ahp Sports | Academic HealthPlans

PART OF THE BROWN & BROWN TEAM

CHEER GYMS
Insurance Program and Enrollment Form

This brochure is valid for effective dates from 7/1/26 through 3/31/27

PROGRAM DESCRIPTION

This program has been designed for U.S.-based cheerleading gyms specializing in the instruction of cheerleading, dance, tumbling, trampolines, and related programs. Coverage includes important liability protection for the gym, including its employees and volunteers, for liability claims arising out of its operations.

For eligible cheer gyms, covered operations and activities include your operations and activities at your locations involving registered members/participants, under your direct supervision or organized by you, that have been reported to and approved by the Company and for which the applicable premium has been paid; off-site competitions, demonstrations, parades, and fundraising activities directly associated with the foregoing that are under your direct supervision or organized by you; and ancillary events or activities at off-site locations involving registered members/participants under your direct supervision or organized by you, that have been reported to and approved by the Company and for which the applicable premium has been paid.

"Covered Operations" may also include birthday parties or special events (e.g., parent's night out) at your premises that are under your direct supervision or organized by you, that have been reported to and approved by the Company, and for which the applicable premium has been paid; activities involving non-member participants or participants/students of separately charged classes or programs, under your direct supervision or organized by you, that have been reported to and approved by the Company, and for which the applicable premium has been paid; and meets, competitions, or events hosted by you, under your direct supervision or organized by you, that have been reported to and approved by the Company and for which the applicable premium has been paid.

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

INELIGIBLE OPERATIONS

Operations not eligible for this program include, but are not limited to, the following:

- Gymnastics facilities/operations or operations that utilize gymnastics apparatuses (e.g.: vault, rings, high bars, pommel horse). Contact us for gymnastics school coverage.
- Circus skills training
- Your operations as a sports complex or multi-purpose facility, except for those sport(s) and/or subsidiary activities you have reported to us, have been approved by us, and the appropriate premium paid.
- Trampoline parks/facilities

ELIGIBLE OPERATIONS

Cheer gyms providing any of the following operations are eligible for this program. Operations with gymnastics activities should contact us regarding information on our gymnastics program.

- Cheerleading
- Dance
- Trampolines (instruction/training classes/programs only)
- Tumbling

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

E-MAIL recsportsandmore@recsportsandmore.ahpcare.com

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

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.

MASS MERCH-CHEERGYM 1615-AHP MK 10-2026

EXCLUSIONS

The following represent only some of the exclusions contained in this policy. State variations may apply.

- Abuse, molestation, or exploitation (unless reported to and approved by us, and the appropriate premium paid)
- Amusement devices (e.g.: rides, slides, inflatables–unless reported to, and approved by us, bungees, or dunk tanks)
- Bodily injury to participants while in a hired auto or non-owned auto
- Climbing walls - exceeding ten (10) feet in height, unless reported to and approved by us
- Communicable disease
- Cryogenic chambers/therapy
- Cyber incident, data compromise, and violation of statutes related to personal data
- Employment-related practices
- Fungi or bacteria
- Multi-passenger vehicles
- Operations listed as ineligible
- Parkour activities/programs*
- Pollution
- Sexually transmitted disease

*Please contact us if you have this exposure for coverage options.

COVERAGES AND LIMITS - Contact us if higher limits are needed.

Commercial General Liability (CGL):	**Option 1**		**Option 2**	
	Limits		**Limits**	
Each Occurrence	$ 1,000,000		$ 2,000,000	
General Aggregate (Other than Products-completed Operations)	$ 5,000,000 per location		$ 5,000,000 per location	
Products-completed Operations Aggregate	$ 1,000,000		$ 2,000,000	
Personal and Advertising Injury	$ 1,000,000		$ 2,000,000	
Bodily Injury to Participants Liability	$ 1,000,000		$ 2,000,000	
Professional Liability	$ 1,000,000		$ 2,000,000	
Hired Auto Liability & Non-owned Auto Liability (not available in: IL, LA, UT, VT & WI)	$ 1,000,000		$ 2,000,000	
Damage to Premises Rented to You (Fire Legal Liability)	$ 1,000,000		$ 1,000,000	
Medical Expense (other than participants)	$ 5,000		$ 5,000	
Medical Payments for Participants (excess) $250 per claim deductible applies	$ 150,000		$ 150,000	
Rates (per student/member, per age group)	**All States Applicants, except Hawaii**	**Hawaii Applicants**	**All States Applicants, except Hawaii**	**Hawaii Applicants**
Ages 13 and over	$ 57.11	$ 51.91	$ 77.55	$ 70.49
Ages 7 through 12	$ 33.31	$ 30.28	$ 43.93	$ 39.93
Ages 5 and 6	$ 26.76	$ 24.32	$ 35.93	$ 32.66
Ages 4 and under	$ 14.28	$ 12.98	$ 19.57	$ 17.79
Minimum Premiums	$ 1,000.00	$ 1,000.00	$ 1,500.00	$ 1,500.00

Coverage provided under this program includes:

