ahp Sports | Academic HealthPlans
PART OF THE BROWN & BROWN TEAM

GYMNASTICS SCHOOLS/CLUBS
Insurance Program and Application

REQUIRED TO QUOTE - Complete pages 3 - 7, plus pages 19 & 20 Pages 8 - 17, 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 gymnastics schools/clubs, your covered operations consist of operations and activities at your locations involving member/registered gymnastic or cheer students/members, 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 gymnastics 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 parties, open gym, 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 appropriate premium has been paid; camps/clinics involving non-registered members 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 <u>not eligible</u> for this program include, but are not limited to the following:

- Circus skills training
- Facilities dedicated exclusively to parkour/ninja activities
- Trampoline parks/facilities (defined as any facility having multiple trampoline beds positioned closely together and used for recreational activities)
- 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

ELIGIBLE OPERATIONS

Gymnastics schools/clubs that provide 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"
- Preschool gymnastics
- Recreational gymnastics
- Rhythmic gymnastics
- Sports acrobatics (USAG-sanctioned)
- Trampolines (instruction or training classes/programs only)
- Tumble buses
- Tumbling

NOTE:

- **Failure to report all operations may jeopardize coverage at the 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, with warp walls and manufactured equipment only** (subject to underwriting approval).

WAYS TO ENROLL FOR COVERAGE

Submit this enrollment form for a quote.

FAX 1-913-754-5617

MAIL Academic HealthPlans, Inc.,
16201 West 95th Street, Ste. 210
Lenexa, KS 66219

E-MAIL recsportsandmore@recsportsandmore.ahpcare.com

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

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 members/students we will have, how should I report my student count?**

   You need to report the number of students/members you project to have enrolled at the busiest time of year. You may add additional students/members 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. Under 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-members/ participants?**

   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-members or participants/students that pay a separate fee, 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/members/participants. Should the transportation of students/members/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.

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?**

   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., 16201 West 95th Street, Ste. 210, Lenexa, KS 66219 or recsportsandmore@recsportsandmore.ahpcare.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.

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Application
Gymnastics Schools/Clubs

Completion of this application 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 application does not guarantee coverage. Certain operations are not eligible for coverage by this program. We reserve the right to decline any request for coverage and payment plan options.

TO AVOID QUOTING DELAYS:
1. Complete all applicable sections (print legibly)
2. Sign and date where required
3. Remit completed application (REQUIRED - pages 3-7 & 19-20; pages 8-17 for optionals)

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.

DBA (if applicable): _____

Applicant is a: ❍ Sole Proprietorship ❍ Limited Liability Co. ❍ Corporation ❍ Partnership
❍ Other (describe): _____

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 19 for Electronic Disclosure/Consent.)

LOCATIONS

Please list locations you own or operate on a 24 hour basis, if different than the mailing location above.

(Note: Temporary leased spaces or mobile program sites should not be listed here, only your owned/operated location sites. You can add temporary/mobile locations on the certificate request section if evidence of coverage or additional insured status is needed on page 17.)

Location 1: _____
Street address City State Zip

Location 2: _____
Street address City State Zip

DATES

Please provide the effective date of coverage needed. Coverage can be bound upon acceptance of our proposal and payment. (If renewing coverage, please provide the expiration date of your current policy.)

❍ Start my coverage on this date: _____ / _____ / _____

BUSINESS INFORMATION

1. Form of business: ❍ Not-for-profit ❍ For-profit
2. Number of years in business? _____ Number of years of current management? _____
3. What are your total annual gross sales from all operations (before expenses)? $ _____
4. Number of Instructors:_____ a) Employed: Full-time_____ Part-time_____ b) Independent contractors:_____

   (This program provides coverage for instructors and personnel who are employees of the named insured and does not extend to independent gymnastic or cheer instructors. Coverage for independent gymnastics or cheer instructors can be purchased by contacting us.
5. Are any of your instructors under the age of 21? ❍ Yes ❍ No

   If yes, do you always have a staff member over the age of 21 on site during open hours? ❍ Yes ❍ No
6. Are all instructors/coaches who are training and instructing students to compete in events at the optional routine levels (Levels 7-10 & Elite) certified? ❍ N/A ❍ Yes ❍ No

BUSINESS INFORMATION CONTINUED

7. Is at least one instructor/coach who is CPR/first aid certified and on-site during open hours? ❍ Yes ❍ No

8. Is your student-to-instructor ratio for a typical class 10:1 or less? ❍ Yes ❍ No

9. Do you require a waiver to be signed by all participants (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, and adults taking part in Mommy & Me, Parent-Tot, or similar classes? ❍ Yes ❍ No

   If no, please explain:_____

10. Do you have a formal process to store and maintain signed waivers? ❍ Yes ❍ No
    (Note: Please consult your local attorney for guidance on waiver storage and retention requirements in your jurisdiction.)

