



YOGA INSTRUCTOR

Insurance Program and Enrollment Form

This brochure is valid for effective dates of 1/1/26 through 12/31/26

PROGRAM DESCRIPTION

This insurance program has been specifically designed to meet the unique needs of a U.S.-based yoga instructor directly supervising an individual or group engaged in fitness and exercise activities.

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

This program does not provide coverage for the operation, ownership or maintenance of a fitness, sports, or dance facility. For information regarding coverage for a facility, please call us.

INELIGIBLE OPERATIONS

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

- Certified athletic trainers
- Coaching of organized competitive athletic teams
- Instructors under the age of 18
- Instruction of sports skills activities
- Instructor's employment as an exempt or a non-exempt employee of a school, university or college
- Fitness instruction other than YOGA (unless the optional coverage for instruction of other types of fitness instruction is purchased)

NOTABLE EXCLUSIONS

The following represent only some of the exclusions contained in this policy and state variations may apply:

- Abuse, molestation, or exploitation
- Amusement devices (e.g.: rides, slides, inflatables, bungees, climbing wall, dunk tanks)
- Circus skills training
- Communicable disease
- Cryogenic chambers/therapy
- Cyber incident, data compromise and violation of statutes related to personal data
- Cycling (other than stationary)
- Employment-related practices
- Instruction/activities held on or in open water (e.g. lakes, ponds, ocean)
- Medical, therapy or health care services
- Operation, ownership or management of a fitness, dance or sports facility
- Physicals/stress testing
- Physical therapy, massage or salon services
- Sale or distribution of herbal medicinal and/or nutritional products
- Training programs for law enforcement, public safety and military personnel
- Those operations listed as ineligible

ELIGIBLE OPERATIONS

A U.S.-based instructor age 18 or older conducting private or group instruction for any of the following forms of yoga is eligible to enroll in this program

- Acrobatic/partner yoga
- Aerial/anti-gravity/suspended yoga (certified instructors only)
- Ananda
- Anusara
- Ashtanga
- Dharma
- Forrest
- Hatha
- Hatha Flow
- Hot yoga
- Iyengar
- Jivamukti
- Kripalu
- Kundalini
- Mysore
- Power
- Prenatal & Postnatal
- Restorative
- Sivananda
- Vinyasa
- Yin

Note: Please contact us if you do not see your type of instruction listed.

EASY WAYS TO ENROLL FOR COVERAGE

WEB Receive coverage immediately by purchasing on-line at www.mycare26.com/specialty-programs

OR

Submit this enrollment form, with payment, to us.

FAX 1-913-754-5617

MAIL Academic HealthPlans, Inc.
PO Box 736073
Chicago, IL 60673-6073

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.

COVERAGES AND LIMITS

Coverage	Option 1	Option 2	Option 3	Option 4	Option 5
Each Occurrence Limit	\$1,000,000	\$2,000,000	\$3,000,000	\$4,000,000	\$5,000,000
General Aggregate (Other than Products-completed Operations)	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
Products-completed Operations Aggregate	\$1,000,000	\$2,000,000	\$3,000,000	\$4,000,000	\$5,000,000
Personal and Advertising Injury	\$1,000,000	\$2,000,000	\$3,000,000	\$4,000,000	\$5,000,000
Bodily Injury to Participants Liability	\$1,000,000	\$2,000,000	\$3,000,000	\$4,000,000	\$5,000,000
Professional Liability	\$1,000,000	\$2,000,000	\$3,000,000	\$4,000,000	\$5,000,000
Damage to Premises Rented to You (Fire Legal Liability)	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000
Abuse, Molestation, or Exploitation Defense Reimbursement	\$ 100,000	\$ 100,000	\$ 100,000	\$ 100,000	\$ 100,000
1 Year Coverage Cost					
	Yoga instruction ONLY				
Certified Yoga Instructor	\$110.00	\$155.00	\$405.00	\$655.00	\$905.00
Certified Yoga Instructor - Part-Time*	\$ 80.00	\$110.00	\$360.00	\$610.00	\$860.00
Non-Certified Yoga Instructor	\$120.00	\$170.00	\$420.00	\$670.00	\$920.00
Non-Certified Yoga Instructor - Part-Time*	\$ 95.00	\$133.00	\$383.00	\$633.00	\$883.00
* Part-Time = Must work 20 hours or less a week to qualify for Part-Time rates					
2 Years Coverage Cost					
	Yoga instruction ONLY				
Certified Yoga Instructor	\$182.00	\$263.00	Not Available	Not Available	Not Available
Non-Certified Yoga Instructor	\$200.00	\$290.00	Not Available	Not Available	Not Available
1 Year Coverage Cost					
	Yoga + Other (Covers your yoga instruction + other types of fitness instruction)				
Certified Yoga Instructor	\$199.00	\$289.00	\$539.00	\$789.00	\$1,039.00
Non-Certified Yoga Instructor	\$250.00	\$360.00	\$615.00	\$865.00	\$1,115.00
2 Years Coverage Cost					
	Yoga + Other (Covers your yoga instruction + other types of fitness instruction)				
Certified Yoga Instructor	\$343.00	\$504.50	Not Available	Not Available	Not Available
Non-Certified Yoga Instructor	\$434.00	\$641.00	Not Available	Not Available	Not Available