Commercial General Liability with Enhancement Endorsement – coverage which protects the insured against liability claims for bodily injury and property damage arising out of premises, operations, products-completed operations, and personal and advertising injury. Additional or broadening coverages added with the enhancement endorsement are:

Extended Property Damage – expected or intended injury resulting from use of reasonable force to protect persons or property; Non-Owned Watercraft – extended to 58 feet; Property Damage to Borrowed Equipment; - $10,000 each occurrence; Property Damage to Customers' Goods - $10,000 each occurrence; Broadened Coverage – Damage to Premises Rented to You – definition expanded; Property Damage from Elevator Use; Personal and Advertising Injury from Televised or Videotaped Material (if not professionally produced); Medical Personnel - $100,000 any one person; Broadened Definition of Insured – Newly Acquired or Formed Organization for Up to 180 Days; Supplementary Payments - $2,500 Bail Bonds, $500 a Day Loss of Earnings; Knowledge or Notice of Occurrence; Unintentional Failure to Disclose all Hazards; Waiver of Transfer of Rights of Recovery Against Others to Us (Waiver of Subrogation); Mental Anguish Resulting from Bodily Injury; Broadened Definition of Mobile Equipment

Additional Coverages:

- Emergency Real Estate Consultant Fee - $25,000
- Identify Theft Exposure - $25,000
- Key Individual Replacement Cost - $50,000
- Lease Cancellation Moving Expense - $2,500
- Temporary Meeting Place - $25,000
- Terrorism Travel Reimbursement - $25,000
- Workplace Violence Counseling - $25,000

COVERAGES AND LIMITS CONTINUED

Damage to Premises Rented to You – coverage for the premises, and the contents of such premises, rented to you if the damage is caused by fire, lightning, explosion, smoke, or leaks from sprinklers.

Bodily Injury to Participants Liability – coverage that offers protection against bodily injury liability claims brought by persons participating in covered activities of your cheer operations.

Professional Liability – coverage that provides protection against wrongful acts (negligent act, error, omission, or breach of duty in the discharge of cheer activities) that occur under the operations of the insured.

Medical Payments for Participants – coverage that pays the medical and dental expenses incurred by a "participant" when an accidental injury occurs while participating in your covered cheer operations. "Participant" means any:

a. Person practicing for or participating in any physical exercise, athletic or recreational activity, game, sport, contest, performance, exhibition, or entertainment activity; or
b. Member of the audience participating in any physical exercise, athletic or recreational activity, game, sport, contest, performance, exhibition, or entertainment activity.

"Participant" does not include any instructor, coach, official, referee, volunteer, or compensated member of your staff, including "employees" or independent contractors; nor does it include any member of the audience not described in Paragraph b. of this definition. Coverage is provided on an excess basis, responding after all other medical coverage available to the participant has been exhausted. If no other medical coverage exists, the coverage becomes primary. A $250 deductible applies to each claim, and the benefit period is two years from the date of the accident.

Hired Auto Liability and Non-Owned Auto Liability (not available for facility locations in: IL, LA, UT, VT, or WI) – coverage that protects the insured against liability claims arising out of the maintenance or use of motor vehicles hired, leased, rented, or borrowed by the insured on a short-term basis, as well as coverage for those autos your organization does not own, lease, hire, rent, or borrow that are used in conjunction with your operations. Coverage does not extend to bodily injury to participants while in a hired auto or non-owned auto; to the use of a multi-passenger vehicle (designed to carry 9 or more persons); or to those vehicles that are rented, leased, hired, or borrowed on a long-term basis.

ADDITIONAL OPERATIONS COVERAGES AVAILABLE

Coverage for Non-Members and Separately Charged Classes/Programs

This coverage is available for events and/or activities you conduct at your facility that involve non-members or participants/students paying a separate fee for classes, camps, and clinics that are incidental to your cheer gym operations. When reported and paid for, coverage is extended to provide liability and excess medical coverage for those individuals while participating in an event or activity you are hosting and supervising. Examples of such events and activities include dance programs or classes; camps or clinics; crafts; music programs or classes; yoga classes; gymnastics programs or classes; and theater arts or drama classes or programs. Unless this option is purchased, coverage is excluded for non-members and participants/students paying a separate fee who participate in any of the activities referenced above.

Coverage Conditions:

1. Coverage is not available on a stand-alone basis. You must have Commercial General Liability coverage for your cheer gym with our Cheer Gyms RPG insurance program.
2. The same coverages and limits would apply to this optional coverage as purchased for your gym.
3. Birthday parties and special events are not considered to be a subsidiary activity and a separate premium charge will apply.
4. Non-members are only to be counted once in your premium calculation, regardless of the number of times that they may participate in those activities. Also include participants/students of your school if they are charged a separate registration fee to participate in the activity.