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, or services that are not reported and approved in writing by the Company.

❍ Child/adult instructional gymnastics classes
(Adult participates with child in class, e.g., Mommy & Me)
❍ Cheerleading
❍ Competitive/Artistic gymnastics
What levels are trained?_____
❍ Mobile gymnastics programs
❍ NinjaZone
❍ Ninja Monkey
❍ Trampolines (instruction/training classes/programs only)
❍ Preschool gymnastics
❍ Recreational gymnastics
❍ Rhythmic gymnastics
❍ Sports acrobatics (USAG sanctioned only)
❍ Tumble bus
❍ Tumbling

Ancillary instructional or learning programs

❍ Dance
❍ Drama/Theater
❍ Martial arts
❍ Pilates/Yoga/Aerobics
❍ Swimming (instructional classes/programs only)
❍ Strength conditioning area/programs
❍ Weightlifting
❍ Other:_____

Other operations/exposures:

❍ Batting cages *
❍ Birthday parties
❍ Camps or Clinics
❍ Circus arts/skills training *
❍ Climbing walls/ropes/cargo nets
❍ Inflatable air pit
❍ Inflatables
❍ Massage therapy *
❍ Obstacle course type training classes/activities such as USA Ninja Challenge™, USAIGC Warrior Program, etc.
❍ Open gym
❍ Ninja, urban/extreme gymnastics, tricking
❍ Parents night out
❍ Parkour/free-running
❍ Physical/sports rehab therapy*
❍ Resi-pit
❍ Restaurants*
❍ Snack/juice bars
❍ Social events
❍ Spas and spa services *
❍ Steam rooms or saunas*
❍ Swimming pools
❍ Tanning beds*
❍ Trampolines
❍ Warped walls
❍ Whirlpools, hot tubs, or Jacuzzis*
❍ Ziplines/slack lines/trapezes
❍ Other: _____
_____

*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 ensure that all questions are answered to avoid any delay in quoting.

1. Do you operate a retail store/pro shop? ❍ Yes ❍ No

   If yes,

   a) Identify the products you sell or distribute (check all that apply):

   ❍ 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 that you 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: If you use any homemade or modified equipment, you must submit photos of the equipment for it to be considered for approval.

5. Please identify all devices utilized in your operations and complete the underwriting questions below.
   (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 line	Maximum height? _____	Safety harness used ?	❍ Yes ❍ No
❍ Trapeze	Maximum height? _____	Safety harness used?	❍ Yes ❍ No
❍ Zip line	Maximum height? _____	Safety harness used?	❍ Yes ❍ No

   ❍ Pit - Identify type: ❍ Foam ❍ Resi ❍ Inflatable air
   What is the depth of the total pit?_____
   Is the pit above or below ground? ❍ Above ❍ Below
   For foam pits:
   How often do you replace blocks?_____
   How often do you fluff/rotate the blocks?_____
   Identify the pit base: ❍ Solid floor ❍ Cushion/mat ❍ Trampoline/suspension ❍ Inflatable air pit

   ❍ Other: _____ Maximum height? _____ Safety harness used? ❍ Yes ❍ No

   Please complete the following questions regarding the devices checked above:

   a) Do you have padding underneath your device(s)? ❍ N/A ❍ Yes ❍ No
   b) Do you have a written maintenance and use procedure manual in place, and is it provided to all staff? ❍ Yes ❍ No
   c) Are the devices supervised at all times by a certified trainer/instructor? ❍ Yes ❍ No
   d) Do you review safety procedures with all members/participants before using the devices? ❍ Yes ❍ No
   e) Are the devices used only for gymnastics and/or cheerleading training? ❍ Yes ❍ No
   If no, explain other uses:_____
   _____

   NOTE:
   - High wires, ribbon/fabric, zip line, 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 are subject to additional review and approval.

