

**REQUIRED TO QUOTE - Complete pages 3 - 7, plus page 17  
Pages 8 - 16, complete if applicable**

## PROGRAM DESCRIPTION

This program has been designed for U.S.-based gymnastics schools/clubs specializing in the instruction of gymnastics, tumbling, cheerleading/dance and related programs. Coverage provided includes important liability protection for the school/club including its employees and volunteers, for liability claims arising out of its operations.

For eligible gymnastic schools/clubs, your covered operations consist of operations and activities at your locations involving member/registered gymnastic or cheer 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 member only camps, off-site competitions, demonstrations, parades and fundraising activities, directly associated with the above that are under your direct supervision or organized by you.

“Covered Operations” may also include: ancillary instructional or learning programs for sports or activities besides gymnastic and cheer 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; birthday/social parties, open gym or special events 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 appropriate premium has been paid; camps/clinics involving non-registered/member participants or camps/clinics with off-site premises activities/programs that are under your 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 meets, competitions or events hosted by you and under your direct supervision or organized by you, that have been reported to and approved by the company, and for which the appropriate 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:

- Circus skills training
- Your operations as a sports complex or multi-purpose facility, except for those sport(s) and/or subsidiary activities you have reported to, approved by us, and the appropriate premium paid
- Trampoline parks/facilities (defined as any facility having multiple trampoline beds positioned closely together and used for recreational activities)

## ELIGIBLE OPERATIONS

Gymnastics schools/clubs providing any of the following activities as their primary operations are eligible for this program.

- Artistic gymnastics
- Cheerleading
- Competitive gymnastics
- Group gymnastics
- Mobile gymnastics programs
- “Mommy & Me”/”Me & My Pal”/”Parent-Tot”
- Pre-school gymnastics
- Recreational gymnastics
- Rhythmic gymnastics
- Sports acrobatics (USAG sanctioned)
- Trampolines (instruction/training classes programs only)
- Tumble buses
- Tumbling

### NOTE:

- **Failure to report all operations may jeopardize coverage at time of loss.**
- **If your operations consist of cheerleading only (no gymnastics), please contact us for the proper enrollment form to complete.**
- **Expanded eligibility for Ninja/Obstacle/Parkour programs including youth and adult, warp walls, manufactured equipment only** (subject to underwriting approval)

## WAYS TO ENROLL FOR COVERAGE

Submit this enrollment form for a quote.

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

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

**MAIL** Regular: Academic HealthPlans, Inc.  
P.O.Box 25936  
Overland Park, KS 66225

Overnight: Academic HealthPlans, Inc.  
16201 West 95th Street,  
Suite 210  
Lenexa, KS 66219

**QUESTIONS** 1-800-955-1991 ext 5617

## FREQUENTLY ASKED QUESTIONS

### 1. How soon does coverage start? When will we receive proof of coverage?

Once we have received, reviewed and approved your completed enrollment form, coverage can be bound upon receipt of your signed approval of our quote with the appropriate premium. Please allow adequate time for us to process your enrollment form and issue certificates.

### 2. We are a newly formed school/club 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 enrolled at the busiest time of year. You may add additional students at any time by using the gymnastics supplement form.

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

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

### 4. Is my school/club covered for a meet or competition that we are hosting that involves non-registered students/members?

Coverage is included for meets or competitions you host that only include students/members of your school or club. To obtain coverage for an event that includes non-registered students/members, please contact us for coverage options available.

### 5. Am I allowed to transport students to activities such as meets, competitions or events?

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.

### 6. Can I use a Tumble Trak at my gymnastics school?

Yes. We provide coverage for the use of Tumble Traks and trampolines as a part of your school/club teaching apparatus. In addition, limited coverage may be available for inflatable structures through this program. Refer to page 12.

### 7. Will we receive a policy after submitting the enrollment form?

Coverage offered under this program is exclusively through Sports, Leisure and Entertainment Risk Purchasing Group (RPG). The RPG receives a master policy from the company. Submission of this enrollment form confirms your desire to receive coverage through the RPG. Each member will receive their own certificate of insurance as their 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. A copy of the RPG master policy can be requested in writing to: Academic HealthPlans, Inc., P.O.Box 25936, Overland Park, KS 66225 or [recsportsandmore@risk-strategies.com](mailto:recsportsandmore@risk-strategies.com).

### 8. What constitutes a member?

A member is an individual who regularly takes classes at your facility. A member is not someone who participates only in your camp/clinic/open gyms.

### 9. Do I have coverage for virtual training?

Coverage does extend to incidental virtual training provided by you (the named insured) to your members. The policy is intended to extend bodily injury coverage for training available to your 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 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.