Rates - per participant/student	**Option 1 - $1,000,000 CGL**		**Option 2 - $2,000,000 CGL**	
	All States Applicants, except Hawaii	**Hawaii Applicants**	**All States Applicants, except Hawaii**	**Hawaii Applicants**
Martial arts activities	$ 15.95	$ 14.50	$ 21.07	$ 19.15
Camps/clinics	$ 5.78	$ 5.25	$ 7.52	$ 6.83
All other activities	$ 15.95	$ 14.50	$ 21.07	$ 19.15

Birthday Parties and Special Events Coverage

Coverage can be extended to cover birthday parties and special events (e.g., parent's night out) held at your cheer gym premises.

Coverage Conditions:

1. Coverage is not available on a stand-alone basis. You must have Commercial General Liability coverage with our Cheer Gyms RPG insurance program.
2. The same coverages and limits would apply to this optional coverage as purchased for your gym.

Rates (per party/event)	**Option 1 - $1,000,000 CGL**		**Option 2 - $2,000,000 CGL**	
	All States Applicants, except Hawaii	**Hawaii Applicants**	**All States Applicants, except Hawaii**	**Hawaii Applicants**
	$ 34.26	$ 31.14	$ 46.47	$ 42.24

OPTIONAL COVERAGES AVAILABLE CONTINUED

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

This program includes two options for coverage for claims arising out of sexual abuse or sexual molestation:

Option 1: Sexual Abuse or Sexual Molestation Liability - Liability coverage for sums the insured becomes legally obligated to pay as damages because of loss arising out of or in any way involving sexual abuse or sexual molestation, whether threatened or actual. Limit is part of, and not in addition to, the General Aggregate Limit of Insurance.

Option 2: Abuse, Molestation, or Exploitation Defense Reimbursement - Coverage for reimbursement of defense costs only resulting from claims arising out of abuse, molestation, or exploitation.

Coverage Conditions:

1. Coverage is contingent upon completion of a supplemental questionnaire. Please contact us for a supplemental form to complete and return for review, approval, and a quote.
2. Coverage is not available on a stand-alone basis. You must have Commercial General Liability coverage for your gym with our Cheer Gyms RPG insurance program.
3. Only one option may be purchased.
4. This coverage is 100% fully earned at inception (may vary by state).
5. Availability of this coverage is subject to underwriting approval. When available, different limit options may be offered.

Equipment and Contents Coverage (Inland Marine)

This coverage provides protection for direct loss of or damage to your supplies and equipment; furnishings; improvements and betterments; signs and leased personal property; and HVAC or building glass at locations where you are a tenant and have a contractual responsibility to insure, when the loss or damage is caused by fire, theft, vandalism, or other covered causes (subject to actual policy terms and conditions). You must insure the full replacement cost of all of your equipment and contents to avoid a coinsurance penalty at the time of loss. If you add additional equipment or contents to your inventory, please contact us to have your insured value amended to avoid a coinsurance penalty.

Additional coverages automatically included in the coverage form are

- Business Income with Extra Expense – actual loss sustained (up to $50,000)
- Money and Securities Coverage - $10,000 any one occurrence
- Valuable Papers and Records Coverage - $10,000 on premises / $2,500 off premises
- Accounts Receivable Coverage - $10,000 on premises / $2,500 off premises
- Employee Theft - $5,000 any one occurrence
- Forgery or Alteration - $10,000 any one occurrence
- Robbery or Safe Burglary of Other Property - $10,000 inside the premises / $10,000 outside the premises
- Additional Acquired Property – up to $15,000
- Concession Equipment - $50,000 any one occurrence
- Pollutant Cleanup - $25,000

Coverage Conditions:

1. Coverage is not available on a stand-alone basis. You must have Commercial General Liability coverage with our Cheer Gyms RPG insurance program.
2. Coverage will be effective the day after we receive the properly completed enrollment form with premium and will expire on the expiration date of your Cheer Gyms RPG insurance program.
3. A receipt of purchase is required at the time of loss to show verification of purchase for any improvements or betterments.
4. This coverage may not be available in all states.

Total Value per Location	All States Applicants, except Hawaii Rates	Hawaii Applicants Rates	Deductible	Minimum Premium
$ 1 - $ 10,000	$ .033	$ .03	$ 250	$ 100.00
$ 10,001 - $100,000	$.0286	$ .026	$ 1,000	$ 100.00
$ $ 100,001 +	$.0286	$ .026	$ 2,500	$ 100.00

Meets, Competitions & Events Coverage

If your gym is hosting or organizing a meet, competition, or event that involves participants who are not members of your gym, please contact us to obtain additional information about the coverages and programs we may have available. Your cheer gym coverage excludes liability and medical payments for participants claims by non-registered members/participants who take part in meets, competitions, or events you host, unless additional coverage is purchased. The named insured and their registered members are automatically covered for participation in meets, competitions, and events conducted by others.

FREQUENTLY ASKED QUESTIONS

1. **We are a newly formed gym and we are not sure how many students we will have. How should I report my student count?**
   You need to report the number of members/students you project to have enrolled at the busiest time of year. You may add additional members/students at any time by using the cheer supplemental form.

