Coaches' Choice

AMATEUR SPORTS TOURNAMENTS AND EVENTS

Insurance Program and Enrollment Form

This brochure is valid for effective dates from 3/1/26 through 2/28/27

Higher liability limits are available immediately online at www.mycare26.com/specialty-programs

PROGRAM DESCRIPTION

This program is designed to provide coverage on a short-term basis for a single amateur sports tournament or event, or an annual basis for promoters with multiple events. Coverage under this program includes important liability coverage for the U.S.-based organization conducting the event(s), including the employees and volunteers, for liability claims arising out of its operations.

Coverage is also included for ancillary activities (banquets, concerts, awards ceremonies) that are ONLY for participants in your sports tournament(s) or event(s). Optional coverages are available for separately ticketed and/or open-to-the-public activities or events.

Coverage is provided by a carrier rated A (Excellent) by A.M. Best Company.

INELIGIBLE OPERATIONS

Sports tournaments or events that do not meet the eligibility criteria listed in this brochure are not eligible for this program as well as:

- College or university level championship events
- CrossFit® events/activities or similar type fitness/exercise events
- Events involving animals other than service animals
- Glow runs, color runs, or similar events
- Highland games
- Mud runs/warrior runs/zombie runs/obstacle course runs/urbanathons (competitions, exhibitions or foot races that involve man-made obstacle courses, man-made mud pits, man-made slippery slopes, wall climbs or other similar man-made obstacles)
- Professional sports events, try-outs, and training camps/clinics
- Sanctioned USA Hockey tournaments and events
- Virtual events/activities
- Events in the following sport categories: (please note, this is not a complete listing of ineligible sports)

- Adventure races
- BMX biking
- Boxing
- Cycling
- Endurance races
- Equestrian
- Flex Football™ (age 20 & over)
- Inline (extreme/stunt/aggressive/free-style) skating
- Kite surfing
- Marathons (26.2 miles or more)
- Mixed martial arts
- Mountain biking and/or hiking
- Open water events
- Rugby
- Skateboarding
- Skiing (snow or water)
- Snowboarding
- Streetball
- Tackle and contact football (age 20 & over)
- Triathlons/Duathlons
- Wrestling (age 20 & over)

ELIGIBLE OPERATIONS

An amateur sports tournament or event that meets all of the following criteria is eligible to submit an enrollment form for coverage under this program:

- Maximum number of participants is 2,500-per event
- Maximum spectator attendance per day is 7,500
- Maximum number of event days (including practice days) per event is not to exceed a time frame of 14 days (not including set-up and tear-down)
- The sport activity being conducted falls into one of the listed eligible classes:

Class 1: bowling, dance, golf, tennis, volleyball

Class 2: baseball, kickball, softball

Class 3: basketball, flag or touch football, on-shore fishing, racquetball, swimming

Class 4: tackle and contact football (age 19 & under), cheerleading (age 19 & under), lacrosse (age 19 & under), soccer (age 19 & under), wrestling (age 19 & under), field hockey, deck/floor/street hockey, roller hockey (quad), water hockey (age 19 & under), Flex Football™ (age 19 & under)

Class 5: box lacrosse, cheerleading (age 20 & over), diving, dodgeball, gymnastics, ice hockey, inline hockey, lacrosse (age 20 & over), martial arts, inline skating (speed/racing), soccer (age 20 & over), speed/racing skating (ice), water hockey (age 20 & over)

Note:

- If you do not see your sport listed above, please contact us.
- If you have multiple sports for a single tournament or event, please contact us for proper classifications.
- College recruit/showcases, ID Camps, and all-star/bowl games (including practices) are eligible operations under this program.
- **For Walk/Run events please contact us for additional information.**

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.

COVERAGE OPTIONS AND LIMITS AVAILABLE FOR CLASSES 1-4

(See page 3 for additional options available for classes 1-5)

Coverage is not available for Alaska and Rhode Island applicants.
Higher liability limits are available to purchase. Please contact us or visit www.mycare26.com/specialty-programs.

Coverages	**Option A**	**Option B**
Commercial General Liability (CGL): Each Occurrence Limit	$ 1,000,000	$ 2,000,000
General Aggregate Limit – per event (other than Products-completed Operations)	$ 5,000,000	$ 5,000,000
Products-completed Operations Aggregate	$ 1,000,000	$ 2,000,000
Personal and Advertising Injury Limit	$ 1,000,000	$ 2,000,000
Legal Liability to Participants Limit (LLP)	$ 1,000,000	$ 2,000,000
Damage to Premises Rented to You Limit (Fire Legal Liability)	$ 1,000,000	$ 1,000,000
Medical Expense Limit (other than participants)	$ 5,000	$ 5,000
Medical Payments for Participants (MPP) – excess $100 per claim deductible applies	$ 25,000	$ 25,000

Rates (per participant)	**Option A**	**Option B**
Class 1	$ 1.64	$ 2.08
Class 2	$ 1.86	$ 2.30
Class 3	$ 2.17	$ 2.61
Class 4*	$ 2.35	$ 2.79
Minimum Premiums	**Option A**	**Option B**
Per Event Policy	$ 300.00	$ 450.00
Annual Policy	$ 1,000.00	$ 1,500.00

*Class 4 Sports include a limitation of coverage for neurodegenerative injuries.

Neurodegenerative Injury limit / Aggregate limit	$1,000,000 / $1,000,000
Neurodegenerative Injury Supplementary Payments limit/Aggregate limit	$1,000,000 / $1,000,000

Neurodegenerative Injury to Specified Players for Sports or Athletic Activities “Neurodegenerative injury” means any brain injury, neurological injury, disease, condition or dysfunction, including, but not limited to, Alzheimer’s disease, Parkinson’s disease, amyotrophic lateral sclerosis (ALS), mild traumatic brain injury, repetitive brain trauma, chronic traumatic encephalopathy (CTE), dementia, cognitive injury or disorder, memory loss, anxiety disorder, mood disorder, depression, sleeplessness, impulse control problems, headaches or single or repetitive concussive or sub-concussive injury or trauma.”

COVERAGE OPTIONS AND LIMITS AVAILABLE FOR CLASSES 1-5

(Spectator Liability Only Coverage - no coverage or defense for claims from participants.)