The costs above include premium as well as a \$20 risk purchasing group administration fee

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 damages arising out of premises, operations, products and completed operations and personal and advertising injury.

Bodily Injury to Participants Liability – Coverage which offers protection against bodily injury liability claims brought by persons participating in fitness/exercise activities under the direction of the insured.

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

Abuse, Molestation, or Exploitation Defense Reimbursement – Although claims arising out of abuse, molestation or exploitation are excluded under this policy, this coverage (subject to the specific terms of this endorsement) reimburses you for up to \$100,000 each claim limit with \$100,000 aggregate for defense costs resulting from alleged abuse, molestation, or exploitation claims.

FREQUENTLY ASKED QUESTIONS

1. Can I apply for coverage over the phone?

Unfortunately, we are not able to accept your enrollment information over the phone at this time. You can apply for coverage online or by completing an enrollment form and submitting it to us via fax or mail.

2. What is a general aggregate?

This is the maximum amount to be paid out in any policy period for all losses.

3. What types of yoga certifications are acceptable to obtain the premium discount?

An acceptable certification or accreditation program is one that establishes standards and guidelines for the delivery of quality and professional fitness services as well as the development of ethic statements for fitness professionals. An individual will take a series of classes with testing at the end to become a certified professional in a fitness program. Normally to maintain certification yearly continuing education classes are required. A few examples of acceptable certifications are: AFAA, ACE, NESTA, NCCPT Yoga Alliance and Yoga Fit.

4. What are certificate requests? How do I complete this section on the enrollment form?

A certificate is a document prepared by us providing you evidence of insurance. You will automatically receive a certificate providing proof of coverage once coverage is bound. You only need to complete the certificate request section if you have been asked to provide another certificate, to an entity such as the facility where you work.

5. I have been asked by the facility that I instruct at to add them as an "additional insured" to my policy. What does this mean and how do I do that?

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 I receive a policy after I submit the enrollment form?

No. You will receive a certificate of insurance as proof of coverage. By applying for this insurance, you are applying for membership in the Sports, Leisure and Entertainment Risk Purchasing Group (RPG), a group formed and operating pursuant to the Liability Risk Retention Act of 1986 (15 USC 3901 et seq.). Coverage is offered exclusively through the Sports, Leisure and Entertainment Risk Purchasing Group (RPG). The RPG receives a master policy from the insurance company. Submission of this enrollment form confirms your desire to receive coverage through the RPG. Each member receives their own certificate of insurance as evidence of coverage. The limits of insurance apply individually to each insured member organization - there are no shared limits of liability with any other members. For a copy of the RPG master policy, please submit your request in writing to: Academic HealthPlans, PO Box 736073, Chicago, IL 60673-6073 or recsportsandmore@recsportsandmore.ahpcare.com.

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 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 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.



Enrollment Form - Yoga Instructor Insurance

This brochure is valid for effective dates of 1/1/26 through 12/31/26

Academic HealthPlans

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 potential 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, PLEASE:**
- 1. Complete all sections (print legibly)**
 - 2. Sign and date where required**
 - 3. Remit completed enrollment form (pages 4 - 10) with payment**

GENERAL INFORMATION

I am a new account I am renewing my coverage

Instructor's name (as it should appear on the policy): _____
First name Last name

Doing business as (DBA): _____
(Additional name(s) under which the named insured operates. Note, coverage only applies to the individual and not to the business.)

