Coaches' Choice

WALK/RUN EVENT

Insurance Program and Enrollment Form

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

PROGRAM DESCRIPTION

This program is designed for U.S.-based organizations and/or groups organizing a walking and/or running event. Coverage provides important liability protection for the organization, including its employees and volunteers, for liability claims arising out of its operations. The program also includes medical payments for participants (on an excess basis) for those participating in the event. To qualify for program coverage, the following criteria must be met:

- Maximum number of participants is 10,000
- Maximum number of event days is 3 days or less
- Total course distance cannot exceed 16 miles

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

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

INELIGIBLE OPERATIONS

All other events that do not meet the eligibility criteria listed in this brochure are not eligible for this program, including but not limited to:

- Activist rallies/marches/protests
- Adventure races
- College or university level championship events
- Competitive events where participants compete throughout the night
- Endurance races
- Events involving animals other than service animals, unless reported and approved by the company*
- Events with water activities or cycling activities
- Events where participants are allowed/provided alcohol prior to (day of) and/or during the event
- Events where the distance is more than 16 miles
- Full marathons (distances greater than 16 miles)
- Hiking events
- Ironman events
- 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)
- Political events
- Professional sports events, try-outs, and training camps/clinics
- Triathlons/duathlons
- Virtual events/activities

(Please note, this is <u>not</u> a complete listing of ineligible operations. Contact us with questions regarding eligibility.)

* Contact us for additional information needed for coverage consideration.

ELIGIBLE OPERATIONS

Walking and/or running events with a course distance of less than 16 miles, including but not limited to:

- Children's walk/runs
- 5K or 10K walk/run
- Timed/competitive walk/runs
- Non-competitive charity walk/runs
- Fundraising walk/runs
- Walkathons

NOTE: This is not a complete list of eligible operations/programs. If your type of operation/program is not listed, please contact us for eligibility.

PROGRAM REQUIREMENTS

1) ALL participants and/or parents/guardians of minor participants must sign a release/waiver.

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

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 terms, conditions, and exclusions as they may change from one coverage period to the next. You may request a copy of the policy by submitting a written request to us.

EXCLUSIONS

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

- 24-hour premises liability
- 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 submission charge and are open to the public (unless optional coverage is purchased)
- Asbestos and silicosis
- Claims arising out of the operations of independent concessionaires, exhibitors, and vendors at your event
- Communicable disease
- Cryogenic chambers/therapy
- Employment-related practices
- Fireworks
- Fungus
- Haunted attractions
- Lead
- Nuclear energy
- Operation, ownership or management of any facility or premises, other than while being used for covered activities
- Room and board liability
- Legal liability to participants and medical payments for participants for professional athletes and celebrity participants (national/local)
- Operations listed as ineligible
- Total pollution

COVERAGES AND LIMITS

Coverage is not available for Alaska and Rhode Island applicants.

Options	Option 1	Option 2
Commercial General Liability 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 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 members/particiants)	$ 5,000	$ 5,000
Legal Liability to Participants Limit	$ 1,000,000	$ 2,000,000
Medical Payments for Participants (excess - $100 deductible)	$ 25,000	$ 25,000
Rates (per participant, per event)		
Class A: Non-Competitive/Charity Walk and/or Run Events	$ .55	$.68
Class B: Competitive (Timed) Walk or Run Events	$ .92	$1.12
Minimum Premiums (per event)		
Class A Only Event (Non-Competitive)	$ 150.00	$ 225.00
Class B Only Event (Competitive)	$ 300.00	$ 450.00
Class A & B Combined Event	$ 300.00	$ 450.00

• Contact us if higher limits are needed •

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 damage 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 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.

OPTIONAL COVERAGES AVAILABLE

Ancillary Activities/Events

This coverage is available for ancillary events and/or activities you conduct before/during/after your walking and/or running 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 running/walking 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/events, 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 be a single-day event.
4. The ancillary activity/event must take place within 3 days of the actual run/walk event date.
5. The event must take place in the United States.
6. If liquor liability coverage is needed, please contact us for additional information required 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. This is an optional coverage and is not available on a stand-alone basis.
9. The same coverage limits apply to this optional coverage as purchased for your run/walk event.
   NOTE: Sexual Misconduct Liability coverage does not extend to separate ticketed and/or open-to-the-public ancillary activities/events.
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.	

