

Higher liability limits are available immediately online

PROGRAM DESCRIPTION

This program has been designed to provide coverage on a short-term basis for a single amateur sports tournament or event or on an annual basis for those promoters with multiple events. Coverage provided under this program includes important liability coverage for the U.S.-based organization conducting the event(s), including the employees and volunteers, for liability claims arising out of its operations.

Coverage is also included for ancillary activities (banquets, concerts, awards ceremonies) that are ONLY for those participants in your sports tournament(s) or event(s). Optional coverages are available for separate ticketed and/or open to the public activities/events.

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

INELIGIBLE OPERATIONS

Sports tournaments or events that do not meet the eligibility criteria listed in this brochure are not eligible for this program as well as:

- Events involving animals other than service animals
- Glow runs/color runs/similar type events or runs
- Professional sports events, try-outs and training camps/clinics
- College or university level championship events
- CrossFit® events/activities
- Highland games
- Mud runs/warrior runs/zombie runs/obstacle course runs/urbanathons (competitions, exhibitions or foot races that involve man-made obstacle courses, man-made mud pits, man-made slippery slopes, wall climbs or other similar man-made obstacles)
- Sanctioned USA Hockey tournaments and events
- Virtual events/activities
- Events in the following sport categories: (please note, this is not a complete listing of ineligible sports)
 - Adventure races
 - BMX biking
 - Boxing
 - Cycling
 - Endurance races
 - Equestrian
 - Flex Football™ (age 20 & over)
 - Inline (extreme/stunt/aggressive/free-style) skating
 - Kite surfing
 - Marathons (26.2 miles or more)
 - Mixed martial arts
 - Mountain biking and/or hiking
 - Open water events
 - Rugby
 - Skateboarding
 - Skiing (snow or water)
 - Snowboarding
 - Streetball
 - Tackle & contact football (age 20 & over)
 - Triathlons/Duathlons
 - Wrestling (age 20 & over)

ELIGIBLE OPERATIONS

An amateur sports tournament or event that meets all of the following criteria is eligible to submit an enrollment form for coverage under this program:

- Maximum number of participants is 2,500, per event
- Maximum spectator attendance per day is 7,500
- Maximum number of event days (including practice days), per event, is not to exceed a time frame of 14 days (not including setup and tear down)
- The sport activity being conducted falls into one of the listed eligible classes:

Class 1: bowling, dance, golf, tennis, volleyball

Class 2: baseball, kickball, softball

Class 3: basketball, flag or touch football, on-shore fishing, racquetball, swimming

Class 4: tackle & contact football (age 19 & under), cheerleading (age 19 & under), lacrosse (age 19 & under), soccer (age 19 & under), wrestling (age 19 & under), field hockey, deck/floor/street hockey, roller hockey (quad), water hockey (age 19 & under), Flex Football™ (age 19 & under)

Class 5: box lacrosse, cheerleading (age 20 & over), diving, dodgeball, gymnastics, ice hockey, in-line hockey, lacrosse (age 20 & over), martial arts, inline skating (speed/racing), soccer (age 20 & over), speed/racing skating (ice), water hockey (age 19 & over)

Note:

- If you do not see your sport listed above, please contact us.
- If you have multiple sports for a single tournament or event, please contact us for proper classifications.
- College recruit/showcases and all-star/bowl games (including practices) are eligible operations under this program
- **For Walk/Run events please visit us online or contact us for additional information.**

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

Options Available for Classes 1-4

(See page 3 for additional options available for classes 1-5)

Coverages	Option A	Option B
Commercial General Liability (CGL): Each Occurrence	\$ 1,000,000	\$ 2,000,000
General Aggregate – per event (other than Products-completed Operations)	\$ 5,000,000	\$ 5,000,000
Products-completed Operations Aggregate	\$ 1,000,000	\$ 2,000,000
Personal and Advertising Injury	\$ 1,000,000	\$ 2,000,000
Legal Liability to Participants (LLP)	\$ 1,000,000	\$ 2,000,000
Damage to Premises Rented to You (Fire Legal Liability)	\$ 1,000,000	\$ 1,000,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000
Medical Payments for Participants (MPP) – excess \$100 per claim deductible applies	\$ 25,000	\$ 25,000

Rates (per participant)	Option A	Option A Brain Injury Excluded	Option B	Option B Brain Injury Excluded
Class 1	\$ 1.64	N/A	\$ 2.08	N/A
Class 2	\$ 1.86	N/A	\$ 2.30	N/A
Class 3	\$ 2.17	N/A	\$ 2.61	N/A
Class 4	\$ 2.35*	\$ 2.17	\$ 2.79*	\$ 2.61
Minimum Premiums	Option A		Option B	
Per Event Policy	\$ 300.00		\$ 450.00	
Annual Policy	\$ 1,000.00		\$ 1,500.00	

* LIMITED COVERAGE FOR BRAIN INJURY TO SPECIFIED PLAYER - "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.