2. **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, however, do offer an insurance program specifically designed for independent contractors who directly supervise an individual or group engaged in cheer activities. Within this coverage, the independent contractor instructor can list your gym as an additional insured while instructing at your gym or as a part of your operations. Coverage for independent instructors can be purchased online or by contacting us.

3. **Is my gym covered for a meet or competition that we are hosting that involves non-registered students/ members?**
   Coverage is included for meets or competitions you host that only include students/members of your gym. To obtain coverage for an event that includes non-registered students/ members, please contact us for coverage options available.

4. **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 members/participants/students. Should the transportation of members/participants/students be necessary for your operation, we suggest that you consult a licensed insurance agent in your area to provide you with commercial automobile coverage for this type of exposure.

5. **I have been asked by my landlord or sponsor to add them as an "additional insured" to my policy. What does this mean?**
   An additional insured is a person or organization not automatically included as an insured under an insurance policy, but who is included or added as an insured under the policy at the request of the named insured. By providing an entity additional insured status, it now is entitled to defense and indemnity (if policy limits have not been exhausted) under your policy with no responsibility for premium payments.
   You can add an entity as an additional insured under the certificate request section of the enrollment form. Please provide their complete name, address, and relationship to you. All requests must be made in writing.

6. **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.

7. **Do I have coverage for virtual training?**
   Coverage does extend to incidental virtual training provided by you (the named insured) to your clients/members. The policy is intended to extend bodily injury coverage only for training available to your clients/members only (through a private platform such as a password protected website or a closed Facebook group). Coverage does not extend to any training material that is accessible to the general public. Reasonable precautions should be taken when assessing potential new clients/members online, including but not limited to health assessments, waivers/release forms, and interviews prior to instruction or training. We encourage you to consult with an attorney to consider special waiver/release agreements that will apply specifically to virtual training. Virtual training/instruction does not extend to any training/ instruction that includes gymnastic apparatuses, tumbling, or stunting (including pyramids), or or to any 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.

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

Enrollment Form
Cheer Gyms

Valid for effective dates from 7/1/26 through 3/31/27

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

TO AVOID PROCESSING DELAYS:
1. **Complete all sections (print legibly)**
2. **Sign and date where required**
3. **Remit completed enrollment form (pages 6 - 19) with payment (page 20)**

GENERAL INFORMATION

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

Full legal name of business: _____

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

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

Mailing address: _____

City: _____ State: _____ Zip: _____

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

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

Website: _____

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

LOCATIONS

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

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

Location 1: _____
Street address City State Zip

Location 2: _____
Street address City State Zip

DATES

Annual coverage will begin the day after the completed enrollment form and payment are received and approved by us, or on a later date you specify below. (If renewing coverage, please provide the expiration date of your current policy.)

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

BUSINESS INFORMATION

1. Form of business: ❍ Not-for-profit ❍ For-Profit
2. Identify all programs/activities that are included in your operations (check all that apply)
   Your operations must include cheerleading to be eligible for this program.
   - ❍ Cheerleading
   - ❍ Dance
   - ❍ Trampolines (instruction/training classes/programs only)
   - ❍ Tumbling
   - ❍ Other (please describe) - subject to approval: _____

   Note: Gymnastics activities or operations that utilize gymnastics apparatuses are not covered by this program. (Contact us for information on our gymnastics program.)

BUSINESS INFORMATION CONTINUED

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

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

   ❍ Training (describe):_____

   ❍ Day at the park (describe):_____

   ❍ Trip to amusement park or beach

   ❍ Other: _____

   (Activities held off-site must be reported prior to occurring and approved by us except for competitions, demonstrations, parades and fundraising activities.)

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

   If yes, please describe: _____

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

5. Do you have birthday parties? ❍ Yes ❍ No

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

   Note: 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 and are subject to additional review and approval.

6. Do you have camps or clinics? ❍ Yes ❍ No

   If yes:

   a. Do non-members attend? ❍ Yes ❍ No

   (Non-member campers (those that are not registered members/students of your gym) are excluded from coverage under this policy, unless you purchase the additional operations coverage for non-members and separately charged classes/programs.)

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

   ❍ Dance ❍ Crafts

   ❍ Other sports (describe) _____

   ❍ P.E. type games (describe): _____ ❍ Other (describe): _____

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

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

   ❍ We do not have any off-site activities ❍ Museum ❍ Nature walks or hiking

   ❍ Swimming at local pool with lifeguards ❍ Movie theater ❍ Laser tag/nerf wars/similar activities

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

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

   ❍ Babysitting ❍ Part-day preschool ❍ After-school programs

   If you checked part-day preschool, before-school, or after-school programs above, is cheerleading instruction a part of that program? ❍ Yes ❍ No

   If yes:

   • What percentage of the program is dedicated to cheerleading?_____

   • What percentage of your overall operations includes these programs?_____

   Note: Childcare/daycare, babysitting services, full-day preschool, or substitute parental care are not eligible and are excluded under this program. Part-day preschool, before-school, and after-school programs must be incidental to be considered for coverage.