6. Do you have a designated play/soft-play area for children that is open 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

7. Do you provide any of the following services? (if yes, check all that apply) ❍ Yes ❍ No

❍ Childcare/daycare ❍ Babysitting ❍ All-day preschool ❍ Part-day preschool ❍ Before-school programs

❍ After-school programs

Note: Childcare/daycare, babysitting services, full-day preschool or substitute parental care are not eligible under this program. Coverage may be available, subject to underwriting review, for before and after school programs, part-day preschool, or enrichment programs (with a focus on educational and/or fitness activity curriculum) that are ancillary to your gymnastics operations.

If yes, do you carry separate coverage for these exposures? ❍ Yes ❍ No

If yes, please provide:

Carrier name:_____ Effective dates:_____/_____/_____ to _____/_____/_____

If no, please answer the following:

- Is this a state licensed program? ❍ Yes ❍ No
- Instructor to participant ratio:_____
- Are parents required to sign children in and out? ❍ Yes ❍ No
- Are waivers signed by a parent/guardian? ❍ Yes ❍ No
- Is there always a staff member trained in CPR/first aid with the kids? ❍ Yes ❍ No
- Are all the following procedures in place for all staff working with these programs? ❍ Yes ❍ No
  - Your employment application asks all applicants if they've ever been convicted of a crime.
  - Background checks are run on all staff.
  - All staff is trained in policies applicable to the prevention of child/sexual abuse.
  - Any known or suspected abuse incidents must be reported to law enforcement.

8. Do you or your staff ever transport, or arrange transportation, for your members/students/participants? ❍ Yes ❍ No

(Note: Transportation of members/students/participants is excluded under this policy.)

If you transport members/students/participants, do you carry a separate commercial auto policy? ❍ Yes ❍ No

9. 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, please provide details below.

a) When does this occur? (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. Coverage can be extended only to those off-site activities that are approved:

❍ Amusement park*
❍ Hiking/nature walks*
❍ Historical museum
❍ Horseback riding*
❍ Ice skating/roller skating
❍ Bowling alley
❍ Mall
❍ Local pool w/lifeguards on duty
❍ Local park (describe activities): _____
❍ Local sports game (describe): _____
❍ Miniature golf
❍ Movie theater
❍ Open water activities (eg., skiing, canoeing, etc.)
❍ Overnight camping retreat*
❍ Rope course and/or obstacle course*
❍ Snow skiing/snowboarding*
❍ Splash pads/water parks*
❍ Skateboard park*
❍ Trampoline Park*
❍ Trip to the beach*
❍ Other -subject to approval (describe): _____

Note, activities marked with an asterisk are not eligible and will be excluded. This is not a complete listing.*

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
❍ Bus/vehicle (owned by you)
❍ Other (please describe): _____
❍ Walk – distance walked: _____
❍ Public transportation (subway, bus, etc.)

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

10. 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: _____

11. 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

12. **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) Please <u>provide</u> current valued loss runs (dated within 90 days of the effective date) 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.

b) Name(s) of current carrier(s): _____ Expiration date(s):_____

c) Is your current carrier non-renewing your coverage? ❍ Yes ❍ No

If yes, why?_____

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

GYMNASTICS / TUMBLING / TRAMPOLINE / SPORTS ACROBATICS / CHEERLEADING MEMBERSHIP INFORMATION

1. Are all of your coaching staff USAG certified coaches? ❍ Yes ❍ No

2. What limit of liability insurance are you seeking?

❍ $1,000,000 ❍ $2,000,000 ❍ $3,000,000 ❍ $4,000,000 ❍ $5,000,000

3. Please provide the maximum number of students projected to be enrolled at the busiest time of year in your gymnastics, 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 any applicable premium 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 and rated on 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 Jiu-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, or rivers)? ❍ 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. If your ancillary program(s) are not be listed below, please write in the type of program on the "Other" line. Ancillary programs are subject to our approval.

Type of Activity Check the activities that apply	**Number of Students/Members**
Swimming (instructional classes/programs)	
Yoga and/or exercise programs/classes: ❍ Yoga (type): _____ ❍ Weightlifting ❍ Aerobics / Pilates ❍ Other (please list): _____	
Dance, drama, and/or theater programs/classes: ❍ Ballet ❍ Hip-hop ❍ Tap ❍ Jazz ❍ Drama/acting/theater classes ❍ Other (please list): _____	
Martial arts programs or classes: ❍ Karate ❍ Taekwondo ❍ Other (please list): _____	
Other (please describe):_____ _____	

FACILITY/OPERATIONS INFORMATION CONTINUED

BIRTHDAY PARTIES CAMPS/CLINICS OPEN GYM/ PARENTS' NIGHT OUT/SPECIAL EVENTS

Coverage for parties, open gym time, camps/clinics, and special events activities will be excluded unless reported to and approved by the insurance company, and any applicable premium is paid.