Coverage is not available for Alaska and Rhode Island applicants.
Higher liability limits are available to purchase. Please contact us or visit www.mycare26.com/specialty-programs.

Coverages	**Option F**	**Option G**
Commercial General Liability (CGL): Each Occurrence Limit	$ 1,000,000	$ 2,000,000
General Aggregate Limit – per event (other than Products-completed Operations)	$ 5,000,000	$ 5,000,000
Products-completed Operations Aggregate	$ 1,000,000	$ 2,000,000
Personal and Advertising Injury Limit	$ 1,000,000	$ 2,000,000
Legal Liability to Participants Limit (LLP)	EXCLUDED	EXCLUDED
Damage to Premises Rented to You Limit (Fire Legal Liability)	$ 1,000,000	$ 1,000,000
Medical Expense Limit (other than participants)	$ 5,000	$ 5,000
Medical Payments for Participants (MPP) – excess $100 per claim deductible applies	EXCLUDED	EXCLUDED
Rates (per spectator)	**Option F**	**Option G**
Classes 1 - 5	$ 0.25	$ 0.38
Minimum Premiums	**Option F**	**Option G**
Per Event Policy	$ 300.00	$ 450.00
Annual Policy	$ 1,000.00	$ 1,500.00

The options presented above DO NOT include coverage for medical payments to the players/participants or for liability claims brought by players/participants.

COVERAGES AND LIMITS CONTINUED

Coverage provided under this program includes:

Commercial General Liability with Broadening Endorsement – coverage which protects the insured against liability claims for bodily injury and property damages arising out of premises, operations, products-completed operations, and personal and advertising injury.

Legal Liability to Participants – coverage which offers protection against bodily injury liability claims brought by persons participating in covered sports activities.

Medical Payments for Participants – coverage which pays the medical and dental expenses incurred by a participant as a result of an accidental injury sustained while participating in the tournament or event you are organizing. This coverage is provided on an excess basis, responding after all other medical coverage available to the participant has been exhausted. If no other medical coverage exists, the coverage becomes primary. A $100 deductible applies to each claim, and the benefit period is two years from the date of the accident.

EXCLUSIONS

The following represent only some of the exclusions contained in this policy.

- Sexual Abuse or Sexual Molestation (unless reported to, approved by us, and the appropriate premium paid)
- Amusement devices (e.g.: rides, slides, inflatables, bungees, climbing walls, dunk tanks)
- Ancillary activities that require a separate admission charge and are open to the public (unless optional coverage is purchased)
- Claims arising out of the operations of independent concessionaires, exhibitors, and vendors at your event
- Communicable disease
- Cryogenic chambers/therapy
- Fireworks
- Legal liability to participants and medical payment for participants for professional athletes and celebrity participants (national/local)
- Operations listed as ineligible
- Perfluoroalkyl and polyfluoroalkyl substances (PFAS)
- Room and board liability
- Use of haunted attractions
- 24-hour premises liability

OPTIONAL COVERAGES AVAILABLE

Sexual Misconduct Liability OR Abuse, Molestation, Harassment, or Sexual Conduct Defense Costs Reimbursement

This program includes two options for coverage for claims arising out of sexual misconduct:

Option 1: Sexual Misconduct Liability - $250,000 each “Insured Event” limit with a $1,000,000 aggregate limit of liability for sums the insured becomes legally obligated to pay as damages because of loss arising out of any actual, alleged, or threatened sexual misconduct. This limit is part of, not in addition to, the General Aggregate Limit of Insurance.

Option 2: Abuse, Molestation, Harassment, or Sexual Conduct Defense Costs Reimbursement - $100,000 per claim, not to exceed $100,000 in the aggregate, for reimbursement of defense costs only, resulting from claims arising out of abuse, molestation, harassment, or sexual conduct.

Coverage Conditions:

1. Coverage is contingent upon completion, as well as review and approval from us, of the underwriting questions found on page 12.
2. Coverage is not available on a stand-alone basis. You must have Commercial General Liability coverage for your event with our Amateur Sports Tournaments and Events RPG Insurance Program.
3. Only one option may be purchased.

Options	Rates
Option 1 Sexual Misconduct Liability (defense expenses included in the limit)	$0.17 per participant or $0.05 per spectator ($150.00 minimum premium)
Option 2 Abuse, Molestation, Harassment, or Sexual Conduct Defense Costs Reimbursement	$100.00 (Flat rate)

OPTIONAL COVERAGES AVAILABLE CONTINUED

Ancillary Activities/Events

This coverage is available for ancillary events and/or activities you conduct before, during, or after your tournament or event that are open to the public and/or are separate ticketed events. When reported and paid for, coverage is extended to provide liability coverage for the event/activity you are hosting and supervising that is related to and held in conjunction with your tournament or event. Examples of such events and activities are auctions, banquets, award ceremonies, galas, and concerts. Please contact us if you need to confirm your ancillary event/activity eligibility.

The following coverage conditions apply:

1. All exclusions listed previously still apply for your ancillary activities/event, including but not limited to amusement devices (e.g.: inflatables, climbing walls, mechanical rides, etc.).
2. The ancillary activity/event is held at a single location.
3. The ancillary activity/event must take place within 3 days of the actual tournament/event date.
4. The ancillary activity/event must be a single-day event.
5. The event must take place in the United States.
6. If liquor liability coverage is needed, please contact us for additional information needed for coverage consideration.

