

Receive coverage immediately by purchasing online at [www.4RecSportsandMore.com](http://www.4RecSportsandMore.com)

### PROGRAM DESCRIPTION

This program has been designed for U.S.-based teams, leagues, clubs and associations conducting youth or adult amateur sports activities. Coverage provided includes important liability protection for the organization, including its employees and volunteers, for liability claims arising out of its operations. For eligible sports and age groups reported to us, covered operations consist of your scheduled, sanctioned, approved, organized and supervised 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, for those sports and age groups reported to us.

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

### INELIGIBLE OPERATIONS

The following sport operations and affiliates are not eligible for this program. (Please note, this is not a complete listing of ineligible operations).

- BMX/stunt cycling
- Boating activities/sports
- Boxing
- Cheerleading (age 20 & over)
- Cycling
- Dance team (age 20 & over)
- Drill team (age 20 & over)
- Equestrian
- Gymnastics, martial arts, cheer and dance studios
- In-line extreme/stunt/aggressive/free-style skating
- Intercollegiate and interscholastic teams, leagues and associations
- Mixed martial arts
- Open water activities/sports
- Rugby
- Shooting sports
- Skateboarding
- Soccer (age 20 & over)\*
- Skiing (water or snow)
- Strength and conditioning
- Surfing
- Tackle and contact football (age 20 & over)
- Umpire/Referee associations involved with any ineligible sports operations

**\*Contact us regarding our new program designed specifically for adult soccer teams, leagues and associations**

Sports groups that are affiliated with the following organizations are not eligible for this program.

- American Legion Baseball
- Babe Ruth/Cal Ripken Baseball
- Babe Ruth Softball
- Pop Warner
- Soccer Association for Youth USA (SAY Soccer)
- U.S. Youth Soccer Association
- World Adult Kickball Association (WAKA®)

### ELIGIBLE OPERATIONS

Organizations providing instruction, practice and competition in the following sports and age groups are eligible for this program, with coverage to be provided based on Class A, Class B, or Class C classifications.

- Note:
1. If your sport is not listed, contact us for proper classification.
  2. If you have Class A, Class B and/or Class C participants on the same team, you must use the Class A rate for all participants (Class A coverage option will apply).
  3. For Class C Sports you have the option to exclude coverage for brain injuries.

#### Class A Sports:

- Box lacrosse
- Broomball
- Diving
- Dodgeball
- Flex Football™ (age 20 & over)
- Gymnastics
- Ice hockey
- In-line hockey
- In-line skating (speed)
- Lacrosse (age 20 & over)
- Roller hockey (inline)
- Umpire/referee associations for Class A Sports
- Water hockey (age 20 & over)
- Water polo (age 20 & over)
- Weightlifting (age 20 & over)
- Wrestling (age 20 & over)

#### Class B Sports:

- Baseball/t-ball
- Basketball
- Cricket
- Dance team (age 19 & under)
- Drill team (age 19 & under)
- Flag & touch football
- Frisbee
- Golf
- Kickball
- Pickleball
- Running
- Softball
- Swimming
- Team handball
- Tennis
- Track & field
- Ultimate frisbee
- Umpire/referee associations for Class B Sports
- Volleyball
- Water polo (age 19 & under)
- Weightlifting (age 19 & under)

#### Class C Sports:

- Cheerleading (age 19 & under)
- Deck/floor/street hockey
- Field hockey
- Flex Football™ (age 19 & under)
- Lacrosse (age 19 & under)
- Roller hockey (quad)
- Soccer (age 19 & under)
- Tackle & contact football (age 19 & under)
- Umpire/referee associations for Class C Sports
- Water hockey (age 19 & under)
- Wrestling (age 19 & under)

## COVERAGES AND LIMITS

Coverage provided under this program includes:

**Commercial General Liability (CGL) 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. Broadening coverages include: 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

**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. Available for Class B & C sports only.

**Legal Liability to Participants (LLP)** – coverage which offers protection against bodily injury liability claims brought by persons participating in covered sports activities. Available for Class B & C sports only.

**Medical Payments for Participants** – coverage which pays the medical and dental expenses incurred by a participant when an accidental injury occurs while participating in your covered sports 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 \$100 deductible applies to each claim and the benefit period is two years from the date of the accident. Available for Class B & C sports only.