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.

Academic HealthPlans, Inc. • P.O. Box 25936 • Overland Park, KS 66225 • 1-800-955-1991 ext 5617  
E-mail = [recsportsandmore@risk-strategies.com](mailto:recsportsandmore@risk-strategies.com) • Fax 1-913-754-5617 • [www.4RecSportsAndMore.com](http://www.4RecSportsAndMore.com)  
FL #L093416, CA #0H18178, TX #1657333



## BUSINESS INFORMATION CONTINUED

7. Is at least one instructor/coach CPR/first aid certified and on-site during open hours?  Yes  No
8. Is your student/instructor ratio for a typical class 10:1 or less?  Yes  No
9. Do you require a waiver to be signed by all persons (and/or their parent and/or legal guardian) as a part of your registration and prior to participation, including non-members taking part in programs/activities as well as adults that are taking part in a Mommy & Me, Parent-Tot, etc. classes?  Yes  No

If no, please explain: \_\_\_\_\_

10. Do you have a formal process to store and maintain signed waivers for at least 2 years?  Yes  No
11. Please identify all programs, activities and services that you offer (check all that apply):

### Notes:

- You must identify an exposure for coverage to be considered and approved. The company reserves the right to decline any request for coverage.
- Coverage will not extend to programs, activities and services that are not reported and approved in writing by the company.

- |   |  |
|---|--|
| <input type="radio"/> Child/adult instructional gymnastic classes<br>(Adult participates with child in class, ex: Mommy & Me) | <input type="radio"/> Trampolines (instruction/training classes/programs only) |
| <input type="radio"/> Cheerleading  | <input type="radio"/> Pre-school gymnastics                                    |
| <input type="radio"/> Competitive/Artistic gymnastics<br>What levels are trained? _____                                       | <input type="radio"/> Recreational gymnastics                                  |
| <input type="radio"/> Mobile gymnastic programs   | <input type="radio"/> Rhythmic gymnastics                                      |
|   | <input type="radio"/> Sports acrobatics (USAG sanctioned only)                 |
|   | <input type="radio"/> Tumble bus   |
|   | <input type="radio"/> Tumbling   |

### Ancillary instructional or learning programs

- |   |  |
|---|--|
| <input type="radio"/> Dance                 | <input type="radio"/> Swimming (instructional classes/programs only) |
| <input type="radio"/> Drama/Theater         | <input type="radio"/> Strength conditioning area/programs            |
| <input type="radio"/> Martial arts          | <input type="radio"/> Weightlifting                                  |
| <input type="radio"/> Pilates/Yoga/Aerobics | <input type="radio"/> Other: _____                                   |

### Other operations/exposures:

- |  |   |  |
|--|---|--|
| <input type="radio"/> Batting cages *  | <input type="radio"/> Open gym  | <input type="radio"/> Swimming pools                     |
| <input type="radio"/> Birthday parties   | <input type="radio"/> Ninja, Parkour, Urban/Extreme<br>gymnastics, Tricking, Free-running | <input type="radio"/> Tanning beds*                      |
| <input type="radio"/> Camps/Clinics  | <input type="radio"/> Parents night out   | <input type="radio"/> Trampolines                        |
| <input type="radio"/> Circus arts/skills training *  | <input type="radio"/> Physical/Sports rehab therapy*                                      | <input type="radio"/> Whirlpools, Hot tubs, or Jacuzzis* |
| <input type="radio"/> Climbing walls/ropes/cargo nets  | <input type="radio"/> Restaurants*  | <input type="radio"/> Ziplines/slack lines/trapezes      |
| <input type="radio"/> Inflatables  | <input type="radio"/> Snack/juice bars  | <input type="radio"/> Other: _____                       |
| <input type="radio"/> Massage therapy *  | <input type="radio"/> Social events   | _____  |
| <input type="radio"/> Obstacle course type training<br>classes/activities such as USA<br>Ninja Challenge™, USAIGC<br>Warrior Program, etc. | <input type="radio"/> Spas and spa services *   |  |
|  | <input type="radio"/> Steam rooms or saunas*  |  |

\*NOTE: These activities/services are excluded under this program.

## FACILITY/OPERATIONS INFORMATION

Your facility exposures/operations are subject to underwriting review and approval. Additional premium charges may apply. Please make sure all questions are answered to avoid any quoting delays.