Class 4 Sports Option A & B Limited Brain Injury to Specified Player Coverage	Brain Injury limit / Aggregate limit	\$1,000,000 / \$1,000,000
	Loss Adjustment Expense limit / Aggregate limit	\$1,000,000 / \$1,000,000

Higher liability limit options (options C-D) are available. Please contact us or visit us online

COVERAGES AND LIMITS Options Available for Classes 1-5 (Spectator Liability Only Coverage)		
Coverages	Option F	Option G
Commercial General Liability (CGL): Each Occurrence	\$ 1,000,000	\$ 2,000,000
General Aggregate – per event (other than Products-completed Operations)	\$ 5,000,000	\$ 5,000,000
Products-completed Operations Aggregate	\$ 1,000,000	\$ 2,000,000
Personal and Advertising Injury	\$ 1,000,000	\$ 2,000,000
Legal Liability to Participants (LLP)	EXCLUDED	EXCLUDED
Damage to Premises Rented to You (Fire Legal Liability)	\$ 1,000,000	\$ 1,000,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000
Medical Payments for Participants (MPP) – excess \$100 per claim deductible applies	EXCLUDED	EXCLUDED
Rates (per spectator)	Option F	Option G
Classes 1 - 5	\$ 0.25	\$ 0.38
Minimum Premiums	Option F	Option G
Per Event Policy	\$ 300.00	\$ 450.00
Annual Policy	\$ 1,000.00	\$ 1,500.00

Higher liability limit options (options H-J) are available. Please contact us or visit us online

The options presented above DO NOT include coverage for medical payments to the players/participants or for liability claims brought by players/participants

COVERAGES AND LIMITS CONTINUED

Coverage provided under this program includes:

Commercial General Liability with Broadening Endorsement – coverage which protects the insured against liability claims for bodily injury and property damages arising out of premises, operations, products and completed operations and personal and advertising injury. Additional or broadening coverages added with the broadening endorsement are:

Expected or intended injury resulting from the use of reasonable force to protect persons or property; Non-owned watercraft – extended to 58 feet; Supplementary payments - \$2,500 bail bonds, \$500 a day loss of earnings; Knowledge or Notice of Occurrence; Waiver of right of recovery; Bodily injury definition expanded to include mental anguish, mental injury, shock, fright, humiliation, emotional distress or death resulting from bodily injury, sickness or disease; Damage to Premises Rented to You – the term fire is replaced with fire, lightning, explosion, smoke and leaks from sprinklers

Additional coverages:

Emergency Real Estate Consultant Fee - \$25,000; Identify Theft Exposure (for directors or officers) - \$25,000; Key Individual Replacement Cost - \$50,000; Lease Cancellation Moving Expense - \$2,500; Temporary Meeting Place - \$25,000; Terrorism Travel Reimbursement (for directors or officers) - \$25,000; Workplace Violence Counseling - \$25,000

Coverage options A & B provide commercial general liability, legal liability to participants and medical payments for participants. Coverage options F & G only provide commercial general liability coverage to spectators only. Coverage for bodily injury liability and medical claims to participants are excluded.

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

Medical Payments for Participants – coverage which pays the medical and dental expenses incurred by a participant when an accidental injury occurs while participating at the tournament or event you're organizing. 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 \$100 deductible applies to each claim and the benefit period is two years from the date of the accident.

EXCLUSIONS

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

- Abuse, molestation, harassment or sexual conduct (unless reported to, approved by us, and appropriate premium paid)
- Amusement devices (e.g.: rides, slides, inflatables, bungees, climbing walls, dunk tanks)
- Ancillary activities that require a separate admission charge and are open to the public (unless optional coverage is purchased)
- Claims arising out of the operations of independent concessionaires, exhibitors and vendors at your event
- Communicable disease
- Cryogenic chambers/therapy
- Fireworks
- Legal liability to participants coverage and medical payment for participants coverage for professional athletes and celebrity (national/local) participants
- Room and board liability
- Those operations listed as ineligible
- Use of haunted attractions
- 24-hour premises liability

OPTIONAL COVERAGES AVAILABLE

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.

Coverage Conditions:

1. Coverage is contingent upon completion, review and approval from us, of the underwriting questions found on page 12.
2. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your event with our Amateur Sports Tournaments and Events RPG Insurance Program.
3. Only one option may be purchased.

Options	Rates
Option 1 Sexual Abuse Liability (loss adjustment expense within limits) \$1,000,000 aggregate/\$250,000 per occurrence limit	\$0.17 per participant or \$0.05 per spectator (\$150.00 minimum premium)
Option 2 Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement - \$100,000 limit	\$100.00 (Flat rate)

OPTIONAL COVERAGES AVAILABLE

Ancillary Activities / Events

This coverage is available for ancillary events and/or activities you conduct before/during/after your tournament/event that are open to the public and/or are separate ticketed events. When reported and paid for, coverage is extended to provide liability coverage for the event/activity you are hosting and supervising that is correlated to and in conjunction with your tournament/event. Examples of such events and activities are auctions, banquets, award ceremonies, galas, and concerts. Please contact us if you need to confirm your ancillary event/activity eligibility.

