



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

### Insurance Program and Enrollment Form

This brochure is valid for effective dates from 3/1/24 through 2/28/25

#### 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 carriers rated A (Excellent) 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 or Molestation (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 and use of multi-passenger vehicles

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

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.

**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 Non-Owned Auto Liability** - coverage which protects the insured against liability claims arising out the maintenance or use of motor vehicles hired, leased, rented or borrowed by the insured on a short-term basis, as well as coverage for those autos your organization does not own, lease, hire, rent or borrow that are used in conjunction with your operations. Coverage does not extend to the transporting of participants, or the use of multi-passenger vehicles (designed to carry 9 or more persons) or to those vehicles that are rented, hired or borrowed on a long-term basis.

## COVERAGES AND LIMITS

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

| Coverage  | Option 1     | Option 2     | Option 3     |
|---|--------------|--------------|--------------|
| <b>Commercial General Liability (CGL)</b><br>Each Occurrence Limit                | \$ 1,000,000 | \$ 1,000,000 | \$ 1,000,000 |
| General Aggregate Limit<br>(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 Limit   | \$ 1,000,000 | \$ 1,000,000 | \$ 1,000,000 |
| Damage to Premises Rented to You Limit<br>(Fire Legal Liability)                  | \$ 1,000,000 | \$ 1,000,000 | \$ 1,000,000 |
| Medical Expense Limit<br>(other than members/participants)                        | \$ 5,000     | \$ 5,000     | \$ 5,000     |
| Hired Auto Liability Limit  | \$ 1,000,000 | \$ 1,000,000 | \$ 1,000,000 |
| Non-Owned Auto Liability Limit  | \$ 1,000,000 | \$ 1,000,000 | \$ 1,000,000 |
| Legal Liability to Participants Limit (LLP)                                       | \$ 1,000,000 | \$ 500,000   | Excluded     |
| Professional Liability Limit  | \$ 1,000,000 | \$ 1,000,000 | \$ 1,000,000 |
| Medical Payments for Participants -<br>excess (MPP) - \$1,000 corridor deductible | \$ 10,000    | Excluded     | Excluded     |

### Rates:

| Per Player Rate         | Option 1<br>With \$1,000,000 Limited<br>Neurodegenerative Injury Coverage* | Option 2<br>With \$500,000 Limited<br>Neurodegenerative Injury Coverage* | Option 3<br><b>CGL Only</b><br>(LLP, MPP and "Neuro" Injury Excluded) |
|-------------------------|--|--|---|
|                         |  | \$ 35.91   | \$ 7.42   |
| <b>Minimum Premiums</b> | \$ 800.00  | \$ 400.00  | \$ 300.00   |

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

|   |   |                             |
|---|---|-----------------------------|
| <b>Option 1</b><br><b>\$1,000,000 Limited Neurodegenerative Injury Coverage</b> | Neurodegenerative Injury limit / aggregate limit                      | \$ 1,000,000 / \$ 1,000,000 |
|   | Neurodegenerative Injury Supplementary Payments limit/Aggregate limit | \$ 1,000,000 / \$ 1,000,000 |
| <b>Option 2</b><br><b>\$ 500,000 Limited Neurodegenerative Injury Coverage</b>  | Neurodegenerative Injury limit / aggregate limit                      | \$ 500,000 / \$ 500,000     |
|   | Neurodegenerative Injury Supplementary Payments limit/Aggregate limit | \$ 500,000 / \$ 500,000     |

### 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 must not consist of more than 8 teams total, or have more than 100 outside participants and 1000 spectators attending.

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

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

- Option 1:** \$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 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 (ages only, no birthdates) 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?**

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, Suite 210, Lenexa, KS 66219 or [recsportsandmore@recsportsandmore.ahpcare.com](mailto:recsportsandmore@recsportsandmore.ahpcare.com)

### EASY WAYS TO ENROLL FOR COVERAGE



WEB For information and applications, visit us on-line at [www.mycare26.com/specialty-programs](http://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, Suite 210, Lenexa, KS 66219



QUESTIONS Call 1-913-754-5617

### FOR SERVICE REQUESTS ONLY



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



Academic HealthPlans

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

Valid for effective dates from 3/1/24 through 2/28/25

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:**
- 1. Complete all sections (print legibly)**
  - 2. Sign and date where required**
  - 3. Remit completed enrollment form (pages 5-11) with payment and a complete roster with names and ages of all your participants.**

- NOTES**
- Please contact us prior to completing this enrollment form if limits above \$1,000,000 are needed
  - Coverage is not available for Alaska and Rhode Island Applicants

**GENERAL INFORMATION**

Full legal name of business: \_\_\_\_\_

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

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

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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)

**DATES**

**I am a new account**  
 Start my coverage on this date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Coverage will begin the day after a completed and signed enrollment form with payment is received and approved by us, or on a later date you specified above.