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

   If yes, what programs/activities have overnight events/activities? (check all that apply)

   ❍ Parent's night out ❍ Overnight camps/clinics ❍ Other:_____

   (Coverage for these types of events/activities are excluded under this program, unless reported to and approved by us prior to occurring. Please contact us for additional information needed to consider.)

9. Does your operation utilize gymnastic apparatuses? (e.g.: vault, high bars, pommel horse, rings) ❍ Yes ❍ No

BUSINESS INFORMATION CONTINUED

10. Devices utilized in your operations. Check all that apply and provide pictures of any device selected.

❍ We do not have any of the devices listed below or any similar devices. (If checked, skip the remainder of Question 10.)

Device:

❍ Climbing wall	Maximum height? _____	Safety harness used?	❍ Yes	❍ No
❍ Cargo net	Maximum height? _____	Safety harness used?	❍ Yes	❍ No
❍ Climbing rope	Maximum height? _____	Safety harness used?	❍ Yes	❍ No
❍ Slack lines	Maximum height? _____	Safety harness used?	❍ Yes	❍ No
❍ Trapeze	Maximum height? _____	Safety harness used?	❍ Yes	❍ No
❍ Zip line	Maximum height? _____	Safety harness used?	❍ Yes	❍ No

❍ Pit

Pit Information:

Type: ❍ Foam ❍ Resi ❍ Inflatable Location: ❍ Above ground ❍ Below ground

Depth:_____ Base type, describe:_____

How often are blocks replaced? _____ or ❍ N/A

Device safety procedures – Required if you selected any device above. Questions a – d below must be completed.

a. Do you have padding underneath your device(s)? ❍ Yes ❍ No

b. Do you have a written maintenance and use procedures manual in place, and is it provided to all staff? ❍ Yes ❍ No

c. Are these devices supervised at all times by a certified trainer/instructor? ❍ Yes ❍ No

d. Do you review safety procedures with all members/participants before use? ❍ Yes ❍ No

NOTE:

- High wires, ribbon/fabric, zip lines, 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.
- If you have climbing devices exceeding 10 feet in height, you must include pictures of the device with this submission for review. For climbing walls over 10 feet, please review and sign the guidelines required for consideration of coverage on page 13.
- Circus skills training is excluded under this program.

11. Do you have dance programs or classes and/or drama and theater programs or classes that are separate from your cheer program? ❍ Yes ❍ No

(The following types of dance operations are not eligible for coverage under this program: ballroom rental facilities, banquet and reception halls, cabarets, dance halls, discotheques, nightclubs, production companies, professional dance companies, and professional touring companies.)

12. Do you host meets, competitions, or events involving other gyms or organizations? ❍ Yes ❍ No

(Please contact us for additional information on coverages available for this type of exposure.)

13. Do you have inflatable devices that are not used for cheerleading training or instruction? ❍ Yes ❍ No

(This program contains an exclusion for amusement devices. Amusement devices do not include any video or computer games or any device that is specifically designed for the training or instruction of the activity for which you are enrolled (e.g. tumbl trak). Limited coverage for inflatables is available. Please contact us for additional information.

14. Do you have martial arts programs and classes? ❍ Yes ❍ No

(The following styles of martial arts are not eligible for coverage under this program: contact or sparring boxing; 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, or wrestling.)

15. Do you have parkour, ninja, indoor obstacle course, extreme tumbling, urban/extreme gymnastics, tricking, free-running, and/or similar types of programs/activities? ❍ Yes ❍ No

(Coverage for these types of operatons is excluded under this program. Please contact us for possible coverage options.)

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

(Transportation of students/members/participants is excluded under this policy. If you transport any students/members/participants, you will need to carry a separate commercial auto policy.)

BUSINESS INFORMATION CONTINUED

17. Do you have a swimming pool? ❍ Yes ❍ No

(Please contact us for additional information on coverages available for swimming pools and a questionnaire to complete. If approved, an additional premium charge of $670.00 applies per pool.)

18. Do you sublease your facility to others? ❍ Yes ❍ No

If yes, do you obtain a certificate of insurance and require that you be named as an additional insured? ❍ Yes ❍ No

(This policy does not cover subleased events/activities, and a certificate of insurance naming you as an additional insured is required to be eligible for this program.)

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

a. Immediately removing the student/participant from play or practice? ❍ Yes ❍ No

b. Keeping the student/participant out of class, event, or competition until they provide written clearance from a licensed physician? ❍ Yes ❍ No

20. Do you have open gym time? ❍ Yes ❍ No

If yes, are non-members allowed to participate? ❍ Yes ❍ No

21. 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? $_____

22. **FOR NEW ACCOUNTS ONLY**

Do you have current coverage in place? ❍ Yes ❍ No

If no, please check/explain:

❍ New business operation ❍ Other, please explain:_____

If yes:

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

b. Is your current carrier non-renewing your coverage? ❍ Yes ❍ No

If yes, why?_____

c. In the past 5 years, have you had more than $5,000 in claims? ❍ Yes ❍ No

If yes, please provide current valued loss runs (dated within 90 days of the effective date) with at least years of loss history, including your current year. In addition, please describe any liability or medical claims over $5,000 that have been paid under your insurance coverage for those years.