The following coverage conditions apply:

1. All exclusions listed previously still apply for your ancillary activities/event, including but not limited to amusement devices (inflatables, climbing walls, mechanical rides, etc.)
2. Ancillary activity/event is held at a single location
3. Ancillary activity/event must take place within 3 days of the actual tournament/event date
4. Ancillary activity/event must be a single day event
5. Event must take place in the United States
6. If liquor liability coverage is needed, please contact us for additional information needed for coverage consideration.
NOTE: Host Liquor Liability – (as provided by CG 00 01 04/13) is included, but only if the insured is not in the business of manufacturing, distributing, selling, serving or furnishing alcoholic beverages.
7. No overnight stay (camping) exposures
8. The same coverage limits would apply to this optional coverage as purchased for your tournament/event
NOTE: Sexual Abuse Liability coverage does not extend to separate ticketed and/or open-to-public ancillary activities/events.
9. This is an optional coverage and is not available on a stand-alone basis
10. Total attendance for the ancillary activity/event must be 3,000 or less

Coverages and Limits

Optional Coverage	Option 1	Option 2
Each Occurrence	\$ 1,000,000	\$ 2,000,000
General Aggregate (other than Products-completed Operations)	\$ 5,000,000	\$ 5,000,000
Products-Completed Operations Aggregate	\$ 1,000,000	\$ 2,000,000
Personal Injury and Advertising Injury	\$ 1,000,000	\$ 2,000,000
Damage to Premises Rented to You (Fire Legal Liability)	\$ 1,000,000	\$ 1,000,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000

Premium (per event)

Number of Total Attendees (per activity/event)	Option 1 \$1,000,000 CGL Limit	Option 2 \$2,000,000 CGL Limit
1 - 250 Attendees	\$ 100.00	\$ 150.00
251 - 500 Attendees	\$ 200.00	\$ 300.00
501 - 750 Attendees	\$ 300.00	\$ 450.00
751 - 1,500 Attendees	\$ 450.00	\$ 675.00
1,501 - 3,000 Attendees	\$ 750.00	\$ 1,125.00
3,001+ Attendees	Must be submitted separately and reviewed by underwriter for quote/rate and approval.	

FREQUENTLY ASKED QUESTIONS

1. How do I determine who should be the Named Insured?

The named insured is the organization hosting the tournament or event and who is to be protected by this coverage in the event of a lawsuit. The organization is typically required to sign the contract with the facility where the tournament/event is being held. If an entry fee is charged to participate in the tournament/event, the entry fee is paid to the organization as well.

2. If my event includes multiple sports how do I know which sport classification to use according to your eligible operations?

You will use the highest sport classification for all participants.

3. Can I combine coverage options?

No. You must select one coverage option

4. I am not sure how many participants or spectators will attend my tournament or event, what do I report?

If this tournament/event is held annually, base your participant or spectator count on the prior year's total numbers. If this is a new tournament/event, please use the maximum number of participants or spectators that your tournament/event can accommodate.

5. If I have multiple events and/or multiple tournaments during the same time period, do I need to complete another enrollment form?

We are now able to offer one policy for those insureds who host multiple events. Only one application needs to be completed.

6. What happens if I need to cancel or re-schedule my tournament or event?

Cancellations or changes must be reported prior to the scheduled start date of your tournament or event, and confirmed in writing for a refund or credit to be considered.

7. Is liquor liability available to purchase?

Yes, this coverage can be considered. Please contact us for a supplemental to complete for consideration.

8. How soon does my coverage start? When will I receive proof of coverage?

Coverage can be bound once we receive a completed enrollment form, a copy of your event brochure/flyer and the appropriate premium. The effective date of coverage can either be the first day of set-up or the first day of your event. If your tournament or event has already begun, coverage will be bound and become effective the following day. We request that adequate time is allowed for us to process your enrollment form and issue certificates.

9. Will I receive a policy after I submit the enrollment form?

You will receive a certificate of insurance as proof of coverage. 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 their evidence of coverage. The limits of insurance apply individually to each enrolled 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., P.O. Box 25936, Overland Park, KS 66225 or programs@4recsportsandmore.com.

