



## AMATEUR SPORTS ADULT SOCCER TEAMS, LEAGUES, CLUBS AND/OR ASSOCIATIONS

### Insurance Program and Enrollment Form

This brochure is valid for effective dates from 3/1/23 through 2/29/24

#### PROGRAM DESCRIPTION

This insurance program is designed for U.S. based teams, leagues, clubs and associations conducting amateur adult soccer sports activities. **(Please note 80% of the participants of the organization must be age 18 and over, with NO players under the age of 16.)** Coverage provided includes important liability protection for the organization, including its employees and volunteers, for liability claims arising out of its operations. Covered operations consist of scheduled, sanctioned, approved, organized and supervised amateur soccer practices, try-outs, clinics, games, playoffs and tournaments in which you participate or host. Coverage is also provided for your registrations, meetings, concession stand operations, parades in which you participate, picnics, award banquets and ceremonies and incidental fund-raising activities involving the sale of products, coupons, raffle tickets and services, such as: car washes, bake sales, and coin drops related to your amateur soccer operations.

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

#### ELIGIBILITY REQUIREMENTS

- 1) 80% of the participants of the organization must be 18 years of age or older, with NO players under the age of 16.
- 2) ALL "players" and/or parents/guardians must sign a release/waiver.
- 3) A roster of ALL your participants must be submitted and on file with the company.

#### EXCLUSIONS

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

- Abuse, molestation, harrassment or sexual conduct (unless reported to, approved by us, and appropriate premium paid)
- All operations listed as ineligible
- Amusement devices
- Communicable disease
- Cryogenic chambers/therapy
- Events where alcohol is served
- Operation, ownership or management of any athletic facility or field, other while being used for covered activities
- Room and board liability
- Transportation of athletes/participants
- Violation of statutes that govern e-mails, faxes, phone calls or other methods of sending materials or information

#### COVERAGES

Subject to the option purchased, coverage provided under this program may include:

**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 and completed operations and personal and advertising injury.

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

A "player" = a soccer player, whether or not registered with the Named Insured, while participating in "covered activities".

**Medical Payments for Participants (OPTIONAL)** – coverage which pays the medical and dental expenses incurred by a member/participant when an accidental injury occurs while participating in your covered activities. The 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 \$1,000 corridor deductible applies to each claim, and the benefit period is two years from the date of the accident. A "participant" means a person, practicing, instructing or participating in any physical exercises or games, sports or athletic contests. In addition, participant extends to a coach, umpire or referee taking part in your operations.

**Professional Liability** – provides protection against claims that arise out of the rendering, or failure to render: instruction, demonstration, direction and/or advice relating to the sports activity.

**Hired Auto and Employers' Nonownership Liability** (not provided while in Hawaii) - coverage which protects the insured against liability claims arising out the maintenance or use of motor vehicles hired or borrowed by the insured on a short-term basis, as well as coverage for those autos your organization does not own, lease, hire, rent or borrow that are used in conjunction with your operations. Coverage does not extend to the transporting of participants or to those vehicles that are rented, hired or borrowed on a long-term basis.

This brochure is for illustrative purposes only and is not a contract of insurance. You must refer to the actual coverage document for complete information regarding coverage terms, conditions, and exclusions as they may change from one coverage term to the next. You may request a copy of the full policy by submitting a written request us.

## COVERAGES AND LIMITS

\* Please contact us if higher limits are needed \*

Coverage	Option 1	Option 2	Option 3
<b>Commercial General Liability (CGL)</b> Each Occurrence	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000
General Aggregate (other than Products-completed Operations)	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000
Products-completed Operations Aggregate	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000
Personal and Advertising Injury	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000
Damage to Premises Rented to You (Fire Legal Liability)	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000
Medical Expense (other than members/participants)	\$ 5,000	\$ 5,000	\$ 5,000
Hired Auto and Employers' Nonownership Liability (not provided while in Hawaii)	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000
Legal Liability to Participants (LLP)	\$ 1,000,000	\$ 500,000	Excluded
Professional Liability	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000
Medical Payments for Participants - excess (MPP) - \$1,000 corridor deductible	\$ 10,000	Excluded	Excluded

### Rates:

Per Player Rate	Option 1 With \$1,000,000 Limited Brain Injury Coverage*	Option 1 Brain Injury EXCLUDED	Option 2 With \$500,000 Limited Brain Injury Coverage*	Option 2 Brain Injury EXCLUDED	Option 3 CGL Only (LLP, MPP and Brain Injury Excluded)
		\$ 35.91	\$ 34.66	\$ 7.42	\$ 6.22
<b>Minimum Premiums</b>	\$ 800.00		\$ 400.00		\$ 300.00

\* LIMITED BRAIN INJURY - "Brain injury means concussion, chronic traumatic encephalopathy or any other injury to the brain and any symptoms, conditions, disorders and diseases, including death, resulting therefrom but only if such injury occurs as a result of specific events occurring during the policy period.