1. Do you operate a retail store/pro shop?  Yes  No
- If yes,
- a) Identify the products you sell or distribute.
- Clothing  Nutritional supplements (describe): \_\_\_\_\_
- Equipment (describe): \_\_\_\_\_ Other (describe): \_\_\_\_\_
- b) Do you private label or manufacture your own products?  Yes  No
- c) What are your total annual gross sales from the products you sell/distribute? \$ \_\_\_\_\_

## FACILITY/OPERATIONS INFORMATION CONTINUED

2. Do you host meets, competitions, or events involving other schools/clubs?  Yes  No

If yes, are your events USAG sanctioned?  Yes  No

**NOTES** • USAG sanctioned events are ineligible for this optional coverage, since they are covered by USAG.

- Coverage for events you organize and operate that include participants who are not members of your club or gym does not extend to those non-member participants. If you would like for liability and medical payments coverage to extend to these non-members, please complete the underwriting questions on page 13.

3. Do you sublease your gymnastic facility to others?  Yes  No

If yes,

a) Describe the operations of the sublease: \_\_\_\_\_

b) Do you obtain a certificate of insurance and require to be named an Additional Insured?  Yes  No

(Note: This policy does not cover subleased events/activities)

4. Do you use any homemade or modified equipment in your operation?  Yes  No

If yes, please describe and provide a picture: \_\_\_\_\_

(Note: Must submit pictures if you have homemade or modified equipment for your equipment to be considered and approved)

5. Please identify all devices utilized in your operations. (check all that apply and provide pictures of any checked)

Check here if you do not have any of the devices referenced below or any similar type devices

Climbing Wall                      Maximum Height? \_\_\_\_\_                      Safety Harness Used?                       Yes  No

Cargo Net                              Maximum Height? \_\_\_\_\_                      Safety Harness Used?                       Yes  No

Climbing Rope                      Maximum Height? \_\_\_\_\_                      Safety Harness Used?                       Yes  No

Slack Lines                              Maximum Height? \_\_\_\_\_                      Safety Harness Used?                       Yes  No

Trapeze                                      Maximum Height? \_\_\_\_\_                      Safety Harness Used?                       Yes  No

Zip Line                                      Maximum Height? \_\_\_\_\_                      Safety Harness Used?                       Yes  No

Other: \_\_\_\_\_                      Maximum Height? \_\_\_\_\_                      Safety Harness Used?                       Yes  No

\_\_\_\_\_

6. Do you have padding underneath your device(s)?  N/A  Yes  No

**NOTE**

- High wires, ribbon/fabric, zip lines, or slack line performing devices or trapeze systems more than 5 feet from the ground without a safety harness are not eligible for coverage under this program.
- Climbing walls exceeding 10 feet in height with no safety harness are excluded under this program.

7. Do you have a foam pit(s)?  Yes  No

If yes:

a) Do you have a written maintenance and use procedure manual in place and is it provided to all staff?  Yes  No

b) Is the pit supervised at all times by a certified trainer/instructor?  Yes  No

c) Do you review safety procedures with all members/participants before using the foam pit(s)?  Yes  No

d) Is the pit only used for gymnastics and/or cheerleading training?  Yes  No

If no, explain other uses: \_\_\_\_\_

\_\_\_\_\_

e) How often do you: Replace blocks? \_\_\_\_\_ (i.e.: once a month, once a year, etc.)

f) How often do you: Fluff/rotate the blocks? \_\_\_\_\_ (i.e.: once a week, once a month, etc.)

g) What is the depth of the total pit? \_\_\_\_\_

h) Identify the pit base (please check):  Solid floor  Cushion/mat  Trampoline/suspension

8. Do you have a designated play/soft-play area for children?  Yes  No

If yes:

a) Is it used only for instructional type classes?  Yes  No

b) What is the age limit for participants? \_\_\_\_\_

c) Is it available for use to the public on a 'pay for play' basis?  Yes  No

If yes, what are your annual receipts from this operation? \$ \_\_\_\_\_



## FACILITY/OPERATIONS INFORMATION CONTINUED

9. Do you provide childcare/nursery/babysitting/before & after school services at your gym?  Yes  No  
 If yes, do you have a day care license?  Yes  No

▶ If you DO have a day care license:

- a) Do you carry separate insurance coverage for this exposure?  Yes  No

b) Please provide:

\_\_\_\_\_ to \_\_\_\_\_  
 Carrier Name                      Policy Number                      Coverage Period

▶ If you DO NOT have a day care license but you provide childcare/nursery/babysitting/before & after school services:

- a) Are parents required to sign children in and out?  Yes  No  
 b) Are waivers signed by a parent/guardian?  Yes  No  
 c) Are staff members CPR and first aid trained?  Yes  No  
 d) Are parents to remain in the facility while children are in your care?  Yes  No  
 If no, please advise: \_\_\_\_\_