   NOTE: Host Liquor Liability – (as provided by CG 00 01 04/13) is included, but only if the insured is not in the business of manufacturing, distributing, selling, serving, or furnishing alcoholic beverages.
7. No overnight stay (camping) exposures are permitted.
8. The same coverage limits apply to this optional coverage as purchased for your tournament/event.
   NOTE: Sexual Misconduct Liability coverage does not extend to separate ticketed and/or open-to-the-public ancillary activities/events.
9. This is an optional coverage and is not available on a stand-alone basis.
10. Total attendance for the ancillary activity/event must be 3,000 or less

Coverages and Limits

Optional Coverage	Option 1	Option 2
Each Occurrence Limit	$ 1,000,000	$ 2,000,000
General Aggregate Limit (other than Products-completed Operations)	$ 5,000,000	$ 5,000,000
Products-Completed Operations Aggregate	$ 1,000,000	$ 2,000,000
Personal Injury and Advertising Injury Limit	$ 1,000,000	$ 2,000,000
Damage to Premises Rented to You Limit (Fire Legal Liability)	$ 1,000,000	$ 1,000,000
Medical Expense Limit (other than participants)	$ 5,000	$ 5,000

Premium (per event)

Number of Total Attendees (per activity/event)	Option 1 $1,000,000 CGL Limit	Option 2 $2,000,000 CGL Limit
1 - 250 Attendees	$ 100.00	$ 150.00
251 - 500 Attendees	$ 200.00	$ 300.00
501 - 750 Attendees	$ 300.00	$ 450.00
751 - 1,500 Attendees	$ 450.00	$ 675.00
1,501 - 3,000 Attendees	$ 750.00	$ 1,125.00
3,001+ Attendees	Must be submitted separately and reviewed by an underwriter for rating and approval.	

FREQUENTLY ASKED QUESTIONS

1. **How do I determine who should be the Named Insured?**

   The Named Insured is the organization hosting the tournament or event and the entity to be protected by this coverage in the event of a lawsuit. The organization is typically required to sign the contract with the facility where the tournament or event is being held. If an entry fee is charged to participate in the tournament or event, that entry fee is paid to the organization as well.

2. **If my event includes multiple sports, how do I know which sport classification to use according to your eligible operations?**

   You will use the highest sport classification for all participants.

3. **Can I combine coverage options?**

   No. You must select one coverage option

4. **I am not sure how many participants or spectators will attend my tournament or event. What do I report?**

   If this tournament or event is held annually, base your participant or spectator count on the prior year's total numbers. If this is a new tournament or event, please use the maximum number of participants or spectators that your tournament or event can accommodate.

5. **If I have multiple events and/or multiple tournaments during the same time period, do I need to complete another enrollment form?**

   We are now able to offer one policy for those insureds who host multiple events. Only one application needs to be completed.

6. **What happens if I need to cancel or reschedule my tournament or event?**

   Cancellations or changes must be reported **prior to** the scheduled start date of your tournament or event and confirmed in writing for a refund or credit to be considered.

7. **Is liquor liability available to purchase?**

   Yes, this coverage can be considered. Please contact us for a supplemental to complete for consideration.

8. **How soon does my coverage start? When will I receive proof of coverage?**

   Coverage can be bound once we receive a completed, signed, and approved enrollment form, and the appropriate premium. The effective date of coverage can either be the first day of set-up or the first day of your event. If your tournament or event has already begun, coverage will be bound and become effective the following day. Please allow adequate time for us to process your enrollment form and issue certificates.

9. **Will I receive a policy after I submit 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.

EASY WAYS TO ENROLL FOR COVERAGE

WEB For information and applications, visit us online at
www.mycare26.com/specialty-programs

OR

Submit this enrollment form, with payment, to us.

FAX 1-913-754-5617

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

FOR SERVICE REQUESTS ONLY

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

E-MAIL
recsportsandmore@recsportsandmore.ahpcare.com

Coaches' Choice

Enrollment Form - Amateur Sports Tournaments and Events Insurance

Valid for effective dates from 3/1/26 through 2/28/27

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group, a group formed and operating pursuant to the Liability Risk Retention Act of 1986 (15 USC 3901 et seq.). A risk purchasing group (RPG) provides group purchasing power for similar risks resulting in potentially advantageous coverage terms, and competitive rates for favorable group loss experience. An RPG administration fee may be charged. The submission of this enrollment form and/or the acceptance of payment does not guarantee coverage. Certain operations are not eligible for coverage by this program and submissions with a premium of $25,000 or more are subject to additional underwriting. We reserve the right to decline any request for coverage.

TO AVOID PROCESSING DELAYS:
1. Complete all sections (print legibly)
2. Sign and date where required
3. Remit completed enrollment form (pages 7 - 20) with payment
***New York and Wyoming applicants must also submit page 21 or 22**

GENERAL INFORMATION

❍ I am a new account ❍ I am renewing my coverage

Full legal name of business or event: _____

Note: This is the name that will appear on your Certificate of Insurance. If your company is a Sole Proprietorship, then this will be your personal name or DBA.

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

Form of business/organization: ❍ Not-for-profit ❍ For-Profit

Mailing address: _____
NY Applicants must provide a street address. P.O. Boxes cannot be accepted.

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 16 for Consent for Electronic Transactions.)

BUSINESS INFORMATION

1. Does your event(s) involve any animals other than service animals? ❍ Yes ❍ No
2. Do you host any professional sports events, try-outs, or training camps? ❍ Yes ❍ No
3. Do you host any college or university level championship events? ❍ Yes ❍ No
4. Are any of your events/activities virtual? ❍ Yes ❍ No
5. Does your event(s) have any of the following exposures? (check all that apply)

❍ No, we do not have any of these exposures

- ❍ Adventure race
- ❍ BMX biking
- ❍ Boxing
- ❍ CrossFit® events or activities
- ❍ Cycling
- ❍ Endurance race
- ❍ Equestrian
- ❍ Glow runs, color runs, or similar events
- ❍ Highland games
- ❍ Inline (extreme/stunt/agressive/freestyle) skating
- ❍ Kite surfing
- ❍ Marathon (26.2 miles or more)
- ❍ Mixed martial arts
- ❍ Mountain biking and/or hiking
- ❍ Mud runs/warrior runs/zombie runs/obstacle course runs/urbanathons
- ❍ Open water events
- ❍ Rugby
- ❍ Sanctioned USA Hockey events
- ❍ Skateboarding
- ❍ Skiing (water or snow)
- ❍ Snowboarding
- ❍ Streetball
- ❍ Tackle and contact or Flex Football™ (age 20 & over)
- ❍ Triathlons/Duathlons
- ❍ Wrestling (age 2 & over)

The exposures/activities listed above are not eligible for this program. If you have any of these activities, please contact us to determine if other coverage options are available.

