option:

Options	Rates/Premium Calculation	Program Premium
<input type="radio"/> Option 1 - \$1,000,000 CGL Limit All States, except Hawaii Rate	\$ <u>20.79</u> x _____ = \$ _____ (rate) number of students	Minimum Premium = \$750.00 \$ _____
<input type="radio"/> Option 2 - \$2,000,000 CGL Limit All States, except Hawaii Rate	\$ <u>26.57</u> x _____ = \$ _____ (rate) number of students	Minimum Premium = \$1,125.00 \$ _____

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

Non-registered Member Activity and Birthday 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 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 parties. **Use the rate for the same limit selected above. These activities must be incidental to your martial arts operations.**

Type of Activity	No. of Participants	X	All State Rates, except HI		=	Premium
			\$1 Mil Rate	\$2 Mil Rate		
<input type="radio"/> Dance programs or classes		X	\$15.95	\$21.07	=	\$
<input type="radio"/> Camps/Clinics		X	\$15.95	\$21.07	=	\$
<input type="radio"/> Exercise and/or yoga classes		X	\$15.95	\$21.07	=	\$
<input type="radio"/> Exhibitions, seminars or demonstrations (involving guest participation)		X	\$15.95	\$21.07	=	\$
<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	\$15.95	\$21.07	=	\$
<input type="radio"/> Other (please describe): _____ Note: This is subject to approval by us		X	\$15.95	\$21.07	=	\$
<input type="radio"/> Birthday parties	No. of parties held annually	X	\$18.15	\$24.48	=	\$
Non-registered Activity and Birthday Parties Premium (add all lines above)						\$

HAWAII ONLY APPLICANTS PROGRAM PREMIUM CALCULATION

Program Rating

Premium is determined by applying the appropriate option and rate for your school or organization 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.**

Quotes for higher liability limits are available immediately online OR

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

Select one option:

Options	Rates/Premium Calculation	Program Premium
<input type="radio"/> Option 1 - \$1,000,000 CGL Limit Hawaii Applicant Rate	$\$ \frac{18.90}{\text{(rate)}} \times \frac{\text{number of students}}{\text{number of students}} = \$ \text{_____}$	Minimum Premium = \$750.00 \$ _____
<input type="radio"/> Option 2 - \$2,000,000 CGL Limit Hawaii Applicant Rate	$\$ \frac{24.15}{\text{(rate)}} \times \frac{\text{number of students}}{\text{number of students}} = \$ \text{_____}$	Minimum Premium = \$1,125.00 \$ _____

HAWAII ONLY APPLICANTS OPTIONAL COVERAGES PREMIUM CALCULATION

Non-registered Member Activity and Birthday 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 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 parties. **Use the rate for the same limit selected above. These activities must be incidental to your martial arts operations.**

	Type of Activity	No. of Participants	X	HI Applicant Rate		=	Premium
				\$1 Mil Rate	\$2 Mil Rate		
<input type="radio"/>	Dance programs or classes		X	\$14.50	\$19.50	=	\$
<input type="radio"/>	Camps/Clinics		X	\$14.50	\$19.50	=	\$
<input type="radio"/>	Exercise and/or yoga classes		X	\$14.50	\$19.50	=	\$
<input type="radio"/>	Exhibitions, seminars or demonstrations (involving guest participation)		X	\$14.50	\$19.50	=	\$
<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	\$14.50	\$19.50	=	\$
<input type="radio"/>	Other (please describe): _____ Note: This is subject to approval by us		X	\$14.50	\$19.50	=	\$
<input type="radio"/>	Birthday parties	No. of parties held annually	X	\$16.50	\$22.25	=	\$
Non-registered Activity and Birthday 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 been made against you or your organization or anyone working on behalf of your organization? Yes No
If yes, please explain: _____
3. Are you aware of any occurrences that could lead to a claim? Yes No
If yes please explain: _____
4. Do you, your organization or sanctioning/governing body have written procedures and training in place regarding the prevention and mitigation of abuse, molestation or sexual misconduct? Yes No
If yes:
 - a. Do the procedures require that known or suspected abuse incidents must be reported to law enforcement? Yes No
 - b. Are written procedures and training provided or available to each employee, volunteer, independent contractor or sanctioning/governing body member? Yes No
 - c. Does your written plan include reasonable procedures to limit one-on-one interactions between a minor and an adult (who is not the minor's legal guardian) to those that are observable by another adult and within an interruptible distance, except under emergency circumstances? Yes No
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 explain any "No" responses to questions asked in #5: _____