- e) Does your employment application ask the staff applicant if they have ever been convicted of a crime?  Yes  No  
 f) Is the childcare staff trained in policies applicable to the prevention of child/sexual abuse?  Yes  No  
 g) Do the procedures require that known or suspected abuse incidents must be reported to law enforcement?  Yes  No

10. Do you or your staff ever transport your members/participants?  Yes  No  
 (Note: Transportation of athletes/member is excluded under this policy)

11. Do you ever take participants away from your premises for any programs, camps and/or activities, other than for parades, competitions and demonstrations?  Yes  No

If yes, and you take participants away from your premises,

- a) Check when this occurs (check all that apply)  Gymnastics programs  Camps/clinics  Other: \_\_\_\_\_

- b) Are separate signed release forms obtained from parents/legal guardians to allow for off-site activities?  Yes  No

c) Identify all off-site activities that apply:

- |   |  |  |
|---|--|--|
| <input type="radio"/> Amusement park                  | <input type="radio"/> Local park (describe activities): _____        | <input type="radio"/> Overnight camping retreat          |
| <input type="radio"/> Hiking                          | <input type="radio"/> Local sports game (describe): _____            | <input type="radio"/> Rope course and/or obstacle course |
| <input type="radio"/> Historical museum               | <input type="radio"/> Miniature golf                                 | <input type="radio"/> Snow skiing/snowboarding           |
| <input type="radio"/> Horseback riding                | <input type="radio"/> Movie theatre                                  | <input type="radio"/> Splash pads/water parks            |
| <input type="radio"/> Ice skating/roller skating      | <input type="radio"/> Open water activities (skiing, canoeing, etc.) | <input type="radio"/> Skateboard park                    |
| <input type="radio"/> Bowling ally                    |  | <input type="radio"/> Trip to the beach                  |
| <input type="radio"/> Mall                            |  |  |
| <input type="radio"/> Local pool w/lifeguards on duty |  |  |

Other (describe): \_\_\_\_\_

- d) Do you maintain a participant/supervisor ratio of at least 10 to 1?  Yes  No

e) How do you transport participants to off-site locations? (check all that apply)

- Hired Bus/Vehicle  Walk – distance walked: \_\_\_\_\_  
 Bus/Vehicle (owned by you)  Public Transportation (subway, bus, etc.)  
 Other (please describe): \_\_\_\_\_

**(Note:** off-site activities are subject to approval and must be reported prior to taking place for coverage consideration and approval. Additional premium charges may apply).

## FACILITY/OPERATIONS INFORMATION CONTINUED

12. Do you host any overnight events/activities?  Yes  No

If yes:

- a) What programs/activities have overnight events/activities? (check all that apply)  
 Parent's night out  Overnight Camps/clinics  Other: \_\_\_\_\_
- b) Typical age group attending \_\_\_\_\_
- c) Typical hours of the event/activity \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm
- d) Are all supervisors over the age of 21?  Yes  No
- e) Do you have any parents and/or volunteers to assist with supervision?  Yes  No  
 If yes, do you run background checks on all of these individuals?  Yes  No
- f) Do you have at least 2 employees on-site during the event/activity?  Yes  No
- g) Describe the type of activities that take place during the event/activity: \_\_\_\_\_
- h) Do you require separate waivers to be signed by all participants and/or their parents and/or guardian?  Yes  No
- i) Do these overnight events/activities take place at your facility?  Yes  No  
 If no, please explain: \_\_\_\_\_

13. If you suspect an participant has a concussion, do you have an action plan that includes:

- a) Immediately removing the participant from the class, event or competition?  Yes  No
- b) Keeping the participant out of the class, event or competition until they provide written clearance from a licensed physician?  Yes  No

**14. 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.

**Note: We cannot provide a quote without loss history documentation**

### GYMNASTIC / TUMBLING / TRAMPOLINE / SPORTS ACROBATICS / CHEERLEADING MEMBERSHIP INFORMATION

1. Is your school/club a member of USA Gymnastics?  Yes  No
2. Are all of your coaching staff USAG certified coaches?  Yes  No
3. Are you seeking limits of insurance above 1,000,000?  Yes  No  
 If yes, please advise limit requested \$ \_\_\_\_\_
4. Please provide the maximum number of students projected to be enrolled at the busiest time of year in your gymnastic, tumbling, trampoline, sports acrobatics and cheerleading programs.

| Age Groups     | Number of Students/Members |
|----------------|----------------------------|
| Ages 4 & Under |                            |
| Ages 5 & 6     |                            |
| Ages 7 – 12    |                            |
| Ages 13 – 17   |                            |
| Ages 18 & Over |                            |

## FACILITY/OPERATIONS INFORMATION CONTINUED

### ANCILLARY INSTRUCTIONAL OR LEARNING PROGRAMS

Coverage for ancillary instructional or learning programs will be excluded unless reported to and approved by the insurance company, and for which premium (if applicable) is paid.