6. Do you pay any of the participants to compete in the event? ❍ Yes ❍ No
7. Do you have an admission charge for spectators over $50 for any events? ❍ Yes ❍ No
8. Do you have any vendors at your tournament/event(s)? ❍ Yes ❍ No
   (Operations of independent concessionaires, exhibitors, and vendors are excluded. Please contact us for coverage options.)
9. Do you have any ancillary activities (banquets, concert, award ceremony, etc)? ❍ Yes ❍ No
   If yes, a) Please describe: _____
   b) Do any of your ancillary activities require a separate admission charge and/or are open to the public? **(IF YES, MUST COMPLETE PAGE 13)** ❍ Yes ❍ No

BUSINESS INFORMATION CONTINUED

10. Will alcohol be available or allowed at this activity/event?? ❍ Yes ❍ No

If yes:

a. Who is responsible for the sale, serving or oversight of alcohol?

❍ Insured/applicant ❍ Location/venue staff ❍ Third-party catereer/vendor ❍ Event sponsor

b. How will it be provided? (check all that apply):

❍ Sold ❍ Free of charge ❍ Attendees or participants can bring their own

Notes:

- *Host liquor liability (as provided by this policy - CG 00 01 04/13) is included, but only if the insured is not in the business of manufacturing, distributing, selling, serving, or furnishing alcoholic beverages.*
- *If alcohol is included in the ticket or admission price (e.g. drink tickets or open bar), your CGL policy (host liquor liability) generally will not cover related claims. Events like this are treated as selling/serving alcohol, and separate liquor liability coverage is usually required.*

c. Is the insured/applicant required to carry a permit or license to distribute alcohol, or purchase a separate liquor liability policy? ❍ Yes ❍ No

If yes, please provide proof of liquor liability coverage (certificate of insurance) held with this application or contact us to see if this coverage is available. Note, an additional underwriting questionnaire will need to be completed for consideration.

11. Do you have concussion management protocols/guidelines that are consistently enforced and include communication (in written or electronic form) of education materials to participants, parents, and coaches about the nature and risks of concussions including but not limited to information such as focusing on prevention and preparedness to keep athletes safe, understanding concussions and potential consequences of the injury, recognizing concussion symptoms and how to respond, and learning about steps for returning to play after suspected concussion? ❍ Yes ❍ No

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

- Immediately removing the athlete from play or practice ❍ Yes ❍ No
- Keeping the athlete out of play or practice until they provide written clearance from a licensed physician ❍ Yes ❍ No
- Confirming sports liability waivers (informed consent) from parents and/or players are secured ❍ Yes ❍ No

EFFECTIVE DATE OF COVERAGE

Step 1. Read the important coverage conditions below:

- **Coverage is not available for Alaska and Rhode Island applicants.**
- You must submit a completed and signed application, along with payment, **PRIOR** to your event date.
- Coverage will only apply to those tournaments or events reported and approved before they take place.
- For liability limits above $2,000,000, please contact us for a quote or visit us online for an immediate quote at www.mycare26.com/specialty-programs. Please note we can only offer limits up to $5,000,000.
- If your event date is canceled or postponed, you must notify us, in writing, before your scheduled start date. Costs are 100% fully earned and non-refundable/non-transferable once coverage begins.
- Changes can only be made by the Named Insured or their representative broker.

Step 2. What type of policy are you seeking? (Check the policy term that applies.)

❍ Single event policy only

❍ Annual policy (an annual term is recommended if you hold more than 3 events in a year)

Date you need your coverage to start: _____/_____/_____

If renewing, use the expiration date of your current coverage

Step 3. If you are requesting coverage to begin on the same day you are sending in this application, you MUST answer the question below.

Are you, or any person or organization to be covered by this insurance, aware of any losses, accidents, or circumstances, occurring on this day, that might give rise to a claim under this insurance? ❍ Yes ❍ No

Step 4. Proceed to the next page.

EVENT INFORMATION

Please provide information on your event(s):

- Provide all information on a per-event basis as requested below.
- If you have more than 3 events, please add additional copies of this page.
- Coverage may be subject to review and approval of additional information (e.g.: copy of your brochure or flyer)
- Maximum number of event days (including practice days), per event, is not to exceed a time frame of 14 days. If your event lasts more than 14 days, please contact us.

Coverage applies only to those tournaments/events reported and approved prior to taking place.

Event #1

Name of event: _____

Type of competition/sport(s): _____

Dates of event: _____/_____/_____ to _____/_____/_____ Hours of operation: ____❍ A.M. ❍ P.M. to ____❍ A.M. ❍ P.M.

If event times differ by date, please provide details by date: _____

Event days (check all that apply): ❍ Mon ❍ Tues ❍ Wed ❍ Thurs ❍ Fri ❍ Sat ❍ Sun

Set-up date: _____/_____/_____ Tear-down date: _____/_____/_____

(Note: Set-up and tear-down must occur within 3 days before and 3 days after your main event. If you need more set-up or tear-down days, please contact us to confirm whether your event will qualify.)

Event location(s):

Venue name: _____

Venue address: _____

Age group of athletes: _____ Total number of athletes: _____

Average daily spectator attendance: _____ Total spectator attendance: _____

Event #2

Name of event: _____

Type of competition/sport(s): _____

Dates of event: _____/_____/_____ to _____/_____/_____ Hours of operation: ____❍ A.M. ❍ P.M. to ____❍ A.M. ❍ P.M.

If event times differ by date, please provide details by date: _____

Event days (check all that apply): ❍ Mon ❍ Tues ❍ Wed ❍ Thurs ❍ Fri ❍ Sat ❍ Sun

Set-up date: _____/_____/_____ Tear-down date: _____/_____/_____

(Note: Set-up and tear-down must occur within 3 days before and 3 days after your main event. If you need more set-up or tear-down days, please contact us to confirm whether your event will qualify.)

Event location(s):

Venue name: _____

Venue address: _____

Age group of athletes: _____ Total number of athletes: _____

Average daily spectator attendance: _____ Total spectator attendance: _____

Event #3

Name of event: _____

Type of competition/sport(s): _____

Dates of event: _____/_____/_____ to _____/_____/_____ Hours of operation: ____❍ A.M. ❍ P.M. to ____❍ A.M. ❍ P.M.

If event times differ by date, please provide details by date: _____

Event days (check all that apply): ❍ Mon ❍ Tues ❍ Wed ❍ Thurs ❍ Fri ❍ Sat ❍ Sun

Set-up date: _____/_____/_____ Tear-down date: _____/_____/_____

(Note: Set-up and tear-down must occur within 3 days before and 3 days after your main event. If you need more set-up or tear-down days, please contact us to confirm whether your event will qualify.)

