



# MARTIAL ARTS/SELF DEFENSE INSTRUCTOR

## Insurance Program and Enrollment Form

This brochure is valid for effective dates of 1/1/24 through 12/31/24

### PROGRAM DESCRIPTION

This program has been designed for U.S.-based martial arts and/or self defense instructors who work on an independent contractor basis training individuals in martial arts and/or self defense. This could include self defense instructors, law enforcement/security defense tactic instructors or martial arts instructors. Coverage provided under this program includes important commercial general liability protection for the instructor for liability claims arising out of their operations while training.

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

**This program does not provide coverage for the operation, ownership or maintenance of a martial arts and/or self defense facility. For information regarding coverage for a facility, please call us.**

### INELIGIBLE OPERATIONS

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

- The sport of boxing (contact/sparring)
- Certified athletic trainers
- Coaching of organized competitive athletic teams
- Firearms training
- Instructors under the age of 18
- Military/paramilitary combat training
- Tournaments or competitions
- Your employment as an exempt or non-exempt employee of a school, college or university
- 100% virtual operations/training

### WAYS TO ENROLL FOR COVERAGE

**WEB** Receive coverage immediately by purchasing online at [www.mycare26.com/specialty-programs](http://www.mycare26.com/specialty-programs)

**FAX** 1-913-754-5617

**MAIL** Academic HealthPlans, Inc.  
16201 West 95th Street, Suite 210  
Lenexa, KS 66219

### FOR SERVICE REQUESTS ONLY

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

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

### ELIGIBLE OPERATIONS

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

- Self defense instruction
- Law enforcement/security defense tactic instruction
- Martial arts instruction of:
 

Aikido	Judo	Savate
Brazilian jiu jitsu	Jiu jitsu	Sayoc kali
Capoeria	Kali	Taekwondo
Chi kun	Karate	Tai chi
Dim mak	Kenjitsu	Tang soo do
Escrima	Krav maga	Thai boxing
Goju-ryu	Kung fu	
Haganah	Mixed martial arts	
Hapkido	or ultimate fighting	
Jeet kune do	Muay thai	

### EXCLUSIONS

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

- Abuse, molestation, or exploitation
- All operations listed as ineligible
- Amusement devices (e.g.: rides, slides, inflatables, bungees, climbing walls, dunk tanks)
- Animals
- Communicable disease
- Cryogenic chambers/therapy
- Cyber incident, data compromise and violation of statutes related to personal data
- Cycling (other than stationary)
- Employment-related practices
- Fireworks
- Instruction/activity being held on or in open water (e.g.: lakes, ponds, ocean)
- Medical, therapy or health care services
- Operation, ownership or management of any facility
- Physicals/stress testing
- Physical therapy, massage or salon services
- Sale or distribution of herbal, medicinal and/or nutritional products
- Use of projectile weapons including, but not limited to, firearms and tasers, and defense sprays
- Use of sharpened/bladed weapons

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

## COVERAGES AND LIMITS

Coverages	Option 1	Option 2	Option 3	Option 4	Option 5
<b>Commercial General Liability (CGL)</b>	<b>Limits</b>	<b>Limits</b>	<b>Limits</b>	<b>Limits</b>	<b>Limits</b>
Each Occurrence	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
General Aggregate (Other than Products-completed Operations)	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000
Products-completed Operations Aggregate	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
Personal and Advertising Injury	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
Bodily Injury to Participants Liability	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
Professional Liability	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
Damage to Premises Rented to You (Fire Legal Liability)	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000
<b>Single Event Coverage</b> (not required if purchasing annual coverage)					
<b>Training Session only</b> - per instructor (training session must be 3 days or less)	\$ 127.00	\$ 183.00	\$ 433.00	\$ 683.00	\$ 933.00
<b>Annual Coverage</b>					
<b>Traditional Martial Arts Instructor</b> (per instructor)	\$ 370.00	\$ 548.00	\$ 798.00	\$ 1,048.00	\$ 1,298.00
<b>Self Defense/Law Enforcement/ Security Instructor</b> (per instructor)	\$ 577.00	\$ 858.00	\$ 1,108.00	\$ 1,358.00	\$ 1,608.00

\*Costs include premium and a \$15 risk purchasing group administration fee

Coverage provided under this program includes:

**Commercial General Liability with Enhancement Endorsement** – coverage which protects the insured against liability claims for bodily injury and property damage arising out of premises, operations and products and completed operations.

**Bodily Injury to Participants Liability** – coverage which offers protection against bodily injury liability claims brought by persons participating in covered activities.

**Professional Liability** – coverage which pays for wrongful acts (negligent act, error, omission or breach of duty or a misleading statement in the discharge of covered activities or operations) that occur as a result of your instruction.

## FREQUENTLY ASKED QUESTIONS

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

Coverage can be bound the date after we receive a completed enrollment form and the appropriate premium. Please allow adequate time for us to process your enrollment form and issue certificates.