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

1. Please check all types of events you host at your facility and provide the estimated number of events you have annually, along with the types of activities offered at each:

   a) ❍ Birthday parties:_____ per year

   Coverage is limited to events where the honoree is age 15 or younger and the majority of attendees/participants are also age 15 or younger. Events that do not meet these criteria may be considered on an individual basis.

   ❍ Open gym

   ❍ Parents' night out:_____ per year

   ❍ Special events, describe: _____

   Number of special events per year:_____

   ❍ Camps and/or Clinics:_____ per year

   b) Types of activities offered: (check all that apply)

   ❍ Gymnastics
   ❍ Dance
   ❍ Drama/theater
   ❍ Crafts
   ❍ Inflatables (e.g., bounce house, slides)
   ❍ Climbing walls
   ❍ Climbing ropes
   ❍ Gymnastics apparatuses (bars. rings)
   ❍ Foam pits or resi pits
   ❍ Other, describe:_____

   ❍ Cheerleading
   ❍ Swimming – pool only with lifeguard
   ❍ Martial arts, describe:_____
   ❍ Yoga
   ❍ Ninja and/or obstacle-course–type activities
   ❍ Zip lines or slack lines
   ❍ Cargo nets
   ❍ Trampolines
   ❍ Water activities, describe:_____

   If apparatuses are used (e.g., bars, rings, foam pits, trampolines, obstacle course, etc.), is each apparatus supervised at all times during the event by someone who is appropriately trained and over the age of 21? ❍ Yes ❍ No

   Note: Coverage for birthday parties, open gyms, parents' night out, and special events is limited to your facility. If you need coverage to extend beyond your facility for any of these events, please provide additional details regarding the event:_____

2. What are your total estimated annual receipts from open gym, parents' night out, special events, and other social parties combined? (Do not include receipts from birthday parties and camps/clinics.) $_____

3. Please confirm whether the following protocols are in place and enforced for these activities/events.

   ❍ Yes, they are. ❍ No, they are not. Please explain: _____

   - A waiver is signed by all participants and/or their parents/legal guardians prior to participation in these activities.
   - All attendees receive a safety briefing prior to participating in any of these programs/activities.
   - Your student-to-instructor ratio is 10:1 or less for these events.

4. Are these events open to the public or to non-member guests? ❍ Yes ❍ No

5. Do you ever host any of these event types or activities on your premises but outdoors (outside)? ❍ Yes ❍ No

   If yes, describe event type and activity:_____

6. Are adults able to participate at any of these events? ❍ Yes ❍ No, only allowed to be a spectator

   If yes, describe: _____

Continued on next page

FACILITY/OPERATIONS INFORMATION CONTINUED

7. For camps and/or clinics only:

Please list your camp sessions below for coverage to extend to these camps or clinics. Should you need additional space to list your camps, please provide information on a separate sheet.

CAMP #1

Dates of camp:_____/_____/_____ to _____/_____/_____ Age group:_____

Hours of camp:_____ ❍ A.M. ❍ P.M. to _____ ❍ A.M. ❍ P.M

Camp days (check all that apply): ❍ Monday ❍ Tuesday ❍ Wednesday ❍ Thursday ❍ Friday ❍ Saturday ❍ Sunday

Number of campers: Members of your gym:_____ Non-members of your gym:_____

Describe your camp (check all that apply):

❍ On-site with no off-site activities

❍ On-site with off-site activities

❍ Off-site

Please provied off-site name and address:_____

CAMP #2

Dates of camp:_____/_____/_____ to _____/_____/_____ Age group:_____

Hours of camp:_____ ❍ A.M. ❍ P.M. to _____ ❍ A.M. ❍ P.M

Camp days (check all that apply): ❍ Monday ❍ Tuesday ❍ Wednesday ❍ Thursday ❍ Friday ❍ Saturday ❍ Sunday

Number of campers: Members of your gym:_____ Non-members of your gym:_____

Describe your camp (check all that apply):