Event location(s):

Venue name: _____

Venue address: _____

Age group of athletes: _____ Total number of athletes: _____

Average daily spectator attendance: _____ Total spectator attendance: _____

SINGLE EVENT PREMIUM CALCULATION

Use this calculation page if you are seeking coverage for a single event OR if you have 3 events or fewer.

Important Coverage and Calculation Information:

1. Use the rates below to calculate premium (refer to brochure for eligible sports/classifications). Premium is determined by applying the appropriate rate for the coverage option selected to the maximum number of participants/spectators, per event. TBD amounts cannot be accepted.

2. If you have multiple sports for a single tournament or event, please contact us for proper classification.

3. If calculated premium is less than minimum (see chart below), use the minimum premium. Minimum premiums apply per event. Separate coverage documents will be issued for each event.

Sport Classification (refer to brochure)	**$1,000,000 CGL and LLP $25,000 MPP** (per participant, per event)	**$2,000,000 CGL and LLP $25,000 MPP** (per participant, per event)	**$1,000,000 CGL Only** (per spectator, per event)	**$2,000,000 CGL Only** (per spectator, per event)
	Option A	**Option B**	**Option F**	**Option G**
Class 1	$1.64	$2.08	.25	.38
Class 2	$1.86	$2.30	.25	.38
Class 3	$2.17	$2.61	.25	.38
Class 4*	$2.35	$2.79	.25	.38
Class 5	N/A	N/A	.25	.38
MINIMUM PREMIUMS				
Per Event	$300.00	$450.00	$300.00	$450.00

* Class 4 sports include a $1,000,000/$1,000,000 limitation of coverage for neurodegenerative injuries.

PREMIUM CALCULATION

Event # (from page 9)	**Coverage Option** (A, B, F or G)	**Sport Class** (1 - 5)	**Rate** (from above)	**X**	**Number of Participants or Spectators**	**=**	**Calculated Premium** (per event)	**Minimum Premium Per Event** (from above)	**Premium Due Per Event** (whichever is the greater: the calculated premium OR the minimum premium)
			$	X		=	$	$	$ (a)
			$	X		=	$	$	$ (b)
			$	X		=	$	$	$ (c)
			$	X		=	$	$	$ (d)
Total Liability Premium (add lines a through d)									$

ANNUAL PREMIUM CALCULATION

Use this calculation page if you are seeking coverage for an annual coverage term OR if you have 4 or more events.

Important Coverage and Calculation Information:

1. Use the rates below to calculate premium (refer to the brochure for eligible sports/classifications). Premium is determined by applying the appropriate rate for the coverage option selected to the maximum number of participants/spectators, per event. TBD amounts cannot be accepted.

2. If you have multiple sports for a single tournament or event, please contact us for proper classifications.

3. All events must carry the same liability limits.

4. Coverage applies only to those tournaments/events reported and approved prior to taking place.To add tournaments/ events throughout the year, please contact us prior to the tournament/event start date.

5. If calculated premium is less than minimum (see chart below), use the minimum premium.

Sport Classification (refer to brochure)	**$1,000,000 CGL and LLP $25,000 MPP** (per participant, per event)	**$2,000,000 CGL and LLP $25,000 MPP** (per participant, per event)	**$1,000,000 CGL Only** (per spectator, per event)	**$2,000,000 CGL Only** (per spectator, per event)
	Option A	**Option B**	**Option F**	**Option G**
Class 1	$1.64	$2.08	.25	.38
Class 2	$1.86	$2.30	.25	.38
Class 3	$2.17	$2.61	.25	.38
Class 4*	$2.35	$2.79	.25	.38
Class 5	N/A	N/A	.25	.38
MINIMUM PREMIUMS				
Annual Coverage	$1,000.00	$1,500.00	$1,000.00	$1,500.00

* Class 4 sports include a $1,000,000/$1,000,000 limitation of coverage for neurodegenerative injuries.

PREMIUM CALCULATION							
Event # (from page 9)	**Coverage Option** (A, B, F or G)	**Sport Class** (1 - 5)	**Rate** (from above)	**X**	**Number of Participants or Spectators**	**=**	**Premium**
			$	X		=	$
			$	X		=	$
			$	X		=	$
			$	X		=	$
			$	X		=	$
			$	X		=	$
			$	X		=	$
Calculated Premium (add premium lines above)							$ (a)
Minimum Premium (from above chart)							$ (b)
Total Liability Premium (greater amount from line a or b)							$

OPTIONAL COVERAGES PREMIUM CALCULATIONS

Sexual Misconduct Liability Coverage OR Abuse, Molestation, Harassment, or Sexual Conduct Defense Costs Reimbursement

Coverage is contingent upon underwriting review and approval of the following questionnaire.

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

1. Does your organization currently have employees, volunteers, or independent contractors? ❍ Yes ❍ No
   The term "Volunteers/Independent Contractors" means someone, including parent volunteers, who exerts control over or supervises participants.
2. Have any claims, allegations, convictions, or charges of abuse, molestation, or sexual misconduct been made against you or your organization or anyone working on behalf of your organization? ❍ Yes ❍ No
   If yes, please explain: _____
3. Are you aware of any occurrences that could lead to a claim? ❍ Yes ❍ No
   If yes please explain: _____
4. Do you, your organization, or sanctioning/governing body have written procedures and training in place regarding the prevention and mitigation of abuse, molestation, or sexual misconduct? ❍ Yes ❍ No

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

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

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

6. Calculate premium:

❍ **Option 1 - Sexual Misconduct Liability** ($250,000 each "Insured Event" limit/$1,000,000 aggregate)

CGL Program Option Purchased (check/calculate only one)	**Rate**	**X**	**Total # of Participants or Spectators as Indicated on Page 10 or 11**	=	**Premium** ($150.00 minimum premium applies)
❍ Option A or ❍ Option B	$ .17	X		=	$
❍ Option F or ❍ Option G	$ .05	X		=	$
❍ Option: _____	$_____	X		=	$

❍ **Option 2 - Abuse, Molestation, Harassment, or Sexual Conduct Defense Costs Reimbursement** ($100,000 per claim with $100,000 aggregate)	$100.00

NOTE: Sexual Misconduct Liability coverage does not extend to separate ticketed and/or open-to-the-public ancillary activities/events.