<b>Option 1</b> <b>\$1,000,000 Limited Brain Injury Coverage</b>	Brain Injury limit / aggregate limit	\$ 1,000,000 / \$ 1,000,000
	Loss Adjustment Expense limit / aggregate limit	\$ 1,000,000 / \$ 1,000,000
<b>Option 2</b> <b>\$ 500,000 Limited Brain Injury Coverage</b>	Brain Injury limit / aggregate limit	\$ 500,000 / \$ 500,000
	Loss Adjustment Expense limit / aggregate limit	\$ 500,000 / \$ 500,000

## OPTIONAL COVERAGES AVAILABLE

### Equipment and Contents Coverage (Inland Marine)

This provides coverage for direct loss or damage to your sports equipment, field maintenance equipment, concession stand equipment (excluding products) and small portable storage sheds that you own. You must insure the full replacement cost of all of your equipment and contents to avoid a co-insurance penalty at the time of loss. Please contact us for additional information on this available coverage.

### Hosted Tournament Coverage - Only available with Option 1 and 2

Hosted tournaments are those you organize and operate that include participants who are not members of your club or team. Coverage excludes non-rostered participants in tournaments you host unless this optional coverage is purchased. The named insured and their rostered members are automatically covered for participation in tournaments conducted by others without purchasing this additional coverage. Please contact us for additional information on this available optional coverage.

## OPTIONAL COVERAGES CONTINUED

### Premises Liability for Sports Fields Coverage

If you are a not-for-profit organization and you own, operate or are responsible for a sports field(s) on a 24 hour basis and do not rent, donate or lease the field(s) out to other organizations, this coverage provides you with premises liability for the field(s). The use of the field(s) can only be for those sports and age groups that you have purchased commercial general liability coverage for under the Amateur Sports Adult Soccer RPG Insurance Program. Please contact us for additional information on this available optional coverage.

### Directors' & Officers' Liability including Employment Practices Liability for Not-for-Profit Organizations

This coverage provides important protection for not-for-profit organizations for claims arising out of allegations of errors, omissions, or wrongful acts committed by its directors, officers, employees or volunteers. This coverage will respond to allegations of discrimination, wrongful dismissal, acts beyond granted authority, failure to deliver services and wrongful employment practices. Please contact us for additional information on this available optional coverage.

### Sexual Abuse Liability OR Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement

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

**Option 1:** \$1,000,000 aggregate limit of liability (\$250,000 per occurrence) for sums the insured becomes legally obligated to pay as damages because of loss arising out of any actual or threatened sexual abuse. This limit is part of, not in addition to, the general liability limit selected.

**Option 2:** \$100,000 of coverage for reimbursement of defense costs only resulting from claims arising out of abuse, molestation, harassment or sexual conduct.

Please contact us for additional information on these available coverages.

## FREQUENTLY ASKED QUESTIONS

**1. Our organization has not had try outs and we are not sure how many participants we will have. How should I report my number of participants?**

You will need to report the maximum number of participants according to your projected rosters. You may add additional participants at any time. Please contact us if you need to increase your participation count. Refunds resulting from over-reporting of participants are not allowed.

**2. What information should the waiver contain? Will it stand up in court? Who should approve the waiver form and its content? Do we send in the signed waivers or keep them in our record database?**

We have provided a sample waiver for your review on the following page. Final wording should be as directed by your attorney/legal counsel, but should observe the principles represented within the sample waiver. Minor participants should sign the waiver as well as the minor's parent or guardian. You should keep all signed waivers in case of a claim, at which time a copy of the signed waiver will be requested from the claims adjuster.

**3. What are your roster requirements?**

A current and complete roster with names of all participants and their ages is required to be on file. You must attach a complete roster with this enrollment. If your roster is not complete for the year, please submit last year's roster. However a current and complete roster must be remitted to us at least 1 week prior to start of policy period. Coverage may not apply if current complete roster is not on file with the company. It will be the responsibility of the applicant to keep rosters up to date and on file with the insurance company. Premium is based on the total number of rostered participants for all coverage options.