❍ On-site with no off-site activities

❍ On-site with off-site activities

❍ Off-site

Please provied off-site name and address:_____

CAMP #3

Dates of camp:_____/_____/_____ to _____/_____/_____ Age group:_____

Hours of camp:_____ ❍ A.M. ❍ P.M. to _____ ❍ A.M. ❍ P.M

Camp days (check all that apply): ❍ Monday ❍ Tuesday ❍ Wednesday ❍ Thursday ❍ Friday ❍ Saturday ❍ Sunday

Number of campers: Members of your gym:_____ Non-members of your gym:_____

Describe your camp (check all that apply):

❍ On-site with no off-site activities

❍ On-site with off-site activities

❍ Off-site

Please provied off-site name and address: _____

CAMP #4

Dates of camp:_____/_____/_____ to _____/_____/_____ Age group:_____

Hours of camp:_____ ❍ A.M. ❍ P.M. to _____ ❍ A.M. ❍ P.M

Camp days (check all that apply): ❍ Monday ❍ Tuesday ❍ Wednesday ❍ Thursday ❍ Friday ❍ Saturday ❍ Sunday

Number of campers: Members of your gym:_____ Non-members of your gym:_____

Describe your camp (check all that apply):

❍ On-site with no off-site activities

❍ On-site with off-site activities

❍ Off-site

Please provied off-site name and address: _____

FACILITY/OPERATIONS INFORMATION CONTINUED

INDOOR OBSTACLE COURSE / NINJA / EXTREME TUMBLING

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 any applicable premium paid.

❍ **Check here and skip this section if you do not offer any of these types of classes/programs.**

1. What types of programs/classes/activities does your organization offer?
   Check all that apply and indicate below if your organization is affiliated with a specific program (e.g., NinjaZone, Ninja Monkey).
   ❍ Indoor obstacle course_____ ❍ Parkour _____
   ❍ Ninja_____ ❍ Other_____
2. Do you carry separate liability insurance for these types 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 information(note: coverage for this exposure will be excluded under this policy):
   _____ _____ _____ to_____
   Carrier Name Policy Number Coverage Period
3. Do you require all staff to be certified and/or trained to teach these classes? ❍ Yes ❍ No
   If yes, please list all certifications held by your instructors (check all that apply): ❍ USAG ❍ Other:_____
   If other, please describe training/experience:_____
4. Please provide the maximum number of students enrolled at the busiest time of the year

Number of Students/Members	Under Age 7	Ages 7- 12	Ages 13 – 15

5. Do you offer any programs for ages 16 and above? ❍ Yes ❍ No
   If yes, what is the maximum age?_____
6. Do you utilize equipment specifically designed for obstacle courses/ninja/extreme tumbling? ❍ Yes ❍ No
   If yes, please attach a list of the equipment and their manufacturers.
   If no, please list each piece of equipment/each obstacle that is used for training and instruction:_____
7. Does your equipment include warped walls? ❍ Yes ❍ No
   If yes, how many? _____Please list the height of each unit:_____
8. Do you use homemade or modified equipment? ❍ Yes ❍ No
   If yes, please explain and provide photos:_____
9. Do you host or participate in any events or exhibitions? ❍ Yes ❍ No
   If yes, please note that events and exhibitions you host or participate in are excluded.
10. Do you have open gym time for these programs/activities? ❍ Yes ❍ No
11. Please confirm the following protocols are in place and enforced for all ninja or parkour programs:
    ❍ Yes, they are ❍ No, they are not
    - At least a 10:1 student-to-instructor ratio.
    - A written, skills-based, graduated training method is used.
    - All equipment is inspected regularly, and inspections are documented.
    - No unsupervised use of any equipment or obstacle is allowed.
    - All equipment/obstacles are secured when not in use.
    - No instruction is conducted outdoors.
    - No open gym is offered to the public or to non-enrolled members of the operation.
    - Participants in open gym are only allowed to practice techniques on which they have been properly trained/instructed.
    - Open gym is not opened to all ages at the same time.
12. Please provide a copy of your curriculum, a detailed course outline, and photographs of the facility and equipment used for the program, as this information is required for us to consider coverage.

FACILITY/OPERATIONS INFORMATION CONTINUED

INFLATABLE AMUSEMENT DEVICE

Coverage for inflatable amusement devices will be excluded unless they are reported to and approved by the insurance company, and any applicable additional premium is paid. If you own any inflatable amusement devices, you must complete the following section. Inflatables not owned by you are excluded.