OPTIONAL COVERAGES AVAILABLE CONTINUED

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", 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 on page 9.
2. Coverage is not available on a stand-alone basis. You must have Commercial General Liability coverage for your event with our Amateur Sports Run/Walk Event insurance program.
3. Only one option may be purchased.

Options	Rates
Option - 1 Sexual Misconduct Liability (defense expenses included in the limit)	$.08 Per Participant, Per Event ($150.00 minimum premium)
Option - 2 Abuse, Molestation, Harassment, or Sexual Conduct Defense Costs Reimbursement	$100.00 (Flat rate)

FREQUENTLY ASKED QUESTIONS

1. **How soon does coverage start? When will we 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 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.

2. **What happens if I need to cancel or reschedule our event?**
   Cancellations or changes must be reported prior to the scheduled start date of your event and confirmed in writing for a refund or credit to be considered.

3. **How do I determine who should be the Named Insured?**
   The Named Insured is the organization hosting the 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 location where the event is being held. If an entry fee is charged to participate in the event, the entry fee is typically paid to the organization as well.

4. **What are open and closed courses?**
   Open road courses are defined as courses that do not have barriers blocking vehicles from the path of the participants running. A closed course means that barriers are in place and vehicles are blocked off so that the participants are not in the pathway of moving vehicles.

5. **Will we receive a policy after submitting the enrollment form?**
   No. You will receive a certificate of insurance as proof of coverage. By applying for this insurance, you are applying for membership in the Sports, Leisure and Entertainment Risk Purchasing Group (RPG), a group formed and operating pursuant to the Liability Risk Retention Act of 1986 (15 USC 3901 et seq.). Coverage is offered exclusively through the Sports, Leisure and Entertainment Risk Purchasing Group (RPG). The RPG receives a master policy from the insurance company. Submission of this enrollment form confirms your desire to receive coverage through the RPG. Each member receives their own certificate of insurance as evidence of coverage. The limits of insurance apply individually to each insured member organization - there are no shared limits of liability with any other members. For a copy of the RPG master policy, please submit your request in writing to: Academic HealthPlans, Inc., 16201 West 95th Street, Ste. 210, Lenexa, KS 66219 or recsportsandmore@recsportsandmore.ahpcare.com.

6. **The city or location has requested to be added to the policy as an additional insured? How do I get this done and what is the cost?**

   Additional insured requests can be submitted on page 12 of this enrollment form under the "Certificate Requests" section. Please be sure to complete all sections so that we can process your request accurately. We do not charge to add additional insureds to the policy.

PARTICIPANT RELEASE OF LIABILITY AND REQUIREMENT:

A Waiver/Release form MUST be signed by ALL participants and insured is required to keep records of same. Failure to comply with this condition is grounds for declination of a claim. A SAMPLE Waiver/Release is provided below.

ASSUMPTION OF RISK AGREEMENT
READ BEFORE SIGNING

Organization Name : _____

Participant Name: _____

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death.

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume all responsibility for my participation.

3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE _____ , its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (RELEASEES), from any and all claims, demands, losses and liability arising out of or related to any INJURY, DISABILITY OR DEATH I may suffer, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

SAMPLE

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X_____ _____ _____

Participant's Signature Age Date

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)
This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X_____ _____ _____

Parent/Guardian Signature Date Emergency Phone Number(s)

NOTE: This is a SAMPLE WAIVER FORM only. Final wording should be as directed by the insured's counsel, but must observe the principles represented within the above.

Coaches' Choice

Enrollment Form - Walk/Run Event

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, PLEASE:

1. **Complete all sections (print legibly)**
2. **Remit signed, dated, and completed enrollment form (pages 6-17)**
   ***New York and Wyoming applicants must also submit page 19 or 20**
3. **One enrollment form per event**

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 13 for Consent for Electronic Transactions.)