**2. When should I make my coverage effective?**

The effective date is the date you need your insurance to start. For many, this is the first day you begin instructing lessons. All coverages expire one year from the effective date.

**3. If I need to request another certificate of insurance for a training location that I am using, how do I do this?**

A written request is required from you, the individual instructor. The form may be acquired by contacting us.

**4. Will I 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 -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., 16201 West 95th Street, Suite 210, Lenexa, KS 66219 or [recsportsandmore@recsportsandmore.ahpcare.com](mailto:recsportsandmore@recsportsandmore.ahpcare.com)



# Enrollment Form - Martial Arts/Self Defense Instructor

This brochure is valid for effective dates of 1/1/24 through 12/31/24

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, PLEASE:

1. Complete all sections (print legibly)
2. Sign and date where required
3. Remit completed enrollment form (pages 3 - 9) with payment

## INFORMATION

I am a new account     I am renewing my coverage

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

Doing business as (DBA): \_\_\_\_\_  
(additional name(s) under which the named insured operates)

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 6 of the application for Electronic Disclosure and Consent)

## DATES

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

Start my coverage on this date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## BUSINESS INFORMATION

1. Are you age 18 or older?  Yes  No

2. Do you use weapons as part of your instruction?  Yes  No

If YES, please complete the following questions:

are they sharpened/bladed?  Yes  No

are the weapons replicas?  Yes  No

do they contain ammunition?  Yes  No

do you use tasers or defense sprays?  Yes  No

3. Do you own or operate your own facility and/or have employees/volunteers?  Yes  No

If yes, this program only provides coverage for your operations as an instructor. It does not extend to your employees or anyone performing instruction or training on your behalf, nor does it apply to the operation of a studio/facility.

4. Do you teach any self-defense\* classes?  Yes  No

\*Self-defense is a defense class that is more about defending yourself physically and verbally against an attacker for security and emergencies (not a specific style of martial arts training)

5. What are the type(s) of martial arts style(s) you teach? \_\_\_\_\_

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E-mail = recsportsandmore@recsportsandmore.ahpcare.com • Fax 1-913-754-5617

www.mycare26.com/specialty-programs  
CA # 0H64806, TX # 1554208, FL # L074590

## PROGRAM COST CALCULATION

Please select one option based upon the desired coverage period, type of instructor and limit needed. Costs include premium and risk purchasing group fee.

**Annual Coverage Option**

Type of Instructor	Options	Limit of Liability (CGL)	Annual Cost
Martial Arts Instructor	Option 1	\$ 1,000,000	<input type="radio"/> \$ 370.00
	Option 2	\$ 2,000,000	<input type="radio"/> \$ 548.00
	Option 3	\$ 3,000,000	<input type="radio"/> \$ 798.00
	Option 4	\$ 4,000,000	<input type="radio"/> \$ 1,048.00
	Option 5	\$ 5,000,000	<input type="radio"/> \$ 1,298.00

Type of Instructor	Options	Limit of Liability (CGL)	Annual Cost
Self Defense/Law Enforcement/Security Instructor	Option 1	\$ 1,000,000	<input type="radio"/> \$ 577.00
	Option 2	\$ 2,000,000	<input type="radio"/> \$ 858.00
	Option 3	\$ 3,000,000	<input type="radio"/> \$ 1,108.00
	Option 4	\$ 4,000,000	<input type="radio"/> \$ 1,358.00
	Option 5	\$ 5,000,000	<input type="radio"/> \$ 1,608.00

**Single Event Coverage Option: 1-3 day training session** (days do not need to be consecutive)

Cost	Option 1 \$ 1,000,000 CGL	Option 2 \$ 2,000,000 CGL	Option 3 \$ 3,000,000 CGL	Option 4 \$ 4,000,000 CGL	Option 5 \$ 5,000,000 CGL
<b>Training Session only</b> - per instructor (training session must be 3 days or less)	<input type="radio"/> \$ 127.00	<input type="radio"/> \$ 183.00	<input type="radio"/> \$ 433.00	<input type="radio"/> \$ 683.00	<input type="radio"/> \$ 933.00

Should you have more than "1" single event, please provide event information, as requested below, for each event on a separate piece of paper and attach with this enrollment form. Separate policies will be issued for each event.

Type of Instructor:  Martial Arts Instructor  Self Defense/Law Enforcement/Security Instructor

Name of event/activity: \_\_\_\_\_

Type of event/activity: \_\_\_\_\_

Date(s) of event/activity: \_\_\_\_\_

Location of event/activity: \_\_\_\_\_

Venue name                      Street address                      City                      State                      Zip

Limit requested: \$ \_\_\_\_\_

Premium calculation: \$ \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_  
Rate from above                      # of Events                      Premium Due

**FOR NEW ACCOUNTS ONLY**

Do you have current coverage in place?  Yes  No

If no, please check/explain:

New business operation  Other, please explain: \_\_\_\_\_

If yes:

a) Name(s) of current carrier(s): \_\_\_\_\_ Expiration date(s): \_\_\_\_\_

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

If yes, why? \_\_\_\_\_

c) In the past 5 years, have you had any losses?  Yes  No

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

## CERTIFICATE REQUESTS

Once your enrollment form is approved, you will receive a Certificate of Insurance as evidence that coverage is bound.

