MARTIAL ARTS SCHOOLS and PROGRAMS
Insurance Program and Enrollment Form

This brochure is valid for effective dates of 1/1/26 through 2/28/27

Higher liability limits are available for purchase 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/students, 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 your direct supervision, or organized by you; and ancillary events or activities at off-site locations involving your registered members/students 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 parties or special events (e.g.: parent's night out) 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-member participants or participants/students of separately charged classes/programs 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
- Kenjutsu
- 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.
P.O. Box 736073
Chicago, IL 60673-6073

FOR SERVICE REQUESTS ONLY

E-MAIL recsportsandmore@recsportsandmore.ahpcare.com

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

COVERAGES AND LIMITS

Higher liability limits are available for purchase immediately online

Coverages	Option 1		Option 2	
Commercial General Liability Each Occurrence	**Limits** $ 1,000,000		**Limits** $ 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 Applicants, except Hawaii**	**Hawaii Applicants**	**All States Applicants, except Hawaii**	**Hawaii Applicants**
	$ 20.79	$ 18.90	$ 26.57	$ 24.15
Minimum Premiums	$ 750.00	$ 750.00	$ 1,125.00	$ 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-completed operations, and personal and advertising injury. Additional or broadening coverages added with the 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, or 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 to 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.

ADDITIONAL OPERATIONS COVERAGES AVAILABLE

Coverage for Non-Members and Separately Charged Classes/Programs

This coverage is available for events and/or activities you conduct at your facility that involve non-members or participants/students paying a separate fee for classes, camps, clinics, seminars and demonstrations and are incidental to your martial arts operations. When reported and paid for, coverage is extended to provide liability and excess medical coverage for those individuals 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; and tumbling/gymnastics programs or classes. Unless this option is purchased, coverage is excluded for non-members and participants/students paying a separate fee that 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 and Programs RPG Insurance Program.
2. Birthday parties and special events are not considered to be a subsidiary activity and a separate premium charge will apply.
3. Non-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 participants/students of your school if they are charged a separate registration fee to participate in the activity.

Rates (per participant/student)	**Option 1 $1,000,000 CGL Limit**		**Option 2 $2,000,000 CGL Limit**	
	All States Applicants, except Hawaii	**Hawaii Applicants**	**All States Applicants, except Hawaii**	**Hawaii Applicants**
	$ 15.95	$ 14.50	$ 21.07	$ 19.15

Birthday Party and Special Events

Coverage can be extended to cover reported birthday parties and special events (e.g.: parent's night out) 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 and Programs RPG Insurance Program.
2. The same coverages and limits would apply to this optional coverage as purchased for your school or organization.

Rates (per party/event)	**Option 1 $1,000,000 CGL Limit**		**Option 2 $2,000,000 CGL Limit**	
	All States Applicants, except Hawaii	**Hawaii Applicants**	**All States Applicants, except Hawaii**	**Hawaii Applicants**
	$18.15	$16.50	$24.48	$22.25

OPTIONAL COVERAGES AVAILABLE

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 for each perpetrator with a $1,000,000 aggregate 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 Aggregate Limit of Insurance.

Option 2: $100,000 each claim with a $100,000 aggregate limit 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, review, and approval from us of the underwriting questions on page 11.
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.

Options	Rates
Option 1 - $1,000,000 Sexual Abuse or Sexual Molestation Liability	See page 12 for rates ($150.00 minimum premium)
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 coinsurance 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 coinsurance 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
- Accounts 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 and Programs RPG Insurance Program.
2. Coverage will be effective the day after we receive the properly completed enrollment form with premium and will expire on the expiration date of your Martial Arts Schools and Programs RPG Insurance Program.
3. Receipt of purchase is required at the time of loss to show verification of purchase for improvements or betterments.