**4. What is a corridor deductible?**

With a corridor deductible, the deductible amount is ALWAYS applied against the first bills paid by the medical payments for participant's coverage, no matter what has been paid by other insurance.

**5. Will we receive a policy after submitting the enrollment form?**

You will receive a certificate of insurance as proof of coverage. Coverage is offered exclusively through Sports, Leisure and Entertainment Risk Purchasing Group (RPG). The RPG receives a master policy from the company. Submission of this enrollment form confirms your desire to receive coverage through the RPG. Each member receives their own certificate of insurance as their 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. A copy of the RPG master policy can be requested in writing to: Academic HealthPlans, Inc., P.O. Box 25936, Overland Park, KS 66225 or [programs@4recsportsandmore.com](mailto:programs@4recsportsandmore.com).

### EASY WAYS TO ENROLL FOR COVERAGE



WEB For information and applications, visit us on-line at [www.4RecSportsAndMore.com](http://www.4RecSportsAndMore.com)

OR

Submit this enrollment form, with payment, to us.



FAX 1-913-754-5617



MAIL Regular: Overnight:

Academic HealthPlans, Inc.  
P.O. Box 25936  
Overland Park, KS 66225

Academic HealthPlans, Inc.  
9225 Indian Creek Parkway,  
Suite 700  
Overland Park, KS 66210



QUESTIONS Call 1-800-955-1991 ext 5617

### FOR SERVICE REQUESTS ONLY



E-MAIL [programs@4recsportsandmore.com](mailto:programs@4recsportsandmore.com)

## PARTICIPANT RELEASE OF LIABILITY AND REQUIREMENT:

A Waiver/Release Assumption of Risk form **MUST** be signed by **ALL** participants and the named insured is required to keep records of all signed waivers. 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/Named Insured (as shown on policy/certificate) : \_\_\_\_\_

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 full 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.

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.** VG-77 (10/04)



# Enrollment Form Amateur Sports Adult Soccer Teams, Leagues, Clubs and/or Associations

Valid for effective dates from 3/1/23 through 2/29/24

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. A risk purchasing group (RPG) provides group purchasing power for similar risks resulting in potential advantageous coverage terms, competitive rates, risk management bulletins, and rewards for favorable group loss experience. An RPG administration fee may be charged. The submission of this enrollment form and/or the acceptance of payment does not guarantee coverage. Certain operations are not eligible for coverage by this program. We reserve the right to decline any request for coverage.

- TO AVOID PROCESSING DELAYS:**
- 1. Complete all sections (print legibly)**
  - 2. Sign and date where required**
  - 3. Remit completed enrollment form (pages 5-10) with payment and a complete roster with names and ages of all your participants.**

**\* Please contact us prior to completing this enrollment form if limits above \$1,000,000 are needed \***

<b>GENERAL INFORMATION</b>	<input type="radio"/> I am a new account	<input type="radio"/> I am renewing my coverage
	Full legal name of business: _____	
	Note: This is the name that will appear on your Certificate of Insurance. If your company is a Sole Proprietorship, then this will be your personal name or DBA.	
	Applicant is a: <input type="radio"/> Sole Proprietorship <input type="radio"/> Limited Liability Co. <input type="radio"/> Corporation <input type="radio"/> Partnership	
	<input type="radio"/> Other (describe): _____	
	Mailing address: _____	
	City: _____ State: _____ Zip: _____	
	Contact name: _____ Phone: (____) _____	
	Cell: (____) _____ Fax: (____) _____	
	E-mail: _____ Website: _____	
(By listing an email address, you are giving us permission to contact you by email about your policy. Refer to page 8 of the application for Electronic Disclosure and Consent)		

<b>DATES</b>	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. Coverage will be in effect for one year.
	<input type="radio"/> Start my coverage on this date: ____ / ____ / ____

<b>BUSINESS INFORMATION</b>	1. Form of business: <input type="radio"/> Not-for-profit organization <input type="radio"/> For-profit organization
	2. Type of organization:
	<input type="radio"/> Individual team
	<input type="radio"/> League or club (an entity organized to provide regulated competition for multiple teams participating in a specific sport)
	<input type="radio"/> Association (an entity, usually not-for-profit, that exists to further a particular sport, to protect the public interest and the interests of the participants of that sport. A fee is typically charged to become a member and formal rules/regulations are usually required and enforced)
3. Are you seeking coverage for all participants within your organization?	<input type="radio"/> Yes <input type="radio"/> No
4. Do any of your teams include youth athletes (ages 16 -17)	<input type="radio"/> Yes <input type="radio"/> No
If yes, 80% of your players must be 18 years of age or older to qualify for coverage. (No player under the age of 16 is allowed to participate. Allowing a player under the age of 16 would jeopardize coverage for the named insured and participant.)	
5. Have you attached a complete roster with this enrollment?	<input type="radio"/> Yes <input type="radio"/> No
A roster is required to bind coverage. If your roster is not complete for the year, please submit last year's roster.	