OPTIONAL COVERAGES PREMIUM CALCULATION CONTINUED

Ancillary Activities/Events Coverage

For those activities/events that are open to the public or require a separate admission charge from the main event.

❍ **Check here and skip this section if you do not have any ancillary activities/events.**

OR

❍ **Check here to confirm you have other coverage in place for your ancillary activities/events.**
Note: We may ask for verification.

Please provide information on your activities/events:

- Please provide all information on a per-event basis as requested below.
- If you have more than 1 event, please add additional copies of this page.
- Ancillary activities/events must take place within 3 days of the main event and the event must be a single-day event.
- Coverage is contingent upon underwriting review and approval of the questionnaire below.

Ancillary Activity/Event #1

Name of ancillary activity/event: _____

Date and hours of the ancillary activity/event: ____/____/____ _____ ❍ AM ❍ PM to _____ ❍ AM ❍ PM

Name of facility where activity/event is held: _____

Facility address _____
Address City State Zip

1. What type of activity/event is this? (If not listed, please contact us for pre-approval)
   ❍ Auction ❍ Breakfast ❍ Dinner ❍ Luncheon ❍ Award presentation
   ❍ Concert (no heavy metal/screamo, techno/electronic, rap or hip-hop)
   ❍ Other (subject to approval): _____

2. Event type (check all that apply):
   ❍ For participants only ❍ For participants and spectators (open to the public) ❍ Requires a separate admission charge

3. Are overnight accommodations or camping facilities part of this activity/event? ❍ Yes ❍ No

4. Is there a musical or entertainment performance at this ancillary activity/event? ❍ Yes ❍ No
   If yes, please provide the type of entertainer and the type of music performed: _____

5. Will alcohol be available or allowed at this activity/event? ❍ Yes ❍ No
   If yes,
   (a) Who is responsible for the sale, serving or oversight of alcohol?
   ❍ Insured/applicant ❍ Location/venue staff ❍ Third-party caterer/vendor ❍ Event sponsor
   (b) How will it be provided?
   ❍ Sold ❍ Furnished without a charge ❍ Attendees or participants can bring their own
   (c) Is the insured/applicant required to carry a permit or license to distribute alcohol, or purchase a separate liquor liability policy? ❍ Yes ❍ No
   If yes, please provide proof of liquor liability coverage (certificate of insurance) held with this application or contact us to see if this coverage is available. Note: An additional underwriting questionnaire will need to be completed for consideration.

6. Will this event feature any of the following activities? ❍ Yes ❍ No
   - Rides, slides, bungees, dunk tanks, climbing walls, amusement devices, or inflatable recreation devices
   - Petting zoos or animals • Fireworks or pyrotechnics • Concessionaires, exhibitors or vendors

The exposures/activities listed above are not covered by this program, and any resulting claims will be denied. If any of these activities are provided by a third party, you should require evidence of liability coverage (certificate of insurance) from the entity/organization naming you as an additional insured.

OPTIONAL COVERAGES PREMIUM CALCULATION CONTINUED

Ancillary Activities/Events Coverage Premium Calculation

Premium costs are per event. Your CGL limit must be the same limit as chosen for your event on page 10 or 11.

Number of Total Attendees	Option 1 $ 1,000,000 CGL Limits	Option 2 $ 2,000,000 CGL Limits
1 - 250 Attendees	$ 100.00	$ 150.00
251 - 500 Attendees	$ 200.00	$ 300.00
501 - 750 Attendees	$ 300.00	$ 450.00
751 - 1,500 Attendees	$ 450.00	$ 675.00
1,501 - 3,000 Attendees	$ 750.00	$ 1,125.00

PREMIUM CALCULATION			
Event # (from page 10)	**Coverage Option (Option 1 or 2)**	**Number of Attendees**	**Rate** (from above)
			$
			$
			$
			$
			$
			$
Calculated Premium (add premium lines above)			$

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 ❍ Ancillary Activity Events

3. What is the additional insured's relationship to you ❍ Sponsor ❍ Co-promoter

❍ Owner/manager/lessor of premises (facility or venue) ❍ 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 ❍ Waiver of subrogation ❍ Other (please explain): _____

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

6. For specific events: Date(s) of event/activity: _____/_____/_____ to _____/_____/_____

Hours of event/activity:_____ ❍ A.M. ❍ P.M. to_____ ❍ A.M. ❍ P.M.