EASY WAYS TO ENROLL FOR COVERAGE



WEB For information and applications, visit us on-line at 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
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QUESTIONS Call 1-800-955-1991 ext 5617

FOR SERVICE REQUESTS ONLY



E-MAIL programs@4recsportsandmore.com

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 7 - 17) with payment**

GENERAL INFORMATION

☐ I am a new account

☐ I am renewing my coverage

Full legal name of business or event: _____

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

Applicant is a: ☐ Sole Proprietorship ☐ 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 14 of the application for Electronic Disclosure and Consent)

BUSINESS INFORMATION

1. Does your event(s) involve any animals other than service animals? ☐ Yes ☐ No

2. Do you host any professional sports events, try-outs or training camps? ☐ Yes ☐ No

3. Do you host any college or university level championship events? ☐ Yes ☐ No

4. Is this a sanctioned USA hockey tournament or event? ☐ Yes ☐ No

5. Are any of your events/activities virtual? ☐ Yes ☐ No

6. Does your event (s) have any of the following exposures? (check all that apply)

☐ No, we do not have any of these exposures

☐ Adventure race

☐ Highland games

☐ Mud runs/warrior runs/
zombie runs/obstacle
course runs/
urbanathons

☐ Snowboarding

☐ BMX biking

☐ Inline (extreme/stunt/
aggressive/freestyle) skating

☐ Streetball

☐ Boxing

☐ Kite surfing

☐ Open water events

☐ Tackle & contact

☐ Cycling

☐ Marathon (26.2 miles or more)

☐ Rugby

☐ football (age 20 and over)

☐ Endurance race

☐ Mixed martial arts

☐ Skateboarding

☐ Triathlons/Duathlons

☐ Equestrian

☐ Mountain biking and/or hiking

☐ Skiing (water or snow)

☐ Wrestling (age 20 and over)

☐ Flex Football™
(age 20 & over)

The exposures/activities listed above are not eligible for this program. If you have any of these activities, please contact us to determine if other coverage options are available.

7. Do you award any form of monetary compensation or prize money to the participants? ☐ Yes ☐ No

If yes, please provide the payout schedule for each event.

8. Do you have an admission charge for spectators over \$20 for any events? ☐ Yes ☐ No

9. Do you have any vendors at your tournament/event(s)? ☐ Yes ☐ No

(Operations of independent concessionaires, exhibitors and vendors are excluded. Please contact us for coverage options.)

10. Do you have any ancillary activities (banquets, concert, award ceremony, etc)? ☐ Yes ☐ No

If yes:

a) Please describe: _____

b) Do any of your ancillary activities require a separate admission charge ☐ Yes ☐ No

and/or are open to the public? **(IF YES, MUST COMPLETE PAGE 11)**

11. Will alcoholic beverages be sold/provided at this tournament/event?

☐ Yes ☐ No

If yes:

- a. Who holds the permit? ☐ Insured ☐ Facility ☐ Caterer/vendor ☐ Sponsor
- b. When is it provided? ☐ Before the tournament/event ☐ During the tournament/event ☐ After the tournament/event
- c. Is liquor liability coverage needed?
- ☐ Yes, please send me a supplemental to complete for coverage consideration
- ☐ No, I have liquor liability coverage insured elsewhere (please provide proof of coverage along with this application)
- ☐ No, I do not need liquor liability coverage

NOTE: Host Liquor Liability – (as provided by CG 00 01 04/13) is included, but only if the insured is not in the business of manufacturing, distributing, selling, serving or furnishing alcoholic beverages.

12. 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

13. Does your operation involve tackle/contact football or Flex Football™?

☐ Yes ☐ No

If yes,

Do you maintain a system for your tackle/contact football or Flex Football™ activities that 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 a suspected concussion?

☐ Yes ☐ No

NOTE: The Center for Disease Control and Prevention offers free information, as well as a free online concussion training course on their website: www.cdc.gov/concussion/HeadsUp/youth.html.

Please provide information on your event(s):

- Please provide all information on a per event basis as requested below, or on a separate piece of paper.
- Coverage may be subject to review and approval of additional information (e.g.: copy of your brochure or flyer)
- Maximum number of event days (including practice days), per event, is not to exceed a time frame of 14 days. Should your event last more than a time frame of 14 days, please contact us.

Coverage applies only to those tournaments/events reported and approved prior to taking place.

Event #1

Name of event: _____ Type of competition/sport(s): _____

Event date(s): ____/____/____ to ____/____/____

Dates of coverage (include set-up and tear-down): ____/____/____ to ____/____/____

Hours of event: _____ A.M. / P.M. to _____ A.M. / P.M.

Event location(s):

Venue name: _____

Venue address: _____

Age group of athletes: _____ Total number of athletes: _____

Average daily spectator attendance: _____ Total spectator attendance: _____

Event #2

Name of event: _____ Type of competition/sport(s): _____

Event date(s): ____/____/____ to ____/____/____

Dates of coverage (include set-up and tear-down): ____/____/____ to ____/____/____

Hours of event: _____ A.M. / P.M. to _____ A.M. / P.M.