Total Value per Location	All States Applicants, except Hawaii Rates	Hawaii Applicants Rates	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 (for hosted tournaments that are 7 days or less in duration)

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 who 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 a 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, and the appropriate premium paid)
- All operations listed as ineligible
- Amusement devices (e.g.: rides, slides, inflatables–unless reported to, and approved by us, bungees, dunk tanks)
- Bodily injury to participants while in a hired auto or non-owned auto
- Climbing walls exceeding ten (10) feet, unless reported to and approved by us
- Communicable disease
- CrossFit® Affiliate programs/activities
- Cryogenic chambers/therapy
- Cyber incident, data compromise, and violation of statutes related to personal data
- Dodgeball
- 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
- Paintball, reball, nerf wars, laser tag, airsoft, gelly ball, archery tag, and similar types games/events
- 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, submission mixed martial arts, including but not limited to: cage events, extreme and ultimate fighting
- Use of projectile weapons including, but not limited to, firearms, tasers, and defense sprays
- Use of sharpened weapons

FREQUENTLY ASKED QUESTIONS

1. **We are a newly formed school and we are not sure how many members/students we will have, how should I report my student count?**
   You need to report the number of members/students you project to have within an annual term. You may add additional members/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/students 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 members/students/participants. Should the transportation of members/students/participants 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., P.O. Box 736073, Chicago, IL 60673-6073 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 and Programs

This brochure is valid for effective dates of 1/1/26 through 2/28/27

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group, a group formed and operating pursuant to the Liability Risk Retention Act of 1986 (15 USC 3901 et seq.). A risk purchasing group (RPG) provides group purchasing power for similar risks resulting in potentially 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 - 20) 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:_____

Insured contact name: _____ Insured phone: (_____)_____

Insured cell: (_____) _____ Insured e-mail: _____

Website:_____

(By listing an email address, you are giving us permission to contact you by email about your policy. Refer to page 17 for Consent for Electronic Transactions.)

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 in the certificate request section if evidence of coverage or additional insured status is needed. If you are a mobile program or you lease space temporarily, please confirm this by checking the box.)

❍ Mobile program

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)

❍ 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
❍ Kenjutsu
❍ 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

❍ 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. For climbing walls over 10 feet, please review and sign the guidelines required for consideration of coverage on page 15)

2. Do you have any activities that occur away from the facility/premises other than camps, competitions, demonstrations, parades or fundraising activities? ❍ Yes ❍ No

   a. If yes, please check those types of activities that apply and describe:

   ❍ Training (describe):_____

   ❍ Day at the park (describe): _____

   ❍ Trip to amusement park or beach

   ❍ Other: _____

   (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 seminars or demonstrations that involve guests participating or practicing maneuvers during the event? ❍ Yes ❍ No

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

   If yes, please advise the max age of the honoree: _____

6. Do you host any special events? ❍ Yes ❍ No

   If yes, please describe the event and the number of attendees (subject to approval): _____

   _____

7. 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/students of your school) are excluded from coverage under this policy, unless you purchase the additional operations coverage for non-members and separately charged classes/programs.)

   b. What does your camp/clinic curriculum consist of? Check all that apply:

   ❍ Martial arts

   ❍ Other sports (describe):_____

   ❍ Crafts

   ❍ P.E. type games (describe):_____

   ❍ Other (describe): _____

   (Coverage can only be extended for those types of operations/activities that coverage has been purchased for under this program. Any activities other than those reported styles of martial arts must be reported and approved by us.)

   c. Check those activities that occur away from your facility. Please note, activities held off-site are subject to approval.

   ❍ We do not have any off-site activities

   ❍ Swimming at local pool with lifeguards

   ❍ Amusement/water/trampoline park

   ❍ Museum

   ❍ Movie theater

   ❍ Nature walks or hiking

   ❍ Laser tag/nerf wars/similar activities

8. 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.)

9. 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.

BUSINESS INFORMATION CONTINUED

10. Do you have ninja, parkour, an obstacle course, extreme tumbling, urban/extreme gymnastics, tricking, free-running and/or similar types of programs/activities/camps? ❍ Yes ❍ No
(If yes, please contact us for additional information on coverage availability.)

11. 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

12. Does your facility have a ring/cage? ❍ Yes ❍ No
If yes, what programs utilize the ring/cage?_____

13. Do you have any boxing classes (not including kickboxing and/or fitness boxing)? ❍ Yes ❍ No

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

15. Do you use weapons as part of your instruction? ❍ Yes ❍ No
a. If yes, are they sharpened? ❍ 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 weapons are excluded from coverage under this policy.

16. If you suspect a student/participant has a concussion, do you have an action plan that includes:
a. Immediately removing the student/participant from play or practice? ❍ Yes ❍ No
b. Keeping the student/participant out of play or practice until they provide written clearance from a licensed physician? ❍ Yes ❍ No

17. Do you host competitions at your facility? ❍ Yes ❍ No
If yes, describe:_____

18. **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 more than $5,000 in claims? ❍ 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.