**I am renewing my coverage**  
 Expiration date of current coverage \_\_\_\_/\_\_\_\_/\_\_\_\_ Renew my coverage on this date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 To avoid a coverage gap, please make sure you have submitted a completed and signed enrollment form with payment prior to your expiration date.

**NOTE: If you need coverage bound as of today**, please read the statement below and confirm by checking the box that you have not had any losses. Please note, for coverage to be considered you **MUST** submit a completed and signed application submitted with payment. Submission of this form does not guarantee coverage. We reserve the right to decline requests.

I hereby certify that I, or any person or organization to be covered by this insurance, are not aware of any losses, accidents, or circumstances, occurring on this day that might give rise to a claim under this insurance.

**BUSINESS INFORMATION**

1. Form of business:  Not-for-profit organization  For-profit organization

2. Type of organization:  
 Individual team  
 League or club (an entity organized to provide regulated competition for multiple teams participating in a specific sport)  
 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?  Yes  No  
 - NOTE: Option 3 does not provide Legal Liability to Participants, Medical Payments for Participants or Limited Neurodegenerative Injury coverage.

4. Do any of your teams include youth athletes (ages 16 -17)  Yes  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 ages (not birthdates) shown for participants below age 18 with this enrollment?  Yes  No  
 A roster is required to bind coverage. If your roster is not complete for the year, please submit last year's roster.
6. Do you obtain from ALL participants a Waiver/Release Assumption of Risk form and keep records of all signed waivers per your state requirements for record keeping?  Yes  No
7. Does the named insured own or have 24 hour responsibility for a facility or field?  Yes  No
8. Is there any form of player compensation or prize money awarded for participation?  Yes  No
9. Are you a school, university or college sanctioned sports team, club or league?  Yes  No
10. Are you a municipality or a park and recreation division?  Yes  No  
 (This program ONLY provides coverage for your municipality or parks and recreation division with respect to those teams/leagues reported and approved.)
11. Are any of your activities held on private residential property?  Yes  No
12. Do you have concussion management protocols/guidelines that are consistently enforced and includes communication (in written or electronic form) of education materials to participants, parents and coaches about the nature of risk of concussions including but not limited to information such as focusing on prevention and preparedness to keep athletes safe; understanding concussions and potential consequences of the injury; recognizing concussion symptoms and how to respond; and learning about steps for returning to play after suspected concussion?  Yes  No
13. If you suspect an athlete has a concussion, do you have an action plan that includes:  Yes  No
- Immediately removing the athlete from play or practice  Yes  No
  - Keeping the athlete out of play or practice until they provide written clearance from a licensed physician  Yes  No
  - Confirming sports liability waivers (informed consent) from parents and/or players are secured  Yes  No

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<br>\$1,000,000 Participant Legal Liability<br>\$ 10,000 Medical Payments for Participants   | <b>Option 1</b><br><b>w/Limited Neurodegenerative Injury Coverage</b><br>\$ 35.91 |
| <b>Option 2</b> \$1,000,000 Commercial General Liability<br>\$ 500,000 Participant Legal Liability<br>EXCLUDED Medical Payments for Participants   | <b>Option 2</b><br><b>w/Limited Neurodegenerative Injury Coverage</b><br>\$ 7.42  |
| <b>Option 3</b> \$1,000,000 Commercial General Liability<br>EXCLUDED Participant Legal Liability<br>EXCLUDED Medical Payments for Participants<br>EXCLUDED Neurodegenerative Injury Coverage | <b>Option 3</b><br>\$ 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.<br><b>MINIMUM PREMIUMS: OPTION 1 = \$800.00    OPTION 2 = \$400.00    OPTION 3 = \$300.00</b>           |                                    |   |                                 |   |                    |   |      |   | \$                |
| <b>Premium Subtotal:</b><br>If the total calculated premium is less than the minimum premium, the total premium due is the minimum premium |                                    |   |                                 |   |                    |   |      |   | \$                |

**\*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.**

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 notable 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 or molestation (unless reported to, approved by us, and appropriate premium paid); Access or disclosure of confidential or personal information and data-related liability – with limited bodily injury exception; Asbestos and silicosis; Athletic or sports participants in: all sports and age groups, other than amateur soccer for ages 16 and over; Babysitting/child care services; Cannabis; Carnivals/festivals; Certain computer-related losses; Collegiate summer teams/leagues/associations; Commercial general liability standard exclusions (CG0001 04/13 edition); Communicable disease; Cryogenic chambers/therapy; Employment-related practices; Equestrian activities; ERISA; Events/Activities held outside of the U.S.; Events involving gambling (e.g.; bingo, casino nights, poker, Texas hold'em tournaments); Events where alcohol is served; Fireworks; Fungus; 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; 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 in conjunction with your organization; Perfluoroalkyl and polyfluoroalkyl substances (PFAS); Professional or semi-professional team, leagues, events, competitions, practices, try-outs, clinics, games, playoffs and tournaments; Radioactive matter; Room and board liability; Specified recreational vehicles and activities: Aircraft/hot air balloon; Airport; Amusement devices (The ownership, operation, maintenance or use of: any device or equipment a person rides for enjoyment, including, but not limited to, any mechanical or non-mechanical ride, slide, water slide (including any ski or tow when used in connection with a water slide), moonwalk or moon bounce, bungee operation or equipment or inflatable recreational device. Amusement device also includes any vertical device or equipment used for climbing—either permanently affixed or temporarily erected. Amusement devices does not include any video arcade or computer game or any device that is specifically designed for the training or instruction of the activity for which you are enrolled.); Concerts; 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; Transportation of participants; Total pollution; Use of multi-passenger vehicles.