Event location(s):

Venue name: _____

Venue address: _____

Age group of athletes: _____ Total number of athletes: _____

Average daily spectator attendance: _____ Total spectator attendance: _____

SINGLE EVENT PREMIUM CALCULATION

Use this calculation page if you are seeking coverage for a single event OR you have 3 events or less

1. Use the rates below to calculate premium (refer to brochure for eligible sports/classifications). Premium is determined by applying the appropriate rate for the coverage option selected to the maximum amount of participants/spectators, per event. TBD cannot be accepted.
2. If you have multiple sports for a single tournament or event, please contact us for proper classifications.
3. If calculated premium is less than minimum (see chart below), use the minimum premium. Minimum premiums apply per event. Separate coverage documents will be issued for each event.
4. Coverage applies only to those tournaments/events reported and approved prior to taking place.
5. **OPTIONAL LIMITS AVAILABLE** – For liability limits of \$3,000,000, \$4,000,000 and \$5,000,000 please contact us for a quote or visit us online for an immediate quote online.
6. **Costs are 100% fully earned and non-refundable/non-transferrable once coverage begins. Cancellations or changes must be reported prior to your scheduled start date and can only be made by the Named Insured. No coverage will be deemed in effect until the accurate payment is received by the company or their representative, along with a fully completed enrollment form.**

Sport Classification (refer to brochure)	\$1,000,000 CGL and LLP \$25,000 MPP (per participant, per event)		\$2,000,000 CGL and LLP \$25,000 MPP (per participant, per event)		\$1,000,000 CGL Only (per spectator, per event)	\$2,000,000 CGL Only (per spectator, per event)
	Option A	Option A w/Brain Injury Excluded	Option B	Option B w/Brain Injury Excluded	Option F	Option G
Class 1	\$1.64	N/A	\$2.08	N/A	.25	.38
Class 2	\$1.86	N/A	\$2.30	N/A	.25	.38
Class 3	\$2.17	N/A	\$2.61	N/A	.25	.38
Class 4	\$2.35*	\$2.17	\$2.79*	\$2.61	.25	.38
Class 5	N/A	N/A	N/A	N/A	.25	.38
MINIMUM PREMIUMS						
Per Event	\$300.00		\$450.00		\$300.00	\$450.00

*\$1,000,000 / \$1,000,000 Limited Brain Injury Coverage Included

PREMIUM CALCULATION

☐ Check here, if you are opting to exclude coverage for brain injury. Please make sure you are using the accurate rate below.

Note, this exclusion applies to Tackle & contact football (age 19 & under), Cheerleading (age 19 & under), Lacrosse (age 19 & under), Flex Football™ (age 19 & under), Soccer (age 19 & under), Field Hockey, Deck/floor/street hockey, Roller hockey (quad), Wrestling (age 19 & under), and Water hockey (age 19 & under)

Event # (from page 8)	Coverage Option (A, B, F or G)	Sport Class (1 - 5)	Rate (from above)	X	#of Participants or # of Spectators	=	Calculated Premium (per event)	Minimum Premium Per Event (from above)	Premium Due Per Event (whichever is the greater of calculated premium OR minimum premium)
			\$	X		=	\$	\$	(a)
			\$	X		=	\$	\$	(b)
			\$	X		=	\$	\$	(c)
			\$	X		=	\$	\$	(d)
			\$	X		=	\$	\$	(e)
			\$	X		=	\$	\$	(f)
Total Liability Premium (add lines a through f)									\$

ANNUAL PREMIUM CALCULATION

Use this calculation page if you are seeking coverage for an annual coverage term OR if you have 4 or more events

1. Use rates below to calculate premium (refer to brochure for eligible sports/classifications). Premium is determined by applying the appropriate rate for the coverage option selected to the maximum amount of participants/spectators, per event. TBD cannot be accepted.
2. If you have multiple sports for a single tournament or event, please contact us for proper classifications.
3. All events must carry the same liability limits.
4. Coverage applies only to those tournaments/events reported and approved prior to taking place. To add tournaments/events throughout the year, please contact us prior to the tournament/event start date.
5. If calculated premium is less than minimum (see chart below), use the minimum premium.
6. **OPTIONAL LIMITS AVAILABLE** – For liability limits of \$3,000,000, \$4,000,000 and \$5,000,000 please contact us for a quote.
7. **Costs are 100% fully earned and non-refundable/non-transferrable once coverage begins. Cancellations or changes must be reported prior to your scheduled start date and can only be made by the Named Insured. No coverage will be deemed in effect until the accurate payment is received by the company or their representative, along with a fully completed enrollment form.**

Sport Classification (refer to brochure)	\$1,000,000 CGL and LLP \$25,000 MPP (per participant, per event)		\$2,000,000 CGL and LLP \$25,000 MPP (per participant, per event)		\$1,000,000 CGL Only (per spectator, per event)	\$2,000,000 CGL Only (per spectator, per event)
	Option A	Option A w/Brain Injury Excluded	Option B	Option B w/Brain Injury Excluded	Option F	Option G
Class 1	\$1.64	N/A	\$2.08	N/A	.25	.38
Class 2	\$1.86	N/A	\$2.30	N/A	.25	.38
Class 3	\$2.17	N/A	\$2.61	N/A	.25	.38
Class 4	\$2.35*	\$2.17	\$2.79*	\$2.61	.25	.38
Class 5	N/A	N/A	N/A	N/A	.25	.38
MINIMUM PREMIUMS						
Annual Coverage	\$1,000.00		\$1,500.00		\$1,000.00	\$1,500.00