Ancillary programs are additional instructional classes that you offer at your facility. Birthday parties, camps/clinics, open gym, or parkour type classes are not considered ancillary programs and will be reviewed/rated in the succeeding pages.

**Check here and skip this section, if you do not offer any ancillary programs**

1. Do you offer martial arts programs or classes?  Yes  No  
 If yes,
- a) Do you offer any type of martial arts involving sharpened or bladed weapons?  Yes  No
- b) Do you offer any type of sparring or full contact martial arts, including (but not limited to) kickboxing, brazilian jui jitsu, mixed martial arts or ultimate fighting?  Yes  No
- c) Who conducts these classes? (check all that apply)
- your staff  independent contractors
- If services are provided by an independent contractor, do you require them to carry their own liability insurance and name you as an additional insured on their policy?  Yes  No

**Note:**

The following styles of martial arts are not eligible for coverage under this program: boxing (contact/sparring), dim mak, haganah, kali/escrima, mixed martial arts, savate, sayoc kali, thai boxing/muay thai, training programs for law enforcement, public safety and military personnel, ultimate fighting/extreme fighting/cage fighting and wrestling.

2. Do you offer any open water activities (e.g. in lakes, ponds, ocean, river) ?  Yes  No  
 (Note: any activities taking place on open water are excluded under this policy)
3. Please provide the maximum number of students to be enrolled at the busiest time of year in each of your ancillary programs. Should your ancillary program(s) not be listed below, please write in the type of program in the other line. Ancillary programs are subject to approval by us.

| Type of Activity   | Number of Students/Members |
|--|----------------------------|
| <b>Swimming</b> (instructional classes/programs)   |                            |
| <b>Yoga and/or Exercise programs/classes:</b><br>(List the types of exercise programs offered)<br>_____<br>_____     |                            |
| <b>Dance, drama and/or theater programs/classes:</b><br>(List the styles/types of classes offered)<br>_____<br>_____ |                            |
| <b>Martial Arts programs or classes:</b><br>(List the styles of martial arts offered)<br>_____<br>_____              |                            |
| <b>Other</b> (please describe): _____<br>_____   |                            |



## FACILITY/OPERATIONS INFORMATION CONTINUED

### ON-SITE BIRTHDAY PARTIES

### ON-SITE OPEN GYM / PARENTS NIGHT OUT / SPECIAL EVENTS

Coverage for parties, open gym time and special events activities will be excluded unless reported to and approved by the insurance company, and for which premium (if applicable), is paid.

**Check here and skip this section, if you do not offer any birthday or social parties, open gyms, special events/parents night out events**

1. What is your total estimated annual receipts for parties, open gym and special events? \_\_\_\_\_
2. Do you require a waiver to be signed by all participants and/or their parents and/or guardian taking part in these activities?  Yes  No
3. Is your student/instructor ratio for a typical class 10:1 or less?  Yes  No
4. Are participants allowed to use apparatuses during these events/activities?  Yes  No  
(Apparatus include: trampolines, zip-lines, foam pit, silks, uneven bars, horizontal bar, rings, bounce houses)  
 If yes, is each apparatus supervised during the event at all times by someone who is appropriately trained and over the age of 21?  Yes  No
5. Do all attendees attend a safety briefing prior to participation?  Yes  No
6. Do you host/hold open gym, parents night out, special events or other social parties?  Yes  No  
 If yes:
  - a. Are these events open to the public/non-member guests?  Yes  No
  - b. Describe: \_\_\_\_\_
7. Do you have birthday parties?  Yes  No  
 If yes, please complete section below.

| Type of Birthday Party  | Number of Birthday Parties |
|---|----------------------------|
| <b>Birthday Parties</b><br>(a party for the honoree who is age 15 or younger with the majority of the attendees/participants being age 15 or younger) |                            |

## FACILITY/OPERATIONS INFORMATION CONTINUED

### CAMPS / CLINICS

Coverage for these activities will be excluded unless reported to and approved by the insurance company, and for which premium (if applicable), is paid. This section should be completed if you host camps/clinics.