Type of event/activity: _____

Name of event/activity:_____ Location of event/activity:_____

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

COVERAGE EXCLUSIONS

The following notable exclusions are contained in the commercial general liability coverage provided by this program.
24-hour premises liability; Sexual abuse or sexual molestation (unless reported to, approved by us, and appropriate premium paid); Access or disclosure of confidential or personal information and data-related liablity – with limited bodily injury exception; Ancillary activities that require a separate admission charge and are open to the public (unless optional coverage is purchased–attendance must be 3,000 or less); Asbestos and silicosis; Athletic or sports participants in: Box lacrosse, Broomball, Cheerleading (age 20 & over), Diving, Dodgeball, Drill/majorette team (age 20 & over), Gymnastics, Hurling, Ice hockey, Inline hockey, Inline skating (speed/racing), Judo, Karate, Lacrosse (age 20 & over), Martial arts, Powerlifting (age 20 & over), Ringette, Roller hockey (inline), Soccer (age 20 & over), Speed/racing skating (ice); Taekwondo, Takraw, Water hockey (age 20 & over), Water polo (age 20 & over), Weightlifting (age 20 & over); Cannabis; Certain computer-related losses; Commercial general liability standard exclusions (CG0001 04/13 edition); Communicable disease; Cryogenic chambers/therapy; Employment-related practices; ERISA; Events that last more than 14 days (not including set-up and tear-down), unless reported, approved, and the appropriate premium has been paid; Fireworks; Fungus; Heavy metal/screamo, electronic/techno, rap, and hip-hop concerts/shows; Lead; Legal liability to participants for professional athletes and celebrity participants; Medical payments for participants for professional athletes and celebrity participants; Nuclear energy; Operation, ownership or management of any athletic facility or field, other than while being used for covered activities; Operations of independent concessionaires, exhibitors, and vendors at your event; Perfluoroalkyl and polyfluoroalkyl substances (PFAS); Radioactive matter; Room and board liability; Specified recreational vehicles and activities: Aircraft/hot air balloon; Airport; Amusement devices (The ownership, operation, maintenance or use of: any device or equipment a person rides for enjoyment, including, but not limited to, any mechanical or non- mechanical ride, slide, water slide (including any ski or tow when used in connection with a water slide), moonwalk or moon bounce, bungee operation or equipment or inflatable recreational device. Amusement device also includes any vertical device or equipment used for climbing—either permanently affixed or temporarily erected. Amusement devices does not include any video arcade or computer game; Bungee; Dunk tanks; Haunted attraction; Animals (injury or death to any animal; or injury death, or property damage caused by any animal owned, rented, or hired by you); Performer; Rodeo; Saddle animal; Snowmobile; Total pollution; Those operations listed as ineligible: Events involving animals other than service animals; Glow runs, color runs, or similar events; Professional sports events, try-outs, and training camps/clinics; College or university level championship events; CrossFit® events/activities or similar type fitness/exercise events; Highland games; Mud runs/warrior runs/zombie runs/obstacle course runs/urbanathons (competitions, exhibitions, or foot races that involve man-made obstacle courses, man-made mud pits, man-made slippery slopes, wall climbs or other similar man-made obstacles); Sanctioned USA Hockey tournaments and events; Virtual events/activities; Events in the following sport categories: Adventure races; Bandy; Biathlon; Billiards; Bobsled; Bodyboarding; Boxing; BMX biking; Canoe; Climbing; Cornhole; Cycling; Darts; Duathlons; Endurance races; Equestrian; Fishing (open water); Flex Football™ (age 20 & over); Tackle and contact football (age 20 & over); Hammer throw; Hang gliding; Hostelling; Inline (extreme/stunt/aggressive/free-style) skating; Jai alai; Javelin; Kayaking; Kite surfing; Luge (street); Marathons (26.2 miles or more); Mixed martial arts; Modern pentathlon; Mountain biking and/or hiking; Mountain boarding; Orienteering; Open-water events; Outrigging; Parachute; Parasailing; Polo (horse); Pond hockey; Rafting; Rodeo; Roller derby; Rowing/crew; Rugby; Sailing; Scuba diving; Shooting sports/events; Skateboarding; Skiing (snow or water); Sky diving; Sky surfing; Sled/Crew dog racing; Snowboarding; Snow surfing; Snorkeling; Sports parachuting; Streetball; Surfing (including boogie boards); Trampoline; Trapeze; Triathlon; Unicycling; Walking events; Wakeboarding; Windsurfing; Wrestling (age 20 & over); Yachting

AGENT INFORMATION

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:** _____

Academic HealthPlans, Inc. • 16201 West 95th Street, Ste. 210, Lenexa, KS 66219 • 1-913-754-5617
E-mail = recsportsandmore@recsportsandmore.ahpcare.com • Fax 1-913-754-5617
www.mycare26.com/specialty-programs
CA # 0H64806, TX # 1554208, FL # L074590

IMPORTANT-PLEASE READ

Surplus Lines Disclosure

The commercial general liability insurance policy is being placed in your home state as surplus lines coverage under the Nonadmitted Insurance Model Act. The insurer with which such policy is placed is not licensed in your home state and is not subject to its supervision. The insurer is an eligible Surplus Lines Insurer. Policies placed with eligible surplus lines insurers are not subject to the rate and form review of any Insurance Department and there is no protection afforded under the provision of any state insurance guaranty association for this policy.

Premium figures do not include surplus lines taxes and fees.

Please see the Member Certificate issued to you for important notices related to surplus lines insurance required by your home state and the exact amount of the applicable surplus lines taxes and fees.

The insurance company is rated A (Excellent) by AM Best Company with financial size category of XV ($2 Billion or Greater)

CONSENT FOR ELECTRONIC TRANSACTIONS

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: _____

FRAUD WARNING

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.

NOTICE TO APPLICANTS: 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 ACT, WHICH IS A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ALABAMA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION, FINES, OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND, AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: 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 AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KANSAS APPLICANTS: 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 THAT 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.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

NOTICE TO MAINE APPLICANTS: 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 OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO 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.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

FRAUD WARNING (continued)

NOTICE TO NEW YORK APPLICANTS: 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO OREGON APPLICANTS: 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, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: 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.

Costs are 100% fully earned and non-refundable/non-transferable once coverage begins.
Cancellations or changes must be reported prior to your scheduled start date and can only be made by the Named Insured.
No coverage will be deemed in effect until the accurate payment is received by the company or their representative, along with a fully completed enrollment form.

PLEASE READ AND SIGN

Warranty Statement: I understand that the insurance company, in determining whether to provide insurance coverage, will rely on the information contained in this form 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.

I am aware that the insurance company expects accurate reporting for my premium calculation. I understand that my book and records may be examined or audited by the insurance company at any time during the coverage period and up to three years thereafter. Intentional misrepresentation or misreporting may jeopardize coverage. We reserve 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 and that this policy is 100% non-refundable/non-transferable once coverage begins.

Applicant business/event name (from page 7): _____

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 ❍

FINAL PAYMENT CALCULATION AND PAYMENT OPTIONS

(Certain operations are not eligible for coverage by this program, and submissions with a premium of $25,000 or more are subject to additional underwriting. We reserve the right to decline any request for coverage.)

Step 1: Applicant business/event name from page 7 _____

Step 2: Enter program premiums:

Liability Premium (required coverage) from page 10 or 11 $_____(a)
❍ Single event policy or ❍ Annual event policy

Sexual misconduct coverage (optional coverage) from page 12 $_____(b)
❍ Defense reimbursement only or ❍ Liability coverage

Ancillary activities/event premium (optional coverage) from page 14 $_____(c)

Step 3: Total (add lines a+b+c) $_____(d)

Step 4: Round the total in Step 3 (d) to the nearest dollar ($0.50 and above = round up; $0.49 and below = round down) $_____(e)

Step 5: Calculate surplus lines/stamping/transaction fees – this is based on the Named Insured's state from page 7

NOTE: If your state is not specifically listed, use the last column labeled "All Other States". All states must calculate a surplus lines/stamping/transaction fee.