*Limited Brain Injury Coverage Included

PREMIUM CALCULATION

- ☐ **Check here, if you are opting to exclude coverage for brain injury. Please make sure you are using the accurate rate below.**

Note, this exclusion applies to Tackle & contact football (age 19 & under), Cheerleading (age 19 & under), Lacrosse (age 19 & under), Flex Football™ (age 19 & under), Soccer (age 19 & under), Field Hockey, Deck/floor/street hockey, Roller hockey (quad), Wrestling (age 19 & under), and Water hockey (age 19 & under)

Event # (from page 8)	Coverage Option (A, B, F or G)	Sport Class (1 - 5)	Rate (from above)	X	#of Participants or # of Spectators	=	Premium
			\$	X		=	\$
			\$	X		=	\$
			\$	X		=	\$
			\$	X		=	\$
			\$	X		=	\$
			\$	X		=	\$
Calculated Premium (add premium lines above)							\$ (a)
Minimum Premium (from above chart)							\$ (b)
Total Liability Premium (greater amount from line a or b)							\$

Ancillary Activities/Events Coverage - for separate admission charge and/or open to public activities/events

Coverage is contingent upon underwriting review and approval of the following questionnaire.

☐ Check here and skip this section if you do not need this coverage option

OR

☐ Check here to confirm you have other coverage in place for ancillary activities/events

(Note: We may ask for verification of coverage)

Ancillary Event#: _____ (Should you have more than one ancillary event, please complete separate pages for each event)

Check your type of event: (If not listed, please contact us for pre-approval)

- ☐ Auction ☐ Dinners or luncheons ☐ Awards presentations ☐ Picnics (no in or on water activities)
☐ Concert -other than heavy metal/screamo, electronic/techno, rap or hip-hop (call us for approval) ☐ Bake sale
☐ Other (subject to approval): _____

Name of ancillary event : _____

Dates of the event (include set-up and tear-down): ____/____/____ to ____/____/____

Date and hours of actual event ____/____/____ to ____/____/____ & ____AM/PM to ____AM/PM

Event location (name of facility): _____

Street address: _____ City: _____ State: _____ Zip: _____

1) Are overnight accommodations or camping facilities part of the event? ☐ Yes ☐ No2) Is there a musical or entertainment performance at the event? ☐ Yes ☐ No

If yes, please provide type of music/entertainment provided/performed: _____

3) Will this event feature any of the following activities? ☐ Yes ☐ No

• Rides, amusement devices or inflatable recreational devices

• Petting zoos or animals

• Fireworks or pyrotechnics

• Concessionaires, exhibitors or vendors

The exposures/activities listed above are not covered by this program and any resulting claims will be denied. If any of these activities are provided by a third party, you should require evidence of liability coverage (certificate of insurance) from the entity/organization naming you as an additional insured.

4) Alcoholic beverages (Select one):

- ☐ Will not be allowed or available at the ancillary event/activity
☐ None provided by the insured and/or only attendees allowed to bring their own alcoholic beverages (BYOB)
☐ Will be sold at the event (e.g.: individual drinks are offered for sale for cash or with pre-purchased tickets)
If sold, who holds the liquor license or permit? ☐ Insured ☐ Caterer or vendor ☐ Sponsor ☐ Facility
☐ Will be furnished without a charge at the event. (e.g.: wine and beer are served for free; or event has \$100 admission fee and alcohol is served at the event for free)
If furnished, is the insured required to obtain a liquor license? ☐ Yes ☐ No
☐ Will be both sold and furnished at the event (e.g.: providing wine and beer for free, but also having a cash bar)
If sold and furnished, who holds the liquor license or permit? ☐ Insured ☐ Caterer/vendor ☐ Facility ☐ Sponsor

Please Note: If Liquor Liability Coverage is desired please call us to inquire.**5) PREMIUM CALCULATION:** (per event - limit must be the same as the tournament/event option)

Number of Total Attendees	Option 1 \$1,000,000 CGL Limits	Option 2 \$2,000,000 CGL Limits	
1 - 250 Attendees	\$ 100.00	\$ 150.00	
251 - 500 Attendees	\$ 200.00	\$ 300.00	
501 - 750 Attendees	\$ 300.00	\$ 450.00	
751 - 1500 Attendees	\$ 450.00	\$ 675.00	
1,501 - 3,000 Attendees	\$ 750.00	\$ 1,125.00	
3,001 + Attendees	Must be submitted separately and reviewed by underwriter for quote/rate and approval.		
Describe Type of Ancillary Activity/Event	Total Number of Attendees	Coverage Option 1 or 2 (must be same limits as event coverage from pages 9 or 10)	Premium From Chart Above
			\$

**Sexual Abuse Liability Coverage OR
Abuse, Molestation or Harassment or Sexual Conduct Defense Cost Reimbursement**
Coverage is contingent upon underwriting review and approval of the following questionnaire.