PROGRAM PREMIUM CALCULATION

Premium is determined by applying the appropriate option and rate for your gym or organization to the greatest number of students/registered members that your program could have annually. The same option must be used for all groups.

Coverages	Option 1- $1,000,000 CGL w/ $150,000 Med Pay		Option 2 - $2,000,000 CGL w/ $150,000 Med Pay	
	All States Applicants, except Hawaii	Hawaii Applicants	All States Applicants, except Hawaii	Hawaii Applicants
Ages 13 and over	$ 57.11	$ 51.91	$ 77.55	$ 70.49
Ages 7 through 12	$ 33.31	$ 30.28	$ 43.93	$ 39.93
Ages 5 and 6	$ 26.76	$ 24.32	$ 35.93	$ 32.66
Ages 4 and under	$ 14.28	$ 12.98	$ 19.57	$ 17.79
Minimum Premiums	$ 1,000.00	$ 1,000.00	$ 1,500.00	$ 1,500.00

Rate/Premium Calculations						
Option	**Age Groups**	**Rate**	**X**	**No. of Students/Members**	**=**	**Premium**
	Age 13 and over		x		=	$
	Ages 7 - 12		x		=	$
	Ages 5 and 6		x		=	$
	Ages 4 and under		x		=	$
Premium (add all lines above)						$
Program Minimum Premium						$
Program Premium If the premium is less than the minimum premium, the program premium due is the minimum premium						$

ADDITIONAL OPERATIONS COVERAGE PREMIUM CALCULATION

Coverage for Non-Members and Separately Charged Classes/Programs

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

For each type of activity listed below that you offer at your facility, please provide the total number of non-members or separately enrolled participants. Use the same liability limit/rate option that you selected on the previous page when reporting these numbers. These activities should be incidental to your primary cheer gym program.

1. Do you offer martial arts programs or classes? ❍ Yes ❍ No
   If yes,
   a. Do you offer any type of martial arts involving sharpened 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
2. Do you offer any open water activities (e.g., in lakes, ponds, ocean, or rivers)? ❍ Yes ❍ No
   (Any activities taking place on open water are excluded under this policy.)
3. Calculate your premium.

Rates	Option 1 $ 1,000,000 CGL		Option 2 $ 2,000,000 CGL	
	All States Applicants, except Hawaii	Hawaii Applicants	All States Applicants, except Hawaii	Hawaii Applicants
Martial Arts Programs & Classes	$ 15.95	$ 14.50	$ 21.07	$ 19.15
Camps or Clinics	$ 5.78	$ 5.25	$ 7.52	$ 6.83
All Other Activities, Classes or Programs	$ 15.95	$ 14.50	$ 21.07	$ 19.15

	Type of Activity	Number of Participants	X	Rate	=	Premium
❍	Arts and/or craft classes		X		=	$
❍	Camps or clinics		X		=	$
❍	Dance, drama and/or theater art programs or classes List the styles of dance offered:_____ _____		X		=	$
❍	Martial arts programs or classes List the styles of martial arts offered:_____ _____		X		=	$
❍	Swimming (instructional classes/programs only)		X		=	$
❍	Trial or open cheer		X		=	$
❍	Yoga and/or exercise classes		X		=	$
❍	Other (please describe):_____ _____ Note: This is subject to approval by us		X		=	$
	Additional Operations Premium (add all lines above)					$

ADDITIONAL OPERATIONS COVERAGE PREMIUM CALCULATION CONTINUED

BIRTHDAY PARTIES **PARENTS' NIGHT OUT/SPECIAL EVENTS**

Coverage for parties 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, special events or parents' night out events.**

1. Please check all types of events you host at your facility along with the types of activities offered at each:

a) ❍ Birthday parties

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.

❍ Parents' night out

❍ Special events, describe: _____

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

❍ Cargo nets
❍ Cheerleading
❍ Climbing ropes
❍ Climbing walls
❍ Crafts
❍ Dance
❍ Drama/theater
❍ Foam pits or resi pits
❍ Gymnastics apparatuses (bars. rings)
❍ Inflatables (e.g., bounce house, slides)
❍ Martial arts, describe:_____
❍ Ninja and/or obstacle-course–type activities
❍ Swimming – pool only with lifeguard
❍ Trampolines
❍ Tumbling (no gymnastic apparatuses)
❍ Water activities, describe:_____
❍ Yoga
❍ Zip lines or slack liness
❍ Other, describe: _____

Note: Coverage for birthday parties, 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. 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.

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

4. 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:_____

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

If yes, describe: _____

Rates	Option 1 $ 1,000,000 CGL		Option 2 $ 2,000,000 CGL	
	All States Applicants, except Hawaii	Hawaii Applicants	All States Applicants, except Hawaii	Hawaii Applicants
Birthday Parties and Special Events	$ 34.26	$ 31.14	$ 46.47	$ 42.24

	Type of Activity	Number of Parties/Events Held Annually	X	Rate	=	Premium
❍	Birthday Parties and Special Events		X		=	$

OPTIONAL COVERAGES PREMIUM CALCULATION

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

Step 3: Calculate premium

(If the total calculated premium is less than the minimum premium, the total premium due is the minimum premium.)