Insured's State	HI	IL	MI	MT	NV	NY	OK	UT	WY	All Other States
Surplus Line Tax	.0468	.035	.025	.0275	.035	.036	.06	.0425	.03	.025
Stamping/Transaction Fee	N/A	.0004	N/A	N/A	.004	.0015	.00175	.0018	.00175	N/A
FINAL STATE RATE	**.0468**	**.0354**	**.025**	**.0275**	**.039**	**.0375**	**.06175**	**.0443**	**.03175**	**.025**

Premium from Step 4 $_____(e) x **Final State Rate** from chart above $_____ = $_____(f)

Step 6: Liability cost (add lines e + f) $_____(g)

Risk Purchasing Group Administration Fee $ 20.00 (h)

Step 7: TOTAL COST (add lines g + h) $_____

Step 8: Select payment option:

❍ ACH – This option is only available for purchases made 15 days or more prior to the effective date. Proceed to https://res.epaypolicy.com to complete the ACH payment. Note: A $3 fee will apply.

❍ Mail in check – Make check payable to Academic HealthPlans, Inc.

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

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

Step 9: Applicable to New York and Wyoming applicants only.

New York Applicants - Please see instructions on page 20 on how to complete page 21.

Wyoming Applicants - Please see instructions on page 20 on how to complete page 22.

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NEW YORK and WYOMING APPLICANTS

Instructions for completing pages 21 and 22

NEW YORK APPLICANTS:

Please complete page 21 and return to us. Coverage cannot be bound without receipt of this completed form.

Step 1: Complete the Named Insured Box. Use the same name and address as completed on page 7.

Step 2: Complete the Named Insured Line. Use the same name as shown above in the Named Insured Box.

Step 3 Enter your policy premium. This can be found on page 19, line e.

Step 4 Enter your State Surplus Lines Tax.

To calculate, enter the amount from page 19, line e below and take that premium times the rate shown. Enter this amount on the Excess Line Tax line.

$.036 x $_____ = $_____

Amount from line e, page 19.

Step 5: Enter your State Stamping Fee.

To calculate, enter the amount from page 19, line e below and take that premium times the rate shown. Enter this amount on the Stamping Fee line.

$.0015 x $_____ = $_____

Amount from line e, page 19.

Step 6: Enter your Total Policy Cost. Add together the amounts from steps 3 – 5 and enter the total on this line.

Step 7: Sign the form. Please note, this needs to be signed by the insured (contact name on the application). A broker cannot sign this form.

WYOMING APPLICANTS:

Please complete page 22 and return to us. Coverage cannot be bound without receipt of this completed form.

Step 1: Complete the Named Insured Line. Use the same name as completed on page 7.

Step 2: Complete the Named Insured Line. Use the same name as shown above.

Step 3: Sign, date and provide your title. Please note, this needs to be signed by the insured (contact name on the application). A broker cannot sign this form.

K&K INSURANCE AGENCY
1690 Broadway, Bldg 19, Ste 110
Fort Wayne, IN 46802

NOTICE OF EXCESS LINE PLACEMENT

Named Insured: _____
Mailing Address: _____
City:_____**State:** _____ **Zip:** _____

Consistent with the requirements of the New York Insurance Law and Regulation 41 _____
(Named Insured)
is hereby advised that all or a portion of the required coverages have been placed by K&K INSURANCE AGENCY with insurers not authorized to do an insurance business in New York and which are not subject to supervision by this State. Placements with unauthorized insurers can only be made under one of the following circumstances:

a) A diligent effort was first made to place the required insurance with companies authorized in New York to write coverages of the kind requested; or
b) NO diligent effort was required because i) the coverage qualifies as an "Export List" risk, or ii) the insured qualifies as an "Exempt Commercial Purchaser".

Policies issued by such unauthorized insurers may not be subject to all of the regulations of the Superintendent of Financial Services pertaining to policy forms. In the event of insolvency of the unauthorized insurers, losses will not be covered by any New York State security fund.

TOTAL COST FORM (NON TAX ALLOCATED PREMIUM TRANSACTION)

In consideration of your placing my insurance as described in the policy referenced below, I agree to pay the total cost below which includes all premiums, inspection charges(1) and a service fee that includes taxes, stamping fees, and (if indicated) a fee(1) for compensation in addition to commissions received, and other expenses(1).

I further understand and agree that all fees, inspection charges and other expenses denoted by(1) are fully earned from the inception date of the policy and are non-refundable regardless of whether said policy is cancelled. Any policy changes which generate additional premium are subject to additional tax and stamping fee charges.

RE: Policy No. TBD Insurer AIG SPECIALTY INSURANCE COMPANY

Policy Premium		$_____
Insurer Imposed Charges		
Taxable Policy Fees	(1)	$0.00
Taxable Inspection Fee	(1)	$0.00
Service Fee Charges		
Excess Line Tax (3.60%)		$_____
Stamping Fee (0.15%)		$_____
Broker Fee	(1)	$0.00
Inspection Fee	(1)	$0.00
Other Expenses (specify)	(1)	$0.00
	Total Policy Cost	$_____

_____
(Signature of Insured)
(1) = Fully earned

NYSD Form: NELP/2011

Wyoming Insurance Department

Surplus Lines Notice to Insured

106 East 6th Avenue
Cheyenne, WY 820002
(307) 777-7401

Named Insured:_____

Surplus Lines Insurance Company: AIG Specialty Insurance Company

Policy Effective Dates: TBD Expiration Date: TBD

I, _____, hereby affirm that, prior to placement of the above-referenced insurance
(Named Insured)
coverage with a surplus lines insurer I have been advised that:

(i) The insurer with which the surplus lines broker places the insurance is not license by this state and is not subject to its supervision; and

(ii) In the event of the insolvency of the surplus lines insurer, losses will not be paid by the Wyoming Insurance Guaranty Association.

I further understand that the policy forms, conditions, premium and deductibles ussed by surplus lines insurances may be different from those found in policies used by admitted insurance companies.

_____ _____
Signature of Named Insured Date

_____
Title

As required by Wyo. Stat. § 26-11-109(b), a copy of this form shall be retained by the surplus lines broker.