**Check here if you do not offer any camps/clinics**

1. Who participates in your camps/clinics?     Members Only     Members and Non-Members
  
2. Where are your camps/clinics held? (Check all that apply)
  - On-Site with NO off-site activities
  - On-Site with off-site activities
  - Off-Site
  
3. Do you require a separate waiver to be signed by all participants and/or their parents and/or guardian taking part in your camps/clinics?     Yes     No
  
4. Is your student/instructor ratio for a typical class 10:1 or less?     Yes     No
  
5. Does your camp/clinic include any outside inflatables or water activities?     Yes     No  
 If yes, please provide pictures of the inflatables along with details on the type of activity for review and approval. \_\_\_\_\_
  
6. Do you hold any activities off-site (other than at your gymnastics facility)?     Yes     No  
 If yes, please make sure to complete question #11 on page 6.
  
7. Do your on-site camp activities include any activities/events other than gymnastics?     Yes     No  
 If yes, please describe activities/events: \_\_\_\_\_
  
8. Please list your camp sessions below for coverage to extend to these camps/clinics. Should you have more than one camp, please provide information on a separate sheet.

|               | Dates of Camp  | Hours of Camp | Age Group | # Of Campers        | # Of Weeks |
|---------------|--|---------------|-----------|---------------------|------------|
| <b>Camp 1</b> |  |               |           | Members* = _____    |            |
|               |  |               |           | Non-members = _____ |            |
|               | List camp location (if different than gymnastics facility): _____<br>_____ |               |           |                     |            |

|               | Dates of Camp  | Hours of Camp | Age Group | # Of Campers        | # Of Weeks |
|---------------|--|---------------|-----------|---------------------|------------|
| <b>Camp 2</b> |  |               |           | Members* = _____    |            |
|               |  |               |           | Non-members = _____ |            |
|               | List camp location (if different than gymnastics facility): _____<br>_____ |               |           |                     |            |

**\*Please refer to FAQs on page 2 for a membership definition.**

## FACILITY/OPERATIONS INFORMATION CONTINUED

### INDOOR OBSTACLE COURSE / NINJA / EXTREME TUMBLING / PARKOUR / FREE-RUNNING

The activity or sport of moving rapidly through an area (often an obstacle course) by negotiating apparatuses or obstacles by running, jumping, rolling, flipping, and/or climbing. Coverage for these activities will be excluded unless reported to and approved by us, and for which a premium (if applicable) is paid.

**○ Check here if you do not offer any of these types of classes/programs**

1. What type of programs/classes/activities do you provide? (check all that apply and advise if your organization is part of a particular program, e.g.: USA Ninja Challenge, Ninja Kids™, Ninja Zone™, USAIGC Warrior Program or is self-designed)

- Indoor obstacle course: \_\_\_\_\_ ○ Parkour: \_\_\_\_\_  
 ○ Ninja: \_\_\_\_\_ ○ Other: \_\_\_\_\_  
 ○ Outdoor obstacle course or training: \_\_\_\_\_

2. Do you carry separate liability insurance for these type of classes/programs/activities?  Yes  No

If no, please continue with the remaining underwriting questions for coverage consideration and rating.

If yes, please provide the following (note: coverage will be excluded under this policy for this exposure):

\_\_\_\_\_ to \_\_\_\_\_  
 Carrier Name Policy Number Coverage Period

3. Do you require all staff to be certified to teach these classes?  Yes  No

If yes: Please list all the certifications held by your instructors:  USAG

○ Other (please list): \_\_\_\_\_

4. What are the age groups for your classes? \_\_\_\_\_ to \_\_\_\_\_

5. Is your student/instructor ratio for a typical class 10:1 or less?  Yes  No

6. Do you use a written skills-based graduated training method?  Yes  No

**(Please provide a copy of your curriculum, a layout of the course, and include pictures of the area & equipment used for program)**

7. Do you utilize equipment specifically designed for obstacle courses/ninja/extreme tumbling/parkour/free-running?  Yes  No

If yes, please attach a list of the equipment and their manufacturers

If no, please list each type of equipment/obstacles that is used for training/instruction: \_\_\_\_\_

8. Does your equipment include warped walls?  Yes  No

If yes, how many? \_\_\_\_\_ Please list height of each unit: \_\_\_\_\_

9. Is all equipment inspected prior to each class?  Yes  No

10. Do you use any homemade or modified equipment?  Yes  No

If yes, please explain and provide photos: \_\_\_\_\_

11. Is your facility equipped with video cameras to monitor use of equipment?  Yes  No

12. Does any of the equipment have a fall height above 5 ft?  Yes  No

If yes, please describe and provide pictures: \_\_\_\_\_

13. Is equipment protected or locked off during non-use hours to prevent unsupervised use?  Yes  No

If yes, describe precaution taken: \_\_\_\_\_

14. Do you conduct any instruction outdoors? (Note: any outdoor instruction\events\activities are excluded under this program)  Yes  No