PROGRAM PREMIUM CALCULATION

Please select the correct rating table for your state, determined by your mailing address, and then choose only one option. Premium is determined by applying the appropriate option and rate to the greatest number of member/students that your program could have during the year. Rosters may be requested to verify participant counts.

Quotes for higher liability limits are available immediately online

OR

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

ALL STATES APPLICANTS, EXCEPT HAWAII		
Options	**Premium Calculation**	**Program Premium** If the total program premium is less than the minimum premium, the total premium due is the minimum premium.
❍ **Option 1 - $1,000,000 CGL Limit**	$ 20.79 (rate) x _____ number of members/students = $_____	Minimum Premium = $750.00 $_____
❍ **Option 2 - $2,000,000 CGL Limit**	$ 26.57 (rate) x _____ number of members/students = $_____	Minimum Premium = $1,125.00 $_____

HAWAII APPLICANTS		
Options	**Hawaii Premium Calculation**	**Program Premium** If the total program premium is less than the minimum premium, the total premium due is the minimum premium.
❍ **Option 1 - $1,000,000 CGL Limit**	$ 18.90 (rate) x _____ number of members/students = $_____	Minimum Premium = $750.00 $_____
❍ **Option 2 - $2,000,000 CGL Limit**	$ 24.15 (rate) x _____ number of members/students = $_____	Minimum Premium = $1,125.00 $_____

COSTS ARE 20% FULLY EARNED AND NON-REFUNDABLE/NON-TRANSFERABLE ONCE COVERAGE BEGINS*
COVERAGE IS CONTINGENT UPON RECEIPT OF PAYMENT AND A FULLY COMPLETED ENROLLMENT FORM.

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

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

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

ADDITIONAL OPERATIONS COVERAGES PREMIUM CALCULATION

❍ **Check here and skip this section if you do not have these exposures or do not want these options covered**

For each type of activity listed below that you offer at your school or organization, please provide the following in the correct rating table for your state, determined by your mailing address:

1. The total number of non-members or separately enrolled participants, and
2. The total number of birthday parties or special events held.

Use the same liability limit/rate option that you selected on the previous page when reporting these numbers. Note: These activities should be incidental to your primary martial arts program.

ALL STATES APPLICANTS, EXCEPT HAWAII

	Type of Activity	Number of Non-Members/ Participants	X	$1 Mil Rate	$2 Mil Rate	=	Premium
❍	Dance programs or classes		X	$15.95	$21.07	=	$
❍	Camps/Clinics		X	$15.95	$21.07	=	$
❍	Exercise and/or yoga classes		X	$15.95	$21.07	=	$
❍	Seminars or demonstrations (involving guest participation)		X	$15.95	$21.07	=	$
❍	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	=	$
❍	Other (please describe): _____ Note: This is subject to approval by us.		X	$15.95	$21.07	=	$
❍	Birthday parties and special events (subject to approval)	Number of parties annually _____	X	$18.15	$24.48	=	$
Additional Operations and Birthday Parties/Special Events Premium (add all lines above)							$

HAWAII APPLICANTS

	Type of Activity	Number of Non-Members/ Participants	X	$1 Mil Rate	$2 Mil Rate	=	Premium
❍	Dance programs or classes		X	$14.50	$19.50	=	$
❍	Camps/Clinics		X	$14.50	$19.50	=	$
❍	Exercise and/or yoga classes		X	$14.50	$19.50	=	$
❍	Seminars or demonstrations (involving guest participation)		X	$14.50	$19.50	=	$
❍	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	=	$
❍	Other (please describe): _____ Note: This is subject to approval by us.		X	$14.50	$19.50	=	$
❍	Birthday parties and special events (subject to approval)	Number of parties annually _____	X	$16.50	$22.25	=	$
Additional Operations and Birthday Parties/Special Events Premium (add all lines above)							$

OPTIONAL COVERAGES PREMIUM CALCULATION

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/Independent Contractors" means someone, including parent volunteers, who exerts control over or supervises participants.
2. Have any claims, allegations, convictions, 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, do they include:
   - How to recognize the signs of abuse and molestation ❍ Yes ❍ No
   - All known, alleged or suspected abuse incidents must be reported to law enforcement ❍ Yes ❍ No
   - Procedures are provided or available to all paid and volunteer staff, and sanctioning/governing body members ❍ Yes ❍ No
   - No one-on-one situations allowed without visibility by others ❍ Yes ❍ No
   - A supervision plan to monitor all participants at the facility/event site that also prevents access to secluded areas such as closets, unsupervised rooms, etc. ❍ Yes ❍ No
   - A policy regarding appropriate and inappropriate physical contact, verbal interaction and electronic communications with children during and outside of regularly scheduled business activities ❍ Yes ❍ No
5. Please complete the following questions regarding employee, volunteer, or independent contractor screening controls used by your organization.