**Complete this section if you require additional certificates listing a facility, property owner or similar third-party as an additional insured on your policy. Provide a separate request for each additional certificate needed.**

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

1. When is this certificate needed? : \_\_\_\_/\_\_\_\_/\_\_\_\_

2. What is the additional insured's relationship to you?  Owner/manager/lessor of premises (facility or venue)

Sponsor  Co-promoter  Other (please identify/explain): \_\_\_\_\_

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

3. Certificate holder/additional insured name: \_\_\_\_\_

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

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

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

If yes, check all that apply  Primary/noncontributory  Waiver of subrogation

Other (please explain): \_\_\_\_\_

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

**The most common delay in certificate processing is caused by providing partial or incorrect name and/or instructions. Please check your request carefully before submitting.**

## COVERAGE EXCLUSIONS

The following notable exclusions are contained in the commercial general liability coverage provided by this program (note: state variations may apply). Abuse, molestation, or exploitation; Asbestos; Commercial general liability standard exclusions (CG0001 4/13 edition); Cap on losses from certified acts of terrorism; Communicable disease; Cryogenic chambers/therapy; Cyber incident, data compromise, and violation of statutes related to personal data; Cycling (other than stationary); Employment related practices; Fireworks; Fungi or bacteria; Instruction/activities held on or in open water (e.g.: lakes, ponds, ocean); Lead; Medical, therapy or health care services; Nuclear energy liability; Operation, ownership or management of any facility; Physicals/stress testing; Physical therapy, massage or salon services; Sale or distribution of medicinal, herbal and/or nutritional products; Sexually transmitted disease; Silica or silica-related dust; Specified recreational vehicles and activities – Aircraft/hot air balloon; Airport; Amusement device: The ownership, operation, maintenance or use of any device or equipment a person rides for enjoyment, including, but not limited to: mechanical or non-mechanical ride, slide, or water slide (including any ski or tow when used in conjunction with a water slide); inflatable recreational device; or vertical device or equipment used for climbing whether permanently affixed or temporarily erected. This exclusion does not apply to video games or computer games, or to any device that is specifically designed for the the training or instruction of an activity for which you are enrolled; Animal; Bungee; Dunk tank; Haunted attraction; Performer (injury or death to any performer or entertainer during any activity, event or exhibition including but not limited to any stunt, concert, show or theatrical event. This exclusion does not apply to participants in any activity, event or exhibition that are part of the designated operations for which you are enrolled); Rodeo; Saddle animal; Snowmobile; Total pollution with a building heating, cooling & dehumidifying equipment exception and hostile fire exception; Use of projectile weapons including, but not limited to, firearms and tasers, and defense sprays; Use of sharpened/bladed weapons; Unmanned aircraft; Those operations listed as ineligible: The sport of boxing (contact/sparring); Certified athletic trainers; Coaching of organized competitive athletic teams; Firearms training; Instructors under the age of 18; Military/paramilitary combat training; Tournaments or competitions; Your operations related, in whole or in part, to your employment as an exempt or non-exempt employee of a public or private school, college or university; 100% virtual operations/training.

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

**COVERAGE IS CONTINGENT UPON RECEIPT OF PAYMENT AND A FULLY COMPLETED ENROLLMENT FORM.**

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

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

**ATTENTION: AGENTS**

**AGENTS: YOU MUST COMPLETE THE AGENT WARRANTY SECTION BELOW. Enrollments cannot be accepted unless this section is completed.**

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

**Electronic Signature Disclosure and Consent**

**PLEASE READ, COMPLETE #9 BELOW, AND SIGN ON PAGE 7**

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

## REPRESENTATION STATEMENT

### Representation Statement

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

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

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

Applicant name (from page 3): \_\_\_\_\_

Applicant or agent signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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100% NON-REFUNDABLE/NON-TRANSFERRABLE ONCE COVERAGE BEGINS.**

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

## IMPORTANT INFORMATION. PLEASE READ.

### Fair Credit Report Act Notice

Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us

### Fraud Warning

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

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

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

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

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

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

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

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

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

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

**Applicable in all other states:** 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.



## PAYMENT OPTIONS

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

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

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

• **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:

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.

The diagram shows a check with the following fields: YOUR NAME (1234 Main Street, Anywhere, OH 00000), DATE (123), PAY TO THE ORDER OF, \$ ( ), DOLLARS. Below the MICR line, three boxes are labeled: 1. ROUTING NUMBER (044072324), 2. ACCOUNT NUMBER (000123456789), and 3. CHECK NUMBER (123).

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

- **Mail** Academic HealthPlans, Inc.  
16201 West 95th Street, Suite 210  
Lenexa, KS 66219

### **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: (\_\_\_\_) \_\_\_\_\_