15. Do you host or participate in any events or exhibitions?  Yes  No

(Note: events and exhibitions you host or participate in are excluded under this program)

16. Do you have open gym time for these programs/activities?  Yes  No

If yes,

a) Can non-members/general public attend?  Yes  No

b) Is open gym supervised by a certified 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

17. Please provide the maximum number of students enrolled at the busiest time of the year.

| Age Group   | No. of Students/Members | Age Group    | No. of Students/Members |
|-------------|-------------------------|--------------|-------------------------|
| Under Age 7 |                         | Ages 13 - 17 |                         |
| Ages 7 - 12 |                         | Ages 18 +    |                         |

## FACILITY/OPERATIONS INFORMATION CONTINUED

### INFLATABLE AMUSEMENT DEVICE

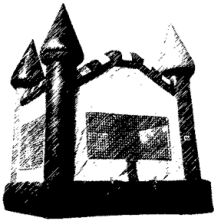
Coverage for these inflatable amusement devices will be excluded unless reported to and approved by the insurance company, and for which premium (if applicable), is paid. If you own any inflatable amusement devices, you must complete the following section.

Check here if you do not own any inflatable amusement devices

**NOTE:**

Inflatables not owned by you are excluded

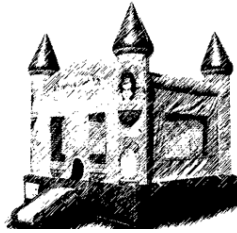
1. Please indicate the type and how many of each unit(s) you use in your operation. If basic design is not shown below, a photograph MUST accompany this questionnaire.



Bounce House

# of units: \_\_\_\_\_

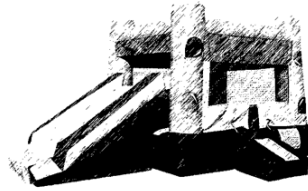
Model/serial #(s): \_\_\_\_\_



Bounce House with entry ramp

# of units: \_\_\_\_\_

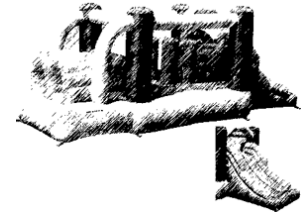
Model/serial #(s): \_\_\_\_\_



Bounce House with slide

# of units: \_\_\_\_\_

Model/serial #(s): \_\_\_\_\_



Obstacle Course with slide

# of units: \_\_\_\_\_

Model/serial #(s): \_\_\_\_\_

2. Do you have a copy of the maintenance and operations manual on site?  Yes  No

3. Is the inside jump surface of the device greater than 100 square feet (10' x 10')?  Yes  No  
If yes, please provide the square footage: \_\_\_\_\_

4. Does the device include any slide with a fall height greater than 8 ft.? (If yes, provide photo and provide fall height: \_\_\_\_\_)  Yes  No

5. Are all employees responsible for operating the device trained and written documentation of such training maintained?  Yes  No

6. Is the inflatable amusement device ever loaned or rented to another party?  Yes  No

7. Is the inflatable amusement device used indoors at your premises only?  Yes  No

If no, please explain the following:

a) Where is it located if used outdoors? \_\_\_\_\_

b) How often is it used outdoors? \_\_\_\_\_

c) Describe the method by which the unit is secured/anchored to the ground: \_\_\_\_\_

d) Please provide a picture of the device set up in the spot where you normally would place it.

e) What is the participant/instructor ratio during the use of inflatables? \_\_\_\_\_ participant per instructor

8. Do you inspect and document the inflatable amusement device before each use?  Yes  No

9. Is the inflatable amusement device supervised at all times during use?  Yes  No

10. Do you use and secure the inflatable device in accordance with the operating manual?  Yes  No

11. Is signage addressing warnings and proper use of the device clearly displayed?  Yes  No

12. Is the inflatable device cleaned and sanitized on a regular schedule and records of the cleanings maintained?  Yes  No

## FACILITY/OPERATIONS INFORMATION CONTINUED

### MEETS, COMPETITIONS AND EVENTS COVERAGE (7 days or less in duration)

Coverage for events you organize and operate that include participants who are not members of your club or gym does not extend to those non-member participants. If you would like for liability and medical payments coverage to extend to these non-members please complete the underwriting information below.

**NOTE:** USAG sanctioned events are ineligible for this optional coverage.

- Check here if you do not host meets, competitions or events OR you do not wish to extend liability for non-members at these events.**

Event name: \_\_\_\_\_

Event date(s): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (do not include set-up or tear-down days)

Event hours: \_\_\_\_ A.M./P.M. to \_\_\_\_ A.M./P.M.