Mailing address: _____

City: _____ State: _____ Zip: _____

Insured phone: (____) _____ Insured cell: (____) _____

Insured e-mail: _____ Website: _____

(By listing an email address, you are giving us permission to contact you by email. Refer to page 8 for Consent for Electronic Transactions)

DATES

Coverage will begin the day after the completed enrollment form and premium 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. Types of yoga instructor (check all that apply):

- | | | | |
|---|----------------------------------|--|-----------------------------------|
| <input type="radio"/> Acrobatic/partner yoga | <input type="radio"/> Ashtanga | <input type="radio"/> Iyengar | <input type="radio"/> Restorative |
| <input type="radio"/> Aerial/anti-gravity/
suspended yoga
(certified instructor only) | <input type="radio"/> Dharm | <input type="radio"/> Jivanmukti | <input type="radio"/> Sivananda |
| <input type="radio"/> Ananda | <input type="radio"/> Forrest | <input type="radio"/> Kripalu | <input type="radio"/> Vinyasa |
| <input type="radio"/> Anusara | <input type="radio"/> Hatha | <input type="radio"/> Kundalini | <input type="radio"/> Yin |
| <input type="radio"/> Other (please describe): _____ | <input type="radio"/> Hatha Flow | <input type="radio"/> Mysore | |
| | <input type="radio"/> Hot Yoga | <input type="radio"/> Prenatal/Postnatal | |

2. Do you instruct any other type of fitness training other than yoga? Yes No
a. If yes, please list: _____

3. Are you a certified instructor? Yes No
a. If yes, please provide your certification information below

_____	_____	_____
Certification organization	Certification number	Expiration date

_____	_____	_____
Certification organization	Certification number	Expiration date

BUSINESS INFORMATION CONTINUED

4. Are you 18 or older? Yes No

5. Number of hours you instruct/work in a week: _____

6. Do you own or operate your own fitness or dance studio and/or have employees/volunteers? Yes No
(If yes, this program only provides coverage for your operations as an instructor. It does not extend to your employees or anyone performing instruction or training on your behalf, nor does it apply to the operation of a studio/facility)

7. Do you provide instruction of sports skills? Yes No
(Sports skills instructors should apply for coverage through our Sports Instructor Insurance Program.)

Coverage is not provided for an instructor’s employment as an exempt or non-exempt employee of a school, university or college; for the coaching of organized competitive athletic teams; for activities of a certified athletic trainer; for instructors under the age of 18; and for instruction of sports skills activities.

8. 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 loss runs with at least 5 years of loss history, including your current year. In addition, please describe any liability or medical claims over \$5,000 that have been paid under your insurance coverage for those years.

**WHERE ALLOWED BY STATE JURISDICTION, COSTS ARE
100% NON-REFUNDABLE/NON-TRANSFERRABLE 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.

**Academic HealthPlans, Inc. • PO Box 736073, Chicago, IL 60673-6073 • 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**

PROGRAM PREMIUM

Please check the appropriate program and option:

I am a Yoga-only Instructor

1 Year Coverage Cost	Limit of Liability Options				
	Option 1	Option 2	Option 3	Option 4	Option 5
	\$1,000,000 CGL	\$2,000,000 CGL	\$3,000,000 CGL	\$4,000,000 CGL	\$5,000,000 CGL
Certified Yoga Instructor	<input type="radio"/> \$110.00	<input type="radio"/> \$155.00	<input type="radio"/> \$405.00	<input type="radio"/> \$655.00	<input type="radio"/> \$905.00
Certified Yoga Instructor - Part-Time*	<input type="radio"/> \$ 80.00	<input type="radio"/> \$110.00	<input type="radio"/> \$360.00	<input type="radio"/> \$610.00	<input type="radio"/> \$860.00
Non-Certified Yoga Instructor	<input type="radio"/> \$120.00	<input type="radio"/> \$170.00	<input type="radio"/> \$420.00	<input type="radio"/> \$670.00	<input type="radio"/> \$920.00
Non-Certified Yoga Instructor - Part-Time*	<input type="radio"/> \$ 95.00	<input type="radio"/> \$133.00	<input type="radio"/> \$383.00	<input type="radio"/> \$633.00	<input type="radio"/> \$883.00

* Part-Time = Must work 20 hours or less a week to qualify for Part-Time rates

2 Years Coverage Cost	Limit of Liability Options				
	Option 1	Option 2	Option 3	Option 4	Option 5
	\$1,000,000 CGL	\$2,000,000 CGL	\$3,000,000 CGL	\$4,000,000 CGL	\$5,000,000 CGL
Certified Yoga Instructor	<input type="radio"/> \$200.00	<input type="radio"/> \$263.00	Not Available	Not Available	Not Available
Non-Certified Yoga Instructor	<input type="radio"/> \$200.00	<input type="radio"/> \$290.00	Not Available	Not Available	Not Available