Please Complete All Questions The term "Volunteers/Independent contractors" in the following questions means someone who exerts control over or supervises participants.	**Employees**	**Volunteers/Independent contractors**
Do you have employees and/or volunteers/independent contractors?	❍ Yes ❍ No	❍ Yes ❍ No
Are employee/volunteer/independent contractor applications required?	❍ Yes ❍ No	❍ Yes ❍ 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?	❍ Yes ❍ No	❍ Yes ❍ No
If yes, and applicant checks yes, do you reject the applicant?	❍ Yes ❍ No	❍ Yes ❍ No
Are background checks provided by a third party vendor/service?	❍ Yes ❍ No	❍ Yes ❍ No
If yes, do you reject an applicant with any history of physical violence or sex related offenses?	❍ Yes ❍ No	❍ Yes ❍ No

Please explain any "No" responses to questions asked in #5: _____

_____

_____

_____

6. Calculate premium - Proceed to page 12 to calculate the premium.

OPTIONAL COVERAGES PREMIUM CALCULATION CONTINUED

Sexual Abuse or Sexual Molestation Liability Coverage OR Abuse, Molestation, or Exploitation Defense Reimbursement

Please select the correct rating table for your state, determined by your mailing address, and then choose only one option. To calculate your premium, you will need the number of members/students from page 9 and the number of non-members/ participants along with the number of birthday parties and special events from page 10.

ALL STATES APPLICANTS, EXCEPT HAWAII						
Options	**Activity Type**	**Rate** (per student/ participant)	**X**	**Total # of Students/ Participants** (see pages 9 & 10)	**=**	**Premium**
❍ **Option 1 - $1,000,000** Sexual Abuse or Sexual Molestation Liability	Martial Arts	$2.31	X		=	$
	Additional Operations: Dance; Camps/Clinics; Exercise and/or Yoga; Seminars or Demos; Tumbling/ Gymnastics (floor only) Other:_____	$2.05	X		=	$
	Birthday parties and special events	$2.53 per party/event	X	_____ # parties/events	=	$
	TOTAL Sexual Abuse or Sexual Molestation Liability Premium (add all lines above, $150.00 minimum premium applies)					$
❍ **Option 2 - $100,000** - Abuse, Molestation, or Exploitation Defense Reimbursement						$100.00

HAWAII APPLICANTS						
Options	**Activity Type**	**Rate** (per student/ participant)	**X**	**Total # of Students/ Participants** (see pages 9 & 10)	**=**	**Premium**
❍ **Option 1 - $1,000,000** Sexual Abuse or Sexual Molestation Liability	Martial Arts	$2.10	X		=	$
	Additional Operations: Dance; Camps/Clinics; Exercise and/or Yoga; Seminars or Demos; Tumbling/ Gymnastics (floor only) Other:_____	$1.86	X		=	$
	Birthday parties and special events	$2.30 per party/event	X	_____ # parties/events	=	$
	TOTAL Sexual Abuse or Sexual Molestation Liability Premium (add all lines above, $150.00 minimum premium applies)					$
❍ **Option 2 - $100,000** - Abuse, Molestation, or Exploitation Defense Reimbursement						$100.00

OPTIONAL COVERAGES PREMIUM CALCULATION CONTINUED

Equipment and Contents Coverage (Inland Marine)

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)

Supplies & Inventory (office supplies, items held for sale)	$_____
Equipment & Furnishings (equipment, electronics, furniture, 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 _____	$_____
_____	
_____	
Leased personal property, HVAC or building glass (where you are a tenant and who have contractual responsibility)	$_____
Total replacement value for all location(s) (add all lines above)	**$**_____

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 - Proceed to page 14 to calculate the premium due

OPTIONAL COVERAGES PREMIUM CALCULATION CONTINUED

Equipment and Contents Coverage (Inland Marine)

Please select the correct rating table for your state, determined by your mailing address, and then choose only one option. To calculate your premium please use the Total Replacement Value from page 13. If your total calculated premium is less than the minimum premium, the total premium due is the minimum premium.