Equipment and Contents Premium

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

Rates: All States Applicants, except Hawaii = $.033 Hawaii Applicants = $.03

$_____ x $_____ = $_____ $_____(C)

Rate | Total Replacement Value | Equipment and Contents Premium ($100.00 minimum premium applies)

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

Rates: All States Applicants, except Hawaii = $.0286 Hawaii Applicants = $.026

$_____ x $_____ = $_____ $_____ (C)

Rate | Total Replacement Value | Equipment and Contents Premium ($100.00 minimum premium applies)

FACILITY/OPERATIONS INFORMATION

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:_____

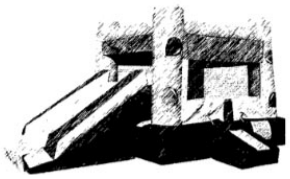
Model/serial #(s):_____



❍ 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: _____
   _____
   _____

CLIMBING WALL MINIMUM UNDERWRITING GUIDELINES

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

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

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

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

_____ _____

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

CERTIFICATE REQUESTS

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

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

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

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

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

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

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

5. Does the certificate holder/additional insured require any special wording or endorsements? ❍ Yes ❍ No
If yes, check all that apply: ❍ CG2026 ❍ Primary/noncontributory ❍ Waiver of subrogation ❍ Cancellation - _____ days
❍ Other (please explain): _____

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

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

7. For loss payee: Type of equipment (please describe): _____ Replacement cost value: _____

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

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

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

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

Copyright © 2026 K&K Insurance Group, Inc. All Rights Reserved.

COVERAGE EXCLUSIONS

The following notable exclusions are contained in the commercial general liability coverage provided by this program (note: state variations may apply). Abuse, molestation, or exploitation (unless optional coverage is reported to us, approved by us, and appropriate premium paid); Acupuncture and acupressure; Any adult-themed parties/meetings/trips, including but not limited to, parties/meetings, trips during which demonstration of products and/or services used in the adult entertainment industry take place; Asbestos; Batting cages; Bodily injury to participants while in a hired auto or non-owned auto; Childcare/daycare, babysitting services, full-day preschool, or substitute parental care; Commercial General Liability standard exclusions (CG0001 4/13 edition); Cap on losses from certified acts of terrorism; Climbing walls exceeding ten (10) feet in height (unless reported to and approved by us); Communicable disease; CrossFit programs/activities or similiar type programs; Cryogenic chambers/therapy; Cyber incident, data compromise, and violation of statutes related to personal data; Cycling (other than stationary); Dance operations that are not eligible for coverage under this program: ballroom rental facilities, banquet and reception halls, caberets, dance halls, discotheques, nightclubs, production companies, professional dance companies and professional touring companies; Dodgeball; Employment-related practices; Fireworks; Fungi or bacteria; High wires, ribbon/fabric performing devices or trapeze systems more than 5 feet from the ground without a safety harness; Instruction/activities held on or in open water (e.g.: lakes, ponds, ocean); Lead; Martial arts styles consisting of: the sport of boxing (contact/sparring); dim mak; haganah, kali/escrima, full contact and submission mixed martial arts, including but not limited to: cage events, extreme fighting and ultimate fighting; savate; sayoc kali; thai boxing/muay thai; training programs for law enforcement, public safety, and military personnel; CPR and first aid; and the sport of wrestling; Massage therapy; Medical, therapy or health care services; Multi-passenger vehicles; Non-registered participants at meets/competitions/events hosted by the named insured; Nuclear energy; Operations related, in whole or in part, to performance as an exotic dancer or any similiar occupation in the adult entertainment industry; Paintball, reball, nerf wars, laser tag, airsoft, gelly ball, archery tag, and similar type games/events; Parkour, obstacle courses, ninja, free-running, tricking, gymnastics, extreme tumbling, or any similiar type programs for instruction/events/activities that are conducted outdoors; Parkour, obstacle course, ninja, free-running, tricking, urban gymnastics, extreme tumbling, or any similar type programs (unless reported to, approved by us, and the appropriate premium paid); Programs involving professional medical or behavioral treatments or counseling; Restaurants; Salon services, spa services, or indoor tanning; Saunas, steam rooms, Jacuzzis, hot tubs, whirlpools, or spas; Sexually transmitted disease; Silica or silica-related dust; Sports or physical rehabilitation services/therapy; Specified vehicles and recreational activities – Aircraft/hot air balloon; Airport; Amusement device: The ownership, operation, maintenance or use of any device or equipment a person rides for enjoyment, including, but not limited to: mechanical or non-mechanical ride, slide, or water slide (including any ski or tow when used in conjunction with a water slide); inflatable recreational device (unless reported to and approved by us). This exclusion does not apply to video games or computer games or any device that is specifically designated for the training or instruction of the activity for which you are enrolled; Animal; Bungee; Dunk tank; Haunted attraction; Performer (injury or death to any performer or entertainer during any activity, event or exhibition including but not limited to any stunt, concert, show or theatrical event. This exclusion does not apply to participants in any activity, event or exhibition that are part of the designated operations for which you are enrolled; Rodeo; Saddle animal; Snowmobile; Swimming pools (unless reported to, approved by us, and appropriate premium paid); The sale or distribution of medicinal, herbal and/or nutritional products; Total pollution with a building heating, cooling & dehumidifying equipment exception and hostile fire exception; Unmanned aircraft; Use of projectile weapons including, but not limited to firearms and tasers, and defense sprays; Use of sharpened weapons; Warped wall (unless reported to us, approved by us, and the appropriate premium paid); Those operations listed as ineligible: Circus skills training; Your operations as a sport complex or multi-purpose facility, except those sport(s) and/or subsidiary activities you have reported to us, have been approved by us, and the appropriate premium paid; Trampoline parks/facilities; Gymnastics facilities/operations or operations that utilize gymnastics apparatuses (e.g.: foam pits, rings, high bars, pommel horse).