6. Calculate premium:

Options	Activity Type	All States, except Hawaii Rate (per participant)	X	Total # of Participants (see page 9)	=	Premium
<input type="radio"/> Option 1 - \$1,000,000 Sexual Abuse or Sexual Molestation Liability	Martial Arts	\$2.31	X		=	\$
	Non-Registered Member Activity(s); Dance, Camp/Clinic, Exercise and/ or Yoga, Exhibitors, Seminars or Demos, Tumbling (floor only) Other: _____	\$2.05		X		= \$
	Birthday or Social Party	\$2.53 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 been made against you or your organization or anyone working on behalf of your organization? Yes No
If yes, please explain: _____
3. Are you aware of any occurrences that could lead to a claim? Yes No
If yes please explain: _____
4. Do you, your organization or sanctioning/governing body have written procedures and training in place regarding the prevention and mitigation of abuse, molestation or sexual misconduct? Yes No
If yes:
 - a. Do the procedures require that known or suspected abuse incidents must be reported to law enforcement? Yes No
 - b. Are written procedures and training provided or available to each employee, volunteer, independent contractor or sanctioning/governing body member? Yes No
 - c. Does your written plan include reasonable procedures to limit one-on-one interactions between a minor and an adult (who is not the minor's legal guardian) to those that are observable by another adult and within an interruptible distance, except under emergency circumstances? Yes No
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 explain any "No" responses to questions asked in #5: _____

6. Calculate premium:

Options	Activity Type	Hawaii Applicant Rate <small>(per participant)</small>	X	Total # of Participants <small>(see page 10)</small>	=	Premium
<input type="radio"/> Option 1 - \$1,000,000 Sexual Abuse or Sexual Molestation Liability	Martial Arts	\$2.10	X		=	\$
	Non-Registered Member Activity(s); Dance, Camp/Clinic, Exercise and/ or Yoga, Exhibitors, Seminars or Demos, Tumbling (floor only) Other: _____	\$1.86	X		=	\$
	Birthday or Social Party	\$2.30 per party	X	_____ # parties	=	\$
	TOTAL Sexual Abuse/Sexual Molestation Liability Premium <small>(add all lines above, \$150.00 minimum premium applies)</small>					
<input type="radio"/> Option 2 - \$100,000 - Abuse, Molestation, or Exploitation Defense Reimbursement						\$100.00

**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)	\$ _____
Equipment & 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.)	\$ _____
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)			
\$ <u>.033</u>	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)			
\$ <u>.0286</u>	x \$ _____	= \$ _____	\$ _____ (C)
Rate	Total Replacement Value		Equipment and Contents Premium (\$100.00 minimum premium applies)

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)	\$ _____
Equipment & 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.)	\$ _____
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 APPLICANTS Premium Calculation

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

\$ <u>.03</u>	x \$ _____	= \$ _____	\$ _____ (C)
Rate	Total Replacement Value		Equipment and Contents Premium (\$100.00 minimum premium applies)

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

\$ <u>.026</u>	x \$ _____	= \$ _____	\$ _____ (C)
Rate	Total Replacement Value		Equipment and Contents Premium (\$100.00 minimum premium applies)

TOTAL COST SUMMARY

Program Premium (from page 9 or 10)	\$
OPTIONAL COVERAGES:	
Non-registered Member and/or Birthday/Social Party Premium (from page 9 or 10)	\$
Sexual Abuse/Sexual Molestation Premium (from page 11 or 12) - 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 13 or 14) - 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. 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*; Acupuncture and acupressure; Asbestos; Bodily injury to participants while in a hired auto or non-owned auto; Childcare/babysitting services; Climbing walls exceeding ten (10) feet with no safety harness system, unless reported to and approved by us; Commercial general liability standard exclusions (CG0001 4/13 edition); Cap on losses from certified acts of terrorism; Communicable disease; CrossFit® affiliate owners and/or CrossFit® programs/activities; 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; Instruction/activities held on or in open water (e.g.: lakes, ponds, ocean); Lead; Massage therapy; Medical, therapy or health care services; Multi-passenger vehicles; Non-registered participants at events/tournaments hosted by the named insured; Nuclear energy; Parkour, obstacle course, ninja, free-running, tricking, urban gymnastics, extreme tumbling, or any similar type programs*; 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, and 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 (injury or death to 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*; 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; Tournaments or competitions involving the following styles: muay thai/thai boxing, kali/escrima, savate, sayoc kali, dim mak, haganah, full contact and submission mixed martial arts, including but not limited to: cage events, extreme fighting and ultimate fighting; 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: The sport of boxing (contact/sparring); The sport of wrestling; Training programs for law enforcement, public safety, military personnel, CPR, and First Aid; Trampoline parks/facilities.

*unless reported to, approved by us, & the appropriate premium paid

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 by us, I will provide with reasonably satisfactory evidence of all of the above mentioned items.

Note: 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-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.

*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: (Academic HealthPlans)

- **Mail** Academic HealthPlans
PO Box 81315
Cleveland, OH 44181

Pay by credit card:

- **Fax** 1-913-754-5617
- OR**
- **Mail** See above for mailing address

- VISA MASTERCARD AMERICAN EXPRESS

Card number: _____

CSC # (card security) code: _____ Expiration date: _____

I authorize Academic HealthPlans, Inc. to charge my payment to my credit card in the amount of \$ _____

Print name (as on card) _____

Cardholder signature: _____

Cardholder phone number: (_____) _____

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