ALL STATES APPLICANTS, EXCEPT HAWAII

❍ **My total replacement value is between $1 – $10,000**
- $250 deductible will apply

$ $.033 (Rate) x $_____ (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

$ .0286 (Rate) x $_____ (Total Replacement Value) = $_____ $_____ (Equipment and Contents Premium ($100.00 minimum premium applies))

HAWAII APPLICANTS

❍ **My total replacement value is between $1 – $10,000**
- $250 deductible will apply

$ $.03 (Rate) x $_____ (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

$ .026 (Rate) x $_____ (Total Replacement Value) = $_____ $_____ (Equipment and Contents Premium ($100.00 minimum premium applies))

CLIMBING WALL MINIMUM UNDERWRITING GUIDELINES

Complete this section if you have a climbing wall(s) over 10 feet high, otherwise continue to the next page

Minimum Underwriting Guidelines applicable to Climbing Walls over 10 ft. high:

1. Climber eligibility based upon manufacturer criteria must be followed.
2. Climbers/participants must sign a waiver prior to climbing.
3. Safety, warning, rules/regulations signage must be present.
4. Climbers/participants must not be permitted to use their own equipment.
5. Control access to the wall during operating hours and closed times.
6. Climbers must always be supervised. Supervision must be adequate based upon the number of active climbers on the wall system.
7. Climbers must be belayed by an auto system OR by a staff member for manual belay systems.
8. Climbers must be visually inspected by a trained operator prior to climbing to ensure safety harnesses are worn properly.
9. Climbers must be attached to the belay system by a trained operator.
10. Climbers must wear slip resistant shoes.
11. Climbers must climb down when ending their climb – no jumping.
12. Climbers must quickly leave the safety zone when finished climbing.
13. Safety surfacing must be present at the base (safety zone) of the climbing wall/structure.
14. The organization must maintain copies of manufacturers published materials including product information, inspection criteria, maintenance criteria, and retirement criteria.
15. The organization must maintain an inspection and maintenance program for equipment including personal protective equipment.
16. Owner/Operators must have an inspection program in place per manufacturer specifications.
    Inspections should be properly documented (checklists).
    - Harnesses
    - Helmets
    - Belay system
    - Connectors
    - Wall surface
    - Hand holds
    - Safety surfacing
17. Maintenance procedures should be properly documented (log book).
18. All auto belay devices must be serviced & maintained annually per the manufacturer's guidelines.
19. Attraction/device operators must be property trained per manufacturers specifications.
    Attraction/device operators training should be properly documented.
20. Equipment Standards:
    - Performance and construction of manufactured harnesses shall meet UIAA, ANSI, ASTM, EN, NFPA or other applicable standards
21. Retirement Criteria per manufacturer specifications:
    - significant wear, discoloration, or stiffness
    - worn or broken stitching
    - broken or defective buckles or other fasteners

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

_____ _____

Applicant's Signature Date (MM/DD/YYYY)

CERTIFICATE REQUESTS

Once your enrollment form is approved, you will receive a Certificate of Insurance as evidence that coverage is bound. **Complete this section if you require additional certificates listing a facility, property owner or similar third-party as an additional insured on your policy. Provide a separate request for each additional certificate needed.**

Note: Please request all additional insureds needed for this policy term. Additional insureds from the expiring policy term will not be automatically renewed.

1. When is this certificate needed? : _____/_____/_____

2. This certificate is for: ❍ General Liability Coverage ❍ Equipment & Contents/Inland Marine Coverage (if applicable)

3. What is the additional insured's relationship to you? ❍ Owner/manager/lessor of premises (facility or venue)
❍ Sponsor ❍ Co-promoter ❍ Lessor of equipment/contents (liability) ❍ Loss Payee (equipment/contents)
❍ Other (please identify/explain):_____

NOTE: The certificate holder will automatically be an Additional Insured for an Owner/manager/lessor, Sponsor or Co-Promoter relationship

4. Certificate holder/additional insured name: _____
Mailing address: _____
City: _____ State: _____ Zip:_____

5. Does the certificate holder/additional insured require any special wording or endorsements? ❍ Yes ❍ No
If yes, check all that apply: ❍ Primary/Noncontributory ❍ Waiver of subrogation
❍ Other (please explain): _____

NOTE: If you are not sure, please attach a copy of the insurance requirements/instructions you've received.