TOTAL COST SUMMARY

Program Premium (from page 9)	$	
Additional Operations Premium (from page 10)	$	
Birthday Parties/Special Events Premium (from page 11)	$	
Optional Coverages:		
Equipment and Contents Premium (from page 12)	$	
Premium Subtotal (add all lines above)	$	(A)
Risk Purchasing Group Administration Fee (Required)	$ 20.00	(B)
Total Cost Due (add lines A + B)	$	

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

Consent for Electronic Transactions

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

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

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

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

By agreeing to receive documents electronically, you are affirming that your computer system meets the hardware and software requirements for receiving all related documents. If documents are provided through a website or portal, you should download and store all such documents. For persons who receive electronic documents via e-mail, these documents will be delivered to the e-mail address on file. Upon receipt of your e-mailed 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 e-mail 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 e-mail 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 e-mailed, please check here and select your preferred method of document delivery. ❍

❍ Fax to: _____ Attn: _____

❍ Mail to: _____ Attn: _____

FRAUD WARNING

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

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

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

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

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

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

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

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

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

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

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

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

MARKEL FRAUD APPS (2024/01)

ATTENTION AGENTS

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

Agency name:_____ Agent/contact name: _____

Agency complete mailing address: _____

Address City State Zip

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

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

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

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

Agent signature: _____ **Date:** _____

PLEASE READ AND SIGN BELOW

Representation Statement

The undersigned authorized officer of the applicant declares that the statements set forth herein are true to the best of his or her knowledge. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant to the insurer to complete the insurance.

I am aware that accurate reporting is required for premium calculation and that my books and records, as they relate to this coverage, may be examined or audited by the company at any time during the coverage period and up to three years thereafter. I acknowledge that intentional misrepresentation or misreporting may jeopardize coverage and that the company reserves the right to decline/void any ineligible coverage.

I further acknowledge that, I have reviewed all information provided with this enrollment form and understand the exclusions which apply, as well as the activities and operations for which coverage is not provided.

Applicant business name (from page 6): _____

Applicant or agent signature: _____ **Date:** _____

I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.
By selecting 'Yes' and typing my name above, I am electronically signing the application and agreeing to the terms and conditions stated in the AHP Consent for Electronic Transactions. I agree that my electronic signature is the legally binding equivalent to my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.

❍ **Yes** ❍ **No**

Printed name: _____ **Title:** _____

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

Academic HealthPlans, Inc. • 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

PAYMENT PLAN OPTIONS

Submit a completed enrollment (including signed Representation Statement) and payment via one of the options below.

Applicant business name: _____ Effective date: _____

Step 1: Select payment plan: Check one.

❍ **100% Plan -** 100% of the total premium is due to bind coverage

❍ **30% / 70% Plan**
- 30% of the total premium + $20 RPG fee is due to bind coverage
- The balance of the premium (70%) will be due within 30 days of the effective date

❍ **25% + 3 Plan**
- 25% of the total premium + $20 RPG fee is due to bind coverage
- The balance of the premium will be due in (3) consecutive monthly installments

Step 2: Select future installment option: Check one.

❍ Please mail me an invoice for any future balance/installments.

❍ If paying by credit card, please automatically charge my credit card provided below for any outstanding balances or installments.

Step 3: Making your payment:

❍ **Pay by check:** (Academic HealthPlans, Inc.)
- **Mail** Academic HealthPlans, Inc.,
  Cheer RPG Program
  16201 West 95th Street, Ste. 210
  Lenexa, KS 66219

❍ **Pay by credit card:**
- **Fax** 1-913-754-5617

OR
- **Mail** See above for mailing address

❍ VISA ❍ MASTERCARD ❍ AMERICAN EXPRESS

Card number:_____

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

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

Print name (as on card) _____

Cardholder signature: _____

Cardholder phone number: (_____)_____