❍ **Check here and skip this section if you do not own any inflatable amusement devices.**

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:_____

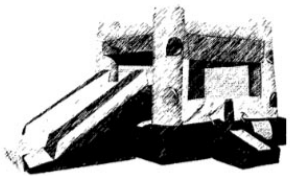
Model/serial #(s):_____



❍ 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. 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:_____

3. Does the device include any slide with a fall height greater than 8 ft.? ❍ Yes ❍ No
   If yes, provide photo and provide fall height:_____

4. Is the inflatable amusement device used indoors at your premises only? ❍ Yes ❍ No
   If no, please explain the following information:
   a) Where is it located when used outdoors?_____
   b) How often is it used outdoors?_____
   c) Describe how 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-to-instructor ratio during the use of inflatables? ____participants per instructor

5. Please confirm the following protocols are in place and enforced for all inflatable amusement devices: ❍ Yes, they are ❍ No, they are not
   - A maintenance and operations manual is kept on site.
   - All employees operating the device are trained, and written documentation of such training is maintained.
   - Inflatable devices are not loaned or rented to other parties.
   - All devices are inspected before each use, and documentation of the inspection is maintained.
   - All devices are supervised at all times during use.
   - All devices are used and secured in accordance with the operating manual.
   - Signage with warnings and proper use is clearly displayed.
   - Devices are cleaned and sanitized on a regular schedule, and records of such cleanings are maintained.

   If no, please explain: _____
   _____
   _____

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 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 and skip this section if you do not host meets, competitions, or events OR you do not wish to extend liability to 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 pools will be excluded unless the pool is reported to and approved by the insurance company, and any applicable premium is paid.

❍ **Check here and skip this section if you do not own, manage, or operate a swimming pool.**

1. Please indicate how the pool is used (check all that apply):
   ❍ Members only ❍ Members and non-members ❍ Supervised classes/programs ❍ Open swimming
2. Is a certified lifeguard on duty during all pool hours? ❍ Yes ❍ No

   If no:

   Are lifeguards on duty for opening swimming? ❍ N/A ❍ Yes ❍ No

   Do you have at least one CPR-trained staff member on site during 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?_____

OPTIONAL COVERAGES

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, 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: _____

_____

_____

_____

_____

OPTIONAL COVERAGES CONTINUED

Equipment and Contents Coverage

TO AVOID A COINSURANCE PENALTY, YOU MUST INSURE 100% OF THE REPLACEMENT COST OF YOUR EQUIPMENT AND CONTENTS FOR ALL OF YOUR LOCATIONS.

❍ **Check here and skip this section if you do not want this coverage option.**

Step 1: Fill in the values to determine your total replacement cost amount for ALL locations.

Individually list any items with values over $5,000:	**Value**
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____

Provide values for categories below:
(DO NOT include values already shown above.)

Supplies & Inventory (office supplies, items held for sale)	$_____
Equipments & Furnishings (equipment, electronics, furniture, phone/fax systems, office contents, etc.)	$_____
Improvements & Betterments (items you have installed or altered at your expense, such as flooring, mirrors, ceiling tiles, window treatments, lighting, shelving, etc.) A receipt of purchase is required at the time of loss to show verification of purchase.	$_____
Signs (indoor or outdoor)	$_____
Misc. Equipment - please describe: _____	$_____
_____	
_____	
_____	
Leased personal property, HVAC, or building glass (where you are a tenant and have contractual responsibility)	$_____
TOTAL REPLACEMENT COST - Add all lines above:	**$**_____

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. Are any other operations, besides your own conducted in the same facility ❍ Yes ❍ No
   in which you store your equipment, or is any equipment of others stored there?
   a. If yes, please describe:_____
   _____
4. Please attach a complete inventory list with values of each item.

OPTIONAL COVERAGES CONTINUED

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)
❍ 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 ❍ Cancellation - _____ days
❍ 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:_____
Replacement cost value:_____

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

The most common delay in certificate processing is caused by providing inaccurate or incomplete names and/or instructions. Please check your request carefully before submitting.

ahp Sports | Academic HealthPlans

PART OF THE BROWN & BROWN TEAM

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)

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PLEASE READ AND COMPLETE THE BELOW
if you do not wish to receive documents via email and prefer another method of document 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., 16201 West 95th Street, Ste. 210, Lenexa, KS 66219. 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., 16201 West 95th Street, Ste. 210, Lenexa, KS 66219. 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: _____

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 3): _____

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 ❍

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