☐ Check here and skip this section if you do not want this coverage option

1. Does your organization currently have employees, volunteers or independent contractors? ☐ Yes ☐ No
The term "Volunteers" means someone, including parent volunteers, who exerts control over or supervises participants.
2. Have any claims, allegations or charges of abuse, molestation or sexual misconduct been made against you or your organization or anyone working on behalf of your organization? ☐ Yes ☐ No
If yes, please explain: _____
3. Are you aware of any occurrences that could lead to a claim? ☐ Yes ☐ No
If yes please explain: _____
4. Do you, your organization or sanctioning/governing body have written procedures in place regarding the prevention and mitigation of abuse, molestation or sexual misconduct? ☐ Yes ☐ No
If yes:
 - a. Do the procedures require that known or suspected abuse incidents must be reported to law enforcement? ☐ Yes ☐ No
 - b. Are written procedures provided or available to each employee, volunteer, independent contractor or sanctioning/governing body member? ☐ Yes ☐ No
 - c. Does your written plan include reasonable procedures to limit one-on-one interactions between a minor and an adult (who is not the minor's legal guardian) to those that are observable by another adult and within an interruptible distance, except under emergency circumstances? ☐ Yes ☐ No
5. Please complete the following questions regarding employee, volunteer, or independent contractor screening controls used by your organization.
☐ Check here and skip the chart below if you have no employees, volunteers, or independent contractors

Please Complete All Questions The term "Volunteers/Independent contractors" in the following questions means someone who exerts control over or supervises participants.	Employees (Check Here if No Employees <input type="radio"/>)	Volunteers/Independent contractors (Check Here if No Volunteers/Independent contractors <input type="radio"/>)
Are employee/volunteer applications required? If yes, does the application include questions about whether the individual has ever been convicted for any crime involving physical violence or sex related offenses? If yes and applicant checks yes, do you reject the applicant?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No
Are background checks provided by a third party vendor/service? If yes, do you reject an applicant with any history of physical violence or sex related offenses?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No

Please complete the following Please explain any "No" responses to questions asked in #5: _____

6. Calculate premium:

<input type="radio"/> Option 1 - Sexual Abuse Liability (\$1,000,000 aggregate/\$250,000 occurrence limit)					
CGL Program Option Purchased (check/calculate only one)	Rate	X	Total # of Participants or Spectators as Indicated on Page 9 or 10	=	Premium (\$150.00 minimum premium applies)
<input type="radio"/> Option A or <input type="radio"/> Option B	\$.17	X		=	\$
<input type="radio"/> Option F or <input type="radio"/> Option G	\$.05	X		=	\$
<input type="radio"/> Option: _____	\$ _____	X		=	\$
<input type="radio"/> Option 2 - Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement (\$100,000 limit)					\$100.00

NOTE: Sexual abuse liability does not extend to separate ticketed and/or open-to-public ancillary activities/events

Once your enrollment form is approved, you will receive a Certificate of Insurance as evidence that coverage is bound. **Complete this section if you require additional certificates listing a facility, property owner or similar third-party as an additional insured on your policy. Provide a separate request for each additional certificate needed.**

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

1. When is this certificate needed? : ____/____/____

2. This certificate is for: ☐ General Liability Coverage ☐ Ancillary Activity Events

3. What is the additional insured's relationship to you ☐ Sponsor ☐ Co-promoter
☐ Owner/manager/lessor of premises (facility or venue) ☐ Other (please identify/explain): _____

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

4. Certificate holder/additional insured name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

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

If yes, check all that apply: ☐ CG2026 ☐ Primary ☐ Waiver of subrogation ☐ Other (please explain): _____

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

6. For specific events: Date(s) of event/activity: ____/____/____ to ____/____/____

Hours of event/activity: _____ A.M./P.M. to _____ A.M./P.M. Type of event/activity: _____