Location: \_\_\_\_\_

Sport type: \_\_\_\_\_ Age group: \_\_\_\_\_ Total spectator attendance: \_\_\_\_\_

# of non-registered participants: \_\_\_\_\_

### SWIMMING POOL

Coverage for a pool will be excluded unless reported to and approved by the insurance company, and for which premium (if applicable), is paid.

- Check here if you do not own, manage or operate a swimming pool**

1. Select the use of your pool (check all that apply)

Members only  Members and Non-members  Supervised classes/programs  Open swimming

2. Is a certified lifeguard(s) on duty during all pool hours?  Yes  No

If no:

Are lifeguards on duty for opening swimming?  NA  Yes  No

Do you have at least one CPR trained staff member on site for all pool hours?  Yes  No

Do you have regular monitoring of the pool area?  Yes  No

Are signs posted indicating pool rules?  Yes  No

3. Do you have diving boards?  Yes  No

4. Does your facility have waterslides?  Yes  No

5. Is the pool area locked or blocked off when not in use?  Yes  No

6. Do you have a sauna, steam room, jacuzzi, hot tub, whirlpool or spa?  Yes  No

(Coverage for these exposures is excluded)

7. How many pools do you have? \_\_\_\_\_

## AGENT INFORMATION

Please complete the information below.

Agency name: \_\_\_\_\_ Agent/contact name: \_\_\_\_\_

Agency complete mailing address: \_\_\_\_\_

Agency telephone: (\_\_\_\_) \_\_\_\_\_ Agency fax: (\_\_\_\_) \_\_\_\_\_

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

Agent License #: \_\_\_\_\_

## 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 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 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.  
 Check here and skip the chart below if you have no employees, volunteers, or independent contractors

| Please Complete All Questions<br><small>The term "Volunteers/Independent contractors" in the following questions means someone who exerts control over or supervises participants.</small>   | Employees<br>(Check Here if No Employees <input type="radio"/> )   | Volunteers/Independent contractors<br>(Check Here if No Volunteers/Independent contractors <input type="radio"/> )   |
|--|--|--|
| Are employee/volunteer applications required?<br>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?<br>If yes and applicant checks yes, do you reject the applicant? | <input type="radio"/> Yes <input type="radio"/> No<br><input type="radio"/> Yes <input type="radio"/> No<br><input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No<br><input type="radio"/> Yes <input type="radio"/> No<br><input type="radio"/> Yes <input type="radio"/> No |
| Are background checks provided by a third party vendor/service?<br>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<br><input type="radio"/> Yes <input type="radio"/> No   | <input type="radio"/> Yes <input type="radio"/> No<br><input type="radio"/> Yes <input type="radio"/> No   |

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## OPTIONAL COVERAGES PREMIUM CALCULATION CONTINUED

### Equipment and Contents Coverage

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)

|   |                 |
|---|-----------------|
| <u>Supplies &amp; Inventory</u> (office supplies, items held for sale)  | \$ _____        |
| <u>Equipments &amp; Contents</u> (athletic equipment, electronics, furniture, non-structural glass, phone/fax system, office contents, etc.)  | \$ _____        |
| <u>Improvements &amp; Betterments</u> (items you have installed or altered at your expense, such as flooring, mirrors, ceiling tile, window treatments, lighting, shelving, etc.) Receipt of purchase is required at the time of loss to show verification of purchase. | \$ _____        |
| <u>Signs</u> (indoor or outdoor)  | \$ _____        |
| <u>Misc. Equipment</u> - please describe: _____   | \$ _____        |
| _____   |                 |
| _____   |                 |
| _____   |                 |
| <b>Total replacement value for all location(s)</b> (add all lines above)  | <b>\$ _____</b> |

#### 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

## 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)  
 Hosted Meets, Competitions or Events Optional 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:  CG2026

- Primary/Noncontributory  
 Waiver of subrogation  
 Other (please explain): \_\_\_\_\_

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

6. For specific events: Date(s) of event/activity: \_\_\_\_/\_\_\_\_/\_\_\_\_ 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.**

**Electronic Signature Disclosure and Consent**  
**PLEASE READ, COMPLETE #9 BELOW, 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, Inc., 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. P.O. Box 25936, Overland Park, KS 66225.
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.4RecSportsAndMore.com](http://www.4RecSportsAndMore.com).
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: \_\_\_\_\_

**REPRESENTATION STATEMENT**

**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 3): \_\_\_\_\_

**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 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.