I am a Yoga + Other

(covers your yoga instruction + other types of fitness instruction)

1 Year Coverage Cost	Limit of Liability Options				
	Option 1	Option 2	Option 3	Option 4	Option 5
	\$1,000,000 CGL	\$2,000,000 CGL	\$3,000,000 CGL	\$4,000,000 CGL	\$5,000,000 CGL
Certified Yoga Instructor	<input type="radio"/> \$199.00	<input type="radio"/> \$289.00	<input type="radio"/> \$539.00	<input type="radio"/> \$789.00	<input type="radio"/> \$1,039.00
Non-Certified Yoga Instructor	<input type="radio"/> \$250.00	<input type="radio"/> \$365.00	<input type="radio"/> \$615.00	<input type="radio"/> \$865.00	<input type="radio"/> \$1,115.00

2 Years Coverage Cost	Limit of Liability Options				
	Option 1	Option 2	Option 3	Option 4	Option 5
	\$1,000,000 CGL	\$2,000,000 CGL	\$3,000,000 CGL	\$4,000,000 CGL	\$5,000,000 CGL
Certified Yoga Instructor	<input type="radio"/> \$343.00	<input type="radio"/> \$504.50	Not Available	Not Available	Not Available
Non-Certified Yoga Instructor	<input type="radio"/> \$434.00	<input type="radio"/> \$641.00	Not Available	Not Available	Not Available

The costs above include premium as well as a \$20 risk purchasing group administration fee

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. What is the additional insured's relationship to you?

Owner/manager/lessor of premises (facility or venue) Sponsor Co-promoter

Other (please identify/explain): _____

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

3. Certificate holder/additional insured name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

4. Does the certificate holder/additional insured require any special wording or endorsements? Yes No

If yes, check all that apply: Primary/Non-contributory Waiver of subrogation

Other (please explain): _____

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

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 (note: state variations may apply). Abuse, molestation or exploitation; 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 takes place; Asbestos; Commercial general liability standard exclusions (CG0001 4/13 edition); Cap on losses from certified acts of terrorism; Circus skills training; Communicable disease; Cryogenic chambers/therapy; Cyber incident, data compromise, and violation of statutes related to personal data; Cycling (other than stationary); Employment related practices; Fireworks; Fitness/exercise operations related in whole or part, to perform as an exotic dancer or any similar occupation in the adult entertainment industry; Fungi or bacteria; Instruction/activities held on or in open water; Lead; Medical, therapy or health care services; Nuclear energy; Operation, ownership or management of a fitness, dance or sports facility; Physicals/stress testing; Physical therapy, massage or salon services; Sale or distribution of medicinal, herbal and/or nutritional products; Sexually transmitted disease; Silica or silica-related dust; Specified recreational vehicles and 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; or vertical device or equipment used for climbing whether permanently affixed or temporarily erected. This exclusion does not apply to video games or computer games or to any device that is specifically designed for the training or instruction of an activity for which you are enrolled; Animal; Bungee, except this exclusion does not apply to any bungee equipment designed for fitness or exercise instruction or training; Dunk tank; Haunted attraction; Performer; Rodeo; Saddle animal; Snowmobile; Total pollution with a building heating, cooling & dehumidifying equipment exception and hostile fire exception; Training programs for law enforcement, public safety and military personnel; Unmanned aircraft; Those operations listed as ineligible: Certified athletic trainers; Coaching of organized competitive athletic teams; Instructors under the age of 18; Instruction of sports skills activities; Instructor's employment as an exempt or non-exempt employee of a school, university or college; Fitness instruction other than yoga (unless the optional coverage for instruction of other types of fitness instruction is purchased).

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 COMPLETE THE BELOW

if you do not wish to receive documents via email 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 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., PO Box 736073, Chicago, IL 60673-6073. 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., PO Box 736073, Chicago, IL 60673-6073. 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 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.

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.

WHERE ALLOWED BY STATE JURISDICTION, COSTS ARE 100% NON-REFUNDABLE/NON-TRANSFERRABLE ONCE COVERAGE BEGINS.

Applicant name (from page 4): _____

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

PAYMENT OPTIONS

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

Applicant name: _____ Effective date: _____

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
- Mail in Check – make check payable to Academic HealthPlans, Inc.
Academic HealthPlans, Inc.
PO Box 736073
Chicago, IL 60673-6073
- 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