6. For specific events: Date(s) of event/activity: _____/_____/_____ to _____/_____/_____
Hours of event/activity:_____ A.M./P.M. to_____ A.M./P.M. Type of event/activity:_____
Name of event/activity:_____ Location of event/activity:_____

7. For Loss Payee: Type of equipment (please describe):_____ Replacement cost value: _____

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

COVERAGE EXCLUSIONS

The following notable exclusions are contained in the commercial general liability coverage provided by this program (note: state variations may apply). Abuse, molestation, or exploitation*; 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) unless reported to and approved by us; Commercial General Liability standard exclusions (CG0001 4/13 edition); Cap on losses from certified acts of terrorism; Circus skills and training; Communicable disease; CrossFit® Affiliate programs/activities; Cryogenic chambers/therapy; Cyber incident, data compromise, and violation of statutes related to personal data; Cycling (other than stationary); Dodgeball; 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; Paintball, reball, nerf wars, laser tag, airsoft, gelly ball, archery tag, and similar type games/events; 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); or inflatable recreational device (unless reported to, and approved by us). This exclusion does not apply to video games or computer games, or any device that is specifically designated for the training or instruction of the activity for which you are enrolled; Animal; Bungee; Dunk tank; Haunted attraction; Performer ("bodily injury" or "personal and advertising injury" 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 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

TOTAL COST SUMMARY

Program Premium (from page 9)	$	
Additional Operations and/or Birthday Parties/Special Events Premium (from page 10)	$	
Optional Coverages:		
Sexual Abuse/Sexual Molestation Premium (from page 12) ❍ $100,000 Defense Reimbursement Only OR ❍ $1,000,000 Liability Limit	$	
Equipment and Contents Premium (from page 14)	$	
Premium Subtotal (add all lines above)	$	(A)
Risk Purchasing Group Administration Fee (Required)	$ 20.00	(B)
Total Cost Due (add lines A + B)	$	

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

Consent for Electronic Transactions

The Electronic Signatures in Global and National Commerce Act provides that a signature, contract or other record may not be denied legal effect, validity or enforceability solely because it is in electronic form or because an electronic signature was used in a transaction.

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

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

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

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

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

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

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

After this enrollment form is approved, you will receive a certificate of insurance showing evidence that coverage has been bound. When submitted through an insurance agent or broker, this coverage document will only be delivered to them. Additional certificate requests will be issued to the same person. Providing an email address in this application will be deemed consent to us to deliver documents and communication to you electronically.

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

If you DO NOT want to be emailed, please check here and select your preferred method of document delivery. ❍

❍ Fax to: _____ Attn: _____

❍ Mail to: _____ Attn: _____

FRAUD WARNING

Any person who knowingly and with intent to defraud any Insurance Company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, MN, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, VT, WA, and WV) (Insurance benefits may also be denied in LA, ME, TN, and VA.).

Applicable in AL, AR, DC, LA, MD, NM, RI, and WV
Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CA
For your protection, California law requires that you be advised of the following: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in CO
It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK
Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS
Any person who, knowingly and with intent to defraud, presents, causes to be presented, or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker, or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA
It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines, and denial of insurance benefits. *Applies in ME Only.

Applicable in MN
A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in NJ
Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR
Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in VT
Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

MARKEL FRAUD APPS (2024/01)

ATTENTION AGENTS

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

Agency name:_____ Agent/contact name: _____

Agency complete mailing address: _____

Address City State Zip

Agency telephone: (_____) _____ Agency fax: (_____) _____

Agent/contact e-mail address: _____ Tax I.D. _____

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

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

Agent signature: _____ **Date:** _____

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:** _____

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

By selecting 'Yes' and typing my name above, I am electronically signing the application and agreeing to the terms and conditions stated in the AHP Consent for Electronic Transactions. I agree that my electronic signature is the legally binding equivalent to my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.

❍ **Yes** ❍ **No**

Printed name: _____ **Title:** _____

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

Academic HealthPlans, Inc. • P.O. Box 736073, Chicago, IL 60673-6073 • Ph 1-913-754-5617
E-mail = recsportsandmore@recsportsandmore.ahpcare.com • Fax 1-913-754-5617
www.mycare26.com/specialty-programs
CA # 0H64806, TX # 1554208, FL # L074590

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, Inc.)
- **Mail** Academic HealthPlans, Inc.
  P.O. Box 736073
  Chicago, IL 60673-6073

❍ **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: (_____)_____