EVENT INFORMATION

1. Name of walk/run : _____

Dates of walk/run ____/_____/_____ to ____/_____/_____

Hours of walk/run_____ ❍ AM ❍ PM to _____ ❍ AM ❍ PM

If walk/run times differ by date, please provide details by date:_____

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

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

Walk/Run location: _____
(name of facility)

_____
(street address) (city) (state) (zip)

Age range of participants: _____ Total number of participants: _____

2. Type of event: ❍ Walk Only ❍ Run Only ❍ Walk and Run

3. Distance of the race/event: (check all that apply) ❍ 1 Mile ❍ 5K ❍ 10k ❍ Half Marathon ❍ Other:_____

4. Is this a timed/competitive event? ❍ Yes ❍ No

5. Does your event involve any animals other than service animals? ❍ Yes ❍ No
   If yes, please contact us for additional information needed for coverage consideration.

EVENT INFORMATION CONT.

6. Does your event have any of the following exposures: (check all those that apply)
❍ Cycling ❍ Water/swimming activities ❍ Obstacles ❍ No, we do not have any of these exposures

7. Is this event a professional sporting event, try-out or training camp? ❍ Yes ❍ No

8. Is this event a college or university level championship event? ❍ Yes ❍ No

9. Do you have any vendors at your event? ❍ Yes ❍ No
(Operations of independent concessionaires, exhibitors, and vendors are excluded. Please contact us for coverage options.)

10. Do you have any ancillary activities (banquets, concert, award ceremony, etc.)? ❍ Yes ❍ No
If yes:
Please describe: _____
Do any of your ancillary activities require a separate admission charge and/or are open to the public? **(IF YES, MUST COMPLETE PAGE 10)** ❍ Yes ❍ No

11. Does any part of your walk/run or ancillary events/activities include virtual participation? ❍ Yes ❍ No

12. Do you require all "participants" and/or parents/guardians of minors to sign a release/waiver? ❍ Yes ❍ No

13. Will alcohol be available or allowed at this event? ❍ Yes ❍ No
If yes:
a. Is alcohol provided to participants for consumption before (day of) or during the walk/run? ❍ Yes ❍ No
b. Who is responsible for the sale, serving or oversight of alcohol?
❍ Insured/applicant ❍ Location/venue staff ❍ Third-party catereer/vendor ❍ Event sponsor
c. 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.*

d. 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.

IF YOUR EVENT INCLUDES DISTANCES OF 10K (6.2 MILES) OR LONGER, YOU MUST ANSWER THE FOLLOWING ADDITIONAL QUESTIONS.

14. Is the course: ❍ Open ❍ Closed (See FAQ's, page 4, for definition)

15. Are there water stations throughout the event course? ❍ Yes ❍ No

16. Does the event have medical staffing in place during the event hours? ❍ Yes ❍ No

17. Is the course on a marked/paved roadway or pathway with directions? ❍ Yes ❍ No

18. Are there checkpoint personnel to monitor the course prior to, and throughout the event? ❍ Yes ❍ No

PROGRAM COST CALCULATION

Important Information:

- Coverage is not available for Alaska and Rhode Island applicants.
- Premium is determined by applying the appropriate rate (see below) for the class and coverage option selected to the maximum number of participants per event and is subject to the minimum premium for that class and coverage option.
- TBD for participant numbers cannot be accepted.
- Please select only one limit option to apply for all activities or operations.
- All of your participants are required to be reported in the premium calculation, and a list/roster may be requested as verification.
- Coverage applies only to those events reported and approved prior to taking place.
- **Contact us if higher limits are needed**.

Event Class (Rates Per Participant)	**Option 1 $1,000,000 CGL Limits**	**Option 2 $2,000,000 CGL Limits**
Class A: Non-Competitive/Charity Walk and/or Run Events	$ .55	$ .68
Class B: Competitive (Timed) Walk or Run Events	$ .92	$ 1.12
Minimum Premiums (per event)		
Class A Only Event (Non-Competitive)	$ 150.00	$ 225.00
Class B Only Event (Competitive)	$ 300.00	$ 450.00
Combined Event (includes Class A and B events)	$ 300.00	$ 450.00

Step 1:

Do you need coverage to be effective today? ❍ Yes ❍ No

If yes, 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 2:

Calculate the premium for your walk/run using the rates above.