**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)

**PLEASE READ, COMPLETE #9 BELOW (if you do not wish to receive documents via email), AND SIGN ON PAGE 9**

**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., 16201 West 95th Street, Suite 210, Lenexa, KS 66219.
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.mycare26.com/specialty-programs](http://www.mycare26.com/specialty-programs)
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: \_\_\_\_\_

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



PLEASE READ AND SIGN.

**Warranty and Disclosure 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-transferrable once coverage begins.**

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

**Applicant or agent 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 COMPLETE THE AGENT WARRANTY SECTION BELOW**  
**Enrollments cannot be accepted unless this section is completed**

AGENT INFORMATION

**AGENTS:** Please complete the information below.

Agency name: \_\_\_\_\_ Agent/contact name: \_\_\_\_\_

Agency complete mailing address: \_\_\_\_\_

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 the company, I will provide them 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:** \_\_\_\_\_

**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.**

## FINAL PAYMENT CALCULATION AND PAYMENT OPTIONS

**Step 1:** Applicant Business Name from page 5 \_\_\_\_\_

**Step 2:** Enter Program Premium:

Liability Premium (required coverage) from page 6 \$ \_\_\_\_\_ (a)

**Step 3:** Calculate Surplus Lines/Stamping Fees – this is based on the Named Insured’s state from page 5

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

Premium from Step 2 - \$ \_\_\_\_\_ (a) x **Final State Rate** from chart above \$ \_\_\_\_\_ = \$ \_\_\_\_\_ (b)

**Step 3:** Cost Total (add lines a + b) \$ \_\_\_\_\_ (c)

RPG Fee \$ 15.00 (d)

**Step 4:** Final Cost (add lines c + d) \$ \_\_\_\_\_

**Step 5:** Select Payment Option

ACH – this option is only available for purchases made 15 days or more prior to the effective date  
 Proceed to the next page to complete the ACH payment

Mail in Check – make check payable to Academic HealthPlans, Inc.  
 Academic HealthPlans, Inc.  
 16201 West 95th Street, Suite 210  
 Lenexa, KS 66219

Credit Card  
 Proceed to the next page to complete the credit card payment

## PAYMENT OPTIONS

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

**PAY BY ACH (Bank Account): THIS OPTION IS ONLY AVAILABLE FOR PURCHASES MADE 15 DAYS OR MORE PRIOR TO THE EFFECTIVE DATE**

• **E-mail** recsportsandmore@recsportsandmore.ahpcare.com

or

• **Fax** 1-913-754-5617

I (we) authorize Academic HealthPlans, Inc. to initiate a single electronic debit from the account shown below and have attached a voided copy of the check:

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

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

Bank Routing Number\* \_\_\_\_\_ Bank Account Number\* \_\_\_\_\_

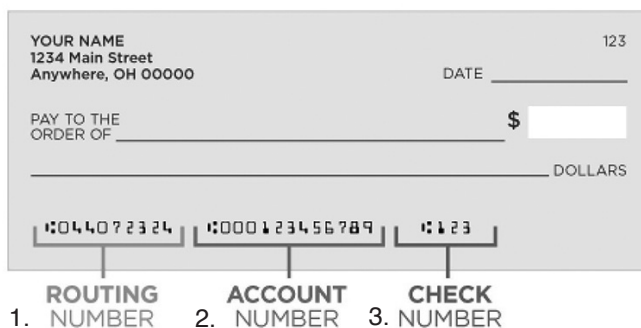
\*See below for an explanation of where to locate these two sets of numbers on your bank check.

\_\_\_\_\_ 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 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 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: (\_\_\_\_) \_\_\_\_\_

FATCA Notice: Please go to [Aon.com/FATCA](http://Aon.com/FATCA) to obtain appropriate W-9.

# FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

**NOTICE TO APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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

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

**NOTICE TO COLORADO APPLICANTS:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.

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

**NOTICE TO FLORIDA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

**NOTICE TO KANSAS APPLICANTS:** ANY PERSON WHO KNOWINGLY AND

WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE THAT SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

**NOTICE TO KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

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

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

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

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

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

## **FRAUD WARNING (continued)**

**NOTICE TO NEW YORK APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

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

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

**NOTICE TO OREGON APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO PENNSYLVANIA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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

**NOTICE TO VERMONT APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.