**Academic HealthPlans, Inc. • P.O. Box 25936 • Overland Park, KS 66225 • 1-800-955-1991 ext 5617**  
**E-mail = programs@4recsportsandmore.com • Fax 1-913-754-5617 • www.4RecSportsAndMore.com**  
 CA #0H18178, TX #1657333

- 6. Does the named insured own or have 24 hour responsibility for a facility or field?  Yes  No
- 7. Is there any form of player compensation or prize money awarded for participation?  Yes  No
- 8. Are you a school, university or college sanctioned sports team, club or league?  Yes  No
- 9. Are you a municipality or a park and recreation division?  
(This program ONLY provides coverage for your municipality or parks and recreation division with respect to those teams/leagues reported and approved.)  Yes  No
- 10. Are any of your activities held on private residential property?  Yes  No
- 11. If you suspect an athlete has a concussion, do you have an action plan that includes:
  - a. Immediately removing the athlete from play or practice  Yes  No
  - b. Keeping the athlete out of play or practice until they provide written clearance from a licensed physician?  Yes  No

The exposures/activities listed above may or may not be covered by this program and any resulting claims could be denied. If you wish to cover any of these activities, please contact us to determine if other coverage options are available.

Coverage Options	Rates (per player)	
<b>Option 1</b> \$1,000,000 Commercial General Liability \$1,000,000 Participant Legal Liability \$ 10,000 Medical Payments for Participants	<b>Option 1 w/Limited Brain Injury Coverage</b>  \$ 35.91	<b>Option 1 w/Brain Injury Excluded</b>  \$ 34.66
<b>Option 2</b> \$1,000,000 Commercial General Liability \$ 500,000 Participant Legal Liability EXCLUDED Medical Payments for Participants	<b>Option 2 w/Limited Brain Injury Coverage</b>  \$ 7.42	<b>Option 2 w/Brain Injury Excluded</b>  \$ 6.22
<b>Option 3</b> \$1,000,000 Commercial General Liability EXCLUDED Participant Legal Liability EXCLUDED Medical Payments for Participants EXCLUDED Brain Injury Coverage	<b>Option 3</b> \$ 5.18	

Coverage Option (1-3)	Number of Players Age 18 and Over*	+	Number of Players Age 16 to 17*	=	Total # of Players	X	Rate	=	Total Premium Due
		+		=		X		=	\$
Please enter your minimum premium. <b>MINIMUM PREMIUMS: OPTION 1 = \$800.00    OPTION 2 = \$400.00    OPTION 3 = \$300.00</b>									\$
<b>Premium Subtotal:</b> If the total calculated premium is less than the minimum premium, the total premium due is the minimum premium									\$ (a)
<b>Risk Purchasing Group Administration Fee (required)</b>									\$ 15.00 (b)
<b>Total Cost Due (add a + b)</b>									\$

**\*YOU MUST ATTACH A COMPLETE ROSTER WITH THIS ENROLLMENT.** If your roster is not complete for the year, please submit last year's roster. Premium is based on the total number of rostered participants. **See page 3 (FAQs) for more information regarding ROSTER REQUIREMENTS.**

**COSTS ARE 100% FULLY EARNED AND NON-REFUNDABLE/NON-TRANSFERRABLE ONCE COVERAGE BEGINS. COVERAGE IS CONTINGENT UPON RECEIPT OF AN APPROVED AND COMPLETED ENROLLMENT FORM, FULL PAYMENT AND A ROSTER WITH ALL THE NAMES & AGES FOR ALL PARTICIPANTS. NO COVERAGE WILL BE DEEMED IN EFFECT UNTIL ACCURATE PAYMENT AND FULLY COMPLETED ENROLLMENT FORM ARE RECEIVED BY THE COMPANY OR REPRESENTATIVE. CANCELLATIONS/CHANGES CAN ONLY BE MADE BY THE NAMED INSURED.**

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
3. 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