Name of event/activity: _____ Location of event/activity: _____

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

The following exclusions are contained in the commercial general liability coverage provided by this program. 24-hour premises liability; Abuse, molestation, harrasment or sexual conduct (unless reported to, approved by us, and appropriate premium paid); Aircraft/hot air balloon; Airport; Amusement devices (the ownership, operation, maintenance or use of: any mechanical or non-mechanical ride, slide, or water slide, any inflatable recreational device, any bungee operation or equipment, any vertical device or equipment used for climbing-either permanently affixed or temporarily erected, or dunk tank. Amusement devices do not include any video or computer games.); Ancillary activities that require a separate admission charge and is open to the public (unless optional coverage is purchased-attendance must be 3,000 or less); Animals (injury or death to, or injury, death or property damage caused by any animal owned, rented or hired by you); Asbestos; Athletic or sports participants in: Box lacrosse, Broomball, Cheerleading (age 20 & over), Diving, Dodgeball, Drill/majorette team (age 20 & over), Gymnastics, Hurling, Ice hockey, Inline hockey, Inline skating (speed/racing), Judo, Karate, Lacrosse (age 20 & over), Martial arts, Powerlifting (age 20 & over), Ringette, Roller hockey (inline), Soccer (age 20 & over), Speed/racing skating (ice); Taekwondo, Takraw, Water hockey (age 20 & over), Water polo (age 20 & over), Weightlifting (age 20 & over); Commercial general liability standard exclusions (CG0001 04/13 edition); Communicable disease; CrossFit events/activities; Cryogenic chambers/therapy; Employment-related practices; Events that last more than 14 days (not including set-up and tear-down), unless reported, approved, and the appropriate premium has been paid; Fireworks; Fungi or bacteria; Haunted attractions; Heavy metal/screamo, electronic/techno, rap, hip-hop concerts/shows; Lead; Legal liability to participants for professional athletes and celebrity participants; Medical payments for participants for professional athletes and celebrity participants; Nuclear energy liability; 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; Rodeos; Room and board liability; Saddle animals; Snowmobile; Violation of statutes that govern e-mails, faxes, phone calls or other methods of sending materials or information; Those operations listed as ineligible: Events involving animals other than service animals; Glow runs/color runs/similar type events or runs; Professional sports events, try-outs and training camps/clinics; College or university level championship events; Highland games, Mud runs/warrior runs/zombie runs; obstacle course runs/urbanathons (competitions, exhibitions or foot races that involve man-made obstacle courses, man-made mud pits, man-made slippery slopes, wall climbs or other similar man-made obstacles), Sanctioned USA Hockey tournaments and events, Virtual events/activities; Events in the following sport categories: Adventure races; Bandy; Biathlon; Billiards; Bobsled; Body boarding; Boxing; BMX biking; Canoe; Climbing; Cycling; Darts; Duathlons; Endurance races; Equestrian; Fishing (open water); Flex Football™ (age 20 & over); Tackle & contact football (age 20 & over); Hammer throw; Hang gliding; Hostelling; Inline (extreme/stunt/aggressive/free-style) skating; Jai alai; Javelin; Kayaking; Kite surfing; Luge (street); Marathons (26.2 miles or more); Mixed martial arts; Modern pentathlon; Mountain biking; and/or hiking, Mountain boarding; Orienteering; Open-water events; Outrigging; Parachute; Parasailing; Polo (horse); Rafting; Rodeo; Roller derby; Rowing/crew; Rugby; Sailing; Scuba diving; Shooting sports/events; Skateboarding; Skiing (snow or water); Sky diving; Sky surfing; Sled/Crew dog racing; Snow boarding; Snow surfing; Snorkeling; Sports parachuting; Streetball; Surfing (including boogie boards); Trampoline; Trapeze; Triathlon; Unicycling; Walking events; Wake boarding; Wind surfing; Wrestling (age 20 & over); Yachting

TOTAL COST SUMMARY	Program Premium (required coverage) - from page 9 or 10 <input type="radio"/> Single Event OR <input type="radio"/> Annual Event	\$
	Ancillary Activities/events (optional coverage) - from page 11	\$
	Sexual Abuse Premium: (optional coverage) - from page 12 <input type="radio"/> Defense Reimbursement Only OR <input type="radio"/> Liability Coverage	\$
	Subtotal (add lines above)	\$ (A)
	Risk Purchasing Group Administration Fee (required)	\$ 15.00 (B)
	Total Cost Due (add A + B)	\$

Electronic Signature Disclosure and Consent and Warranty

PLEASE READ, COMPLETE #9 BELOW, AND SIGN ON PAGE 15

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., 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.
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. • 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

READ AND SIGN.

IMPORTANT INFORMATION.

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/transferrable once coverage begins.

Applicant business/event name (from page 7): _____

Applicant or agent signature: _____ **Date:** _____

Printed name: _____ **Title:** _____

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

AGENTS: YOU MUST CONTINUE TO NEXT SECTION AND COMPLETE AGENT WARRANTY SECTION
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: _____

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 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.

**CANCELLATIONS OR CHANGES MUST BE REPORTED PRIOR TO YOUR SCHEDULED START DATE
AND CAN ONLY BE MADE BY THE NAMED INSURED.**

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

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 payment to:

Applicant business/event 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.

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

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

EXPLANATION OF CHECK NUMBERS

1. Bank Routing/Transit Number - This is a nine digit number separated by a bar and a colon I: 123456789 I:
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.

YOUR NAME
1234 Main Street
Anywhere, OH 00000

DATE _____ 123

PAY TO THE ORDER OF _____ \$ _____

_____ DOLLARS

⑆044072324⑆ ⑆000123456789⑆ ⑆123⑆

1. ROUTING NUMBER 2. ACCOUNT NUMBER 3. CHECK NUMBER

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: (____) _____