Note: If you have both competitive and non-competitive participants at your event, check each event class and rate separately for the number of participants in each event class.

Event Class	**Coverage Option 1 or 2**	**Number of Participants**	**X**	**Rate (from above)**	**=**	**Premium**
❍ Class A (non-competitive)			X	$	=	$
❍ Class B (competitive/timed)			X	$	=	$
				Premium (add both lines above)		$ a

Minimum Premiums: From Chart Above Class A ONLY: Option 1 = $150 Option 2 = $225 Class B ONLY: Option 1 = $300 Option 2 = $450 Combined A & B: Option 1 = $300 Option 2 = $450	$ b
Total Liability Premium: (greater amount from line a or b)	$

OPTIONAL COVERAGES PREMIUM CALCULATION

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

6. Calculate premium

Options	**Activity Type**	**Rate** (per participant)	**X**	**Total Number of Participants** (see page 8)	**=**	**Premium** ($150.00 minimum premium applies)
❍ **Option 1** Sexual Misconduct Liability ($250,000 each "Insured Event" with $1,000,000 aggregate)	All classes	$ .08	X		=	$
❍ **Option 2 -** Abuse, Molestation, Harassment, or Sexual Conduct Defense Costs Reimbursement ($100,000 per claim with $100,000 aggregate)						$100.00

NOTE: Sexual Molestation 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 (a certificate of insurance) from that 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 walk/run on page 8.

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)			$

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:** _____

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 the appropriate premium paid); Access or disclosure of confidential or personal information and data-related lability – with limited bodily injury exception; Ancillary activities that require a separate admission charge and/or 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 any other sport/athletic activity other than walking or running; Cannabis; Certain computer-related losses; Commercial General Liability standard exclusions (CG0001 04/13 edition); Communicable disease; Competitive events where participants compete throughout the night; Cryogenic chambers/therapy; Employment-related practices; ERISA; Events held outside the United States; Events where participants are allowed/provided alcohol prior to (day of) and/or during the event; Events with over 10,000 in total attendance; Events that last more than 3 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, 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 facility or premises, 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 amusement device. Amusement device means 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; 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: Activist rallies/marches/protests; Adventure races; College or university level championships events; Endurance races; Events involving animals other than service animals, unless reported and approved by the company; Events with water activities or cycling activities; Events where the distance is more than 16 miles; Hiking events; Ironman events; 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); Full Marathons (distances greater than 16 miles); Political events; Professional sports events, tryouts, and training camps/clinics; Triathlons/duathlons; Virtual events/activities.

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 MAYBE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

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 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 ❍

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.

NO COVERAGE WILL BE DEEMED IN EFFECT UNTIL THE ACCURATE PAYMENT AND A FULLY COMPLETED ENROLLMENT FORM IS RECEIVED BY THE COMPANY OR THEIR REPRESENTATIVE.

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

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

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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 6 _____

Step 2: Enter program premiums:

Liability premium (required coverage) from page 8 $_____(a)

Sexual misconduct coverage (optional coverage) from page 9 $_____(b)
❍ Defense costs reimbursement only or ❍ Liability coverage

Ancillary activities/event premium (optional coverage) from page 11 $_____(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 6

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 18 on how to complete page 19.

Wyoming Applicants - Please see instructions on page 18 on how to complete page 20.

NEW YORK and WYOMING APPLICANTS

Instructions for completing pages 19 and 20

NEW YORK APPLICANTS:

Please complete page 19 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 6.

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 17, line e.

Step 4 Enter your State Surplus Lines Tax.

To calculate, enter the amount from page 17, 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 17.

Step 5: Enter your State Stamping Fee.

To calculate, enter the amount from page 17, 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 17.

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 20 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 6.

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

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.