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.**

**If applicable:**

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.**

The following exclusions are contained in the commercial general liability coverage provided by this program. 24-hour premises liability (unless optional coverage for sports fields is purchased); Abuse, molestation, harrassment or sexual conduct (unless reported to, approved by us, and appropriate premium paid); Aircraft/Hot air balloon (ownership, operation, maintenance or use); Airport (ownership, operation, maintenance, or use); Amusement devices (the ownership, operation, maintenance or use of: any mechanical or non-mechanical ride, slide, water slide, any inflatable recreation device, any bungee operation or equipment, any vertical device or equipment use for climbing- either permanently affixed or temporarily erected, or dunk tank. Amusement device does not include any video arcade or computer games or any device that is specifically designed for the training or instruction of the activity for which you are enrolled); Animals (injury or death to any animal, or injury, death or property damage caused by an animal owned, rented or hired by you); Asbestos; Athletic or sports participants in: all sports and age groups, other than amateur soccer for ages 16 and over; Babysitting/child care services; Carnivals/festivals; Commercial general liability standard exclusions (CG0001 04/13 edition); Communicable disease; Concerts; Cryogenic chambers/therapy; Employment-related practices; Events/Activities held outside fo the U.S.; Events involving gambling (e.g.; bingo, casino nights, poker, Texas hold'em tournaments); Events where alcohol is served; Fireworks; Fungi or bacteria; Haunted attractions; Intercollegiate & Interscholastic teams, leagues and associations; Lead; Legal liability to participants (unless Option 1 or 2 is purchased); Medical payments for participants (unless Option 1 is purchased); Non-rostered participants at tournaments hosted by the enrolled member; Participants under the age of 16; Nuclear energy liability; Open water activities; Operation, ownership or management of any athletic facility or field, other than while being used for covered activities; Operations of independent concessionaires, exhibitors and vendors at your event; Performers; Professionnal or semi-professional events, competitions, practices, try-outs, clinics, games, playoffs and tournaments; Rodeos, Room and board liability; Saddle animals; Snowmobile; Sports events/activities involving participants in sports other than those reported and for whom premium has been paid; Transportation of athletes/participants; Violation of statutes that govern e-mails, faxes, phone calls or other methods of sending materials or information.

**Electronic Disclosure and Consent and Warranty**  
**PLEASE READ, COMPLETE #9 BELOW, AND SIGN BELOW**

**Electronic Signature Disclosure and Consent**

The Electronic Signatures in Global and National Commerce Act (15 U.S.C. § 7001, et seq.) 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.

Academic HealthPlans, Inc., whether on its own behalf, and/or on behalf of an insurer and/or third parties, may utilize the internet, email, cloud services, digital storage, digital media or similar electronic means to transmit Policy Documents to its clients. This Agreement informs you of your rights when we are delivering and you are receiving such documents from us electronically.

By agreeing to proceed with this transaction, you acknowledge and consent to the following:

1. I hereby voluntarily consent to proceeding with this transaction, and all subsequent actions related to this transaction, electronically.
2. I understand that further documents relating to this insurance purchased through Academic HealthPlans, Inc., including but not limited to correspondence, communications, confirmations, requests for premium payments and policy documents, may, to the extent permitted by law, be transmitted by electronic means to me, including by e-mail sent to the e-mail address I have provided as part of this transaction and/or my on-line registration. I consent to such documents being provided to me electronically.
3. Notwithstanding paragraph 2, any notice of cancellation shall be sent to me by mailing to the address I have provided as part of my registration and/or application for insurance, or to such other address for which I have provided notice pursuant to the terms of the policy.
4. Any change or revision to the e-mail address or other electronic contact information which I have provided as part of this transaction and/or my on-line registration process shall be requested by me by faxing, emailing or by mailing a written notice to: Academic HealthPlans, Inc., P.O. Box 25936, Overland Park, KS 66225.
5. I understand that I have the right to obtain a paper copy of any electronic record provided to me pursuant to this transaction or any subsequent transaction involving my coverage by mailing a written request to the address provided in paragraph 4.
6. In order to access the electronic records provided, the following hardware and software are required: (a) a personal computer or other device through which Internet access is available, (b) an Internet connection, (c) an e-mail account with an Internet service provider, and (d) Adobe Acrobat Reader.
7. I understand that I have the right and option to withdraw my consent to the receipt of further electronic documents at any time by faxing, emailing or mailing a written request to the address provided in paragraph 4. By withdrawing my consent to electronic delivery of documents I understand that I will receive a paper copy of future policy documentation.
8. Information relating to this transaction is subject to the terms of our privacy statement, a copy of which is provided at [www.4RecSportsAndMore.com](http://www.4RecSportsAndMore.com).
9. DOCUMENT DELIVERY. 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.

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: \_\_\_\_\_

**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.

**COSTS ARE 100% FULLY EARNED AND NON-REFUNDABLE/NON-TRANSFERRABLE ONCE COVERAGE BEGINS.**

**Applicant business name** (from page 5): \_\_\_\_\_

**Applicant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Check here to confirm you have included a complete roster with this enrollment. Coverage cannot be bound without a complete roster.

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

**AGENTS: YOU MUST CONTINUE TO NEXT PAGE AND COMPLETE AGENT WARRANTY SECTION**  
**Enrollments cannot be accepted unless this section is completed**

IMPORTANT INFORMATION. PLEASE READ.

PLEASE READ AND SIGN.



**AGENTS:**

Please complete the information below.

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 represent and warrant as an insurance producer that I currently maintain, and will maintain, all individual, corporate or agency licenses or permits to conduct insurance business in the state coverage for this insured is being written. I further represent and warrant that I currently maintain errors and omissions insurance with a minimum limit of \$1,000,000 for myself, my officers, and employees. If requested by us, I will provide with reasonably satisfactory evidence of all of the above mentioned items.

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

**Agent signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Applicable in AL**

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.

**Applicable in AR, LA, MD, 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 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 DC**

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.

**Applicable in FL**

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.

**Applicable in KY**

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.

**Applicable in ME, TN, 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 NM**

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.

**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 NY**

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.

**Applicable in OH**

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.

**Applicable in OK**

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.

**Applicable in 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.

**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 VA**

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 benefits.

FRAUD APPS (2019/11)

## PAYMENT OPTIONS

Submit a completed enrollment (including signed Warranty Statement and completed roster) and payment to:

Applicant business name: \_\_\_\_\_ Effective date: \_\_\_\_\_

**PAY BY ACH (Bank Account):**

• **E-mail** programs@4recsportsandmore.com  
or

• **Fax** 1-913-754-5617

I (we) authorize Academic HealthPlans, Inc. to initiate a single electronic debit from the account shown below:

Name on Bank Account: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Draft Amount : \$ \_\_\_\_\_  Checking, or  Savings

Bank Account Routing/Transit Number\* \_\_\_\_\_ Bank Account Number\* \_\_\_\_\_

\*See below for an explanation of where to locate these two sets of numbers on your bank check.

\_\_\_\_\_ Date: \_\_\_\_\_

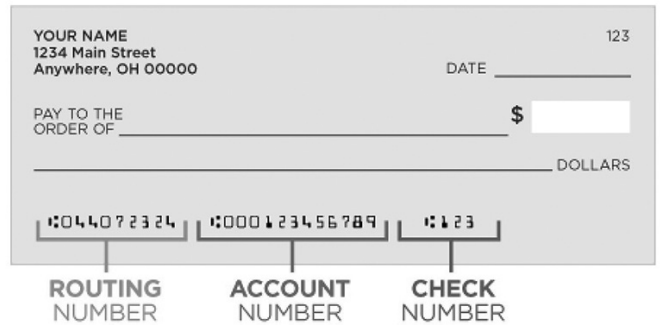
Authorized Signature(s) - (Not required if authorization by phone)

\_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature(s) - (Not required if authorization by phone)

**EXPLANATION OF CHECK NUMBERS**

1. Bank Routing/Transit Number - This is a nine digit number separated by a bar and a colon |: 123456789 |:
2. Account Number - This number may appear as the second, first or third series of numbers. Please read carefully.
3. Check Number - Matches number in the upper right corner of check. NOT REQUIRED FOR ACH.



**PAY BY CHECK:** (Payable to Academic HealthPlans, Inc.)

- **Mail** Regular Mail Overnight Mail

Academic HealthPlans, Inc.  
P.O. Box 25936  
Overland Park, KS 66225

Academic HealthPlans, Inc.  
9225 Indian Creek  
Parkway, Suite 700  
Overland Park, KS 66210

**PAY BY CREDIT CARD:**

- **Fax only** 1-913-754-5617  
 VISA  MASTERCARD  AMERICAN EXPRESS

Card number: \_\_\_\_\_

CSC # (card security) code: \_\_\_\_\_ Expiration date: \_\_\_\_\_

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

Print name (as on card): \_\_\_\_\_

**Cardholder signature:** \_\_\_\_\_

Cardholder phone number: (\_\_\_\_) \_\_\_\_\_