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

CLASS A, B, & C SPORTS INCLUDE:	
Commercial General Liability (CGL):*	Option 1
Each Occurrence	\$ 1,000,000
General Aggregate (Other than Products-completed Operations)	\$ 5,000,000
Products-completed Operations Aggregate	\$ 1,000,000
Personal and Advertising Injury	\$ 1,000,000
Damage to Premises Rented to You (Fire Legal Liability)	\$ 1,000,000
Medical Expense (other than participants)	\$ 5,000
Hired Auto and Employers' Nonownership Liability (not provided while in Hawaii)	\$ 1,000,000

CLASS B & C SPORTS ALSO INCLUDE:	
Professional Liability*	\$ 1,000,000
Legal Liability to Participants (LLP)*	\$ 1,000,000
Medical Payments for Participants (excess) \$100 per claim deductible applies	\$ 25,000

\*Brain injury to a Class C player is excluded

Class C Sports Only:	
Class C Sports have the option to include limited coverage for brain injuries. If you include the coverage, the limit for "brain injury" will be limited to \$1,000,000 for those players in Class C Sports	
Brain Injury limit/Aggregate limit	\$ 1,000,000 / \$ 1,000,000
Loss Adjustment Expense limit/Aggregate limit	\$ 1,000,000 / \$ 1,000,000

"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.

**Please contact us for higher/different limit options or visit us online for an immediate quote.**

## PROGRAM RATES AND MINIMUM PREMIUMS

### CLASS A SPORTS – Rates (per participant, per sport)

	<b>\$1,000,000 CGL Limit</b>
<b>Rates</b> – All Sports, All Ages, including Umpire & Referee Associations for Class A Sports	\$3.75
<b>Minimum Premium</b>	\$300.00

### CLASS B SPORTS – Rates (per participant, per sport)

	<b>\$1,000,000 CGL Limit    \$25,000 Medical Payment</b>			
<b>Ages</b>	<b>12 &amp; Under</b>	<b>13-15</b>	<b>16-19</b>	<b>20 &amp; Over</b>
Baseball, t-ball	\$ 6.59	\$ 10.97	\$ 17.50	\$ 31.97
Basketball, Ultimate frisbee, Flag & touch football, Team handball, Running	\$ 6.34	\$ 7.58	\$ 15.85	\$ 21.35
Frisbee, Golf, Kickball, Tennis, Track & field, Swimming, Pickleball	\$ 6.04	\$ 6.04	\$ 6.04	\$ 6.04
Drill team, Dance team	\$ 6.76	\$ 8.19	\$ 17.78	N/A
Cricket, Squash	\$ 6.20	\$ 9.98	\$ 15.61	\$ 28.08
Water polo	\$ 7.77	\$ 8.93	\$ 10.78	Class A \$ 3.75
Softball	\$ 6.23	\$ 7.45	\$ 17.50	\$ 31.97
Umpire & referee associations for Class B Sports	\$ 9.21	\$ 9.21	\$ 9.21	\$ 9.21
Volleyball	\$ 6.41	\$ 6.41	\$ 6.41	\$ 6.41
Weightlifting	\$ 17.90	\$ 17.90	\$ 17.90	Class A \$ 3.75
<b>Minimum Premium</b>	\$ 300.00			

### CLASS C SPORTS – Rates (per participant, per sport)

	<b>\$1,000,000 CGL &amp; LLP Limit \$25,000 Medical Payment With Limited Brain Injury Coverage</b>				<b>\$1,000,000 CGL &amp; LLP Limit \$25,000 Medical Payment Brain Injury EXCLUDED</b>			
<b>Ages</b>	<b>12 &amp; Under</b>	<b>13 - 15</b>	<b>16 - 19</b>	<b>20 &amp; Over</b>	<b>12 &amp; Under</b>	<b>13 - 15</b>	<b>16 - 19</b>	<b>20 &amp; Over</b>
Deck/floor/street hockey, Field hockey, Roller hockey (quad)	\$ 7.09	\$ 8.33	\$ 16.60	\$ 22.10	\$ 6.34	\$ 7.58	\$ 15.85	\$ 21.35
Cheerleading	\$ 7.51	\$ 8.94	\$ 18.53	N/A	\$ 6.76	\$ 8.19	\$ 17.78	N/A
Lacrosse, Water hockey, Flex Football™	\$ 8.52	\$ 9.68	\$ 11.53	Class A \$ 3.75	\$ 7.77	\$ 8.93	\$ 10.78	Class A \$ 3.75
Soccer	\$ 9.16	\$ 10.50	\$ 12.66	N/A	\$ 8.41	\$ 9.75	\$ 11.91	N/A
Tackle and contact football	\$ 24.95	\$ 44.10	\$ 58.91	N/A	\$ 23.53	\$ 42.68	\$ 57.49	N/A
Wrestling	\$ 18.65	\$ 18.65	\$ 18.65	Class A \$ 3.75	\$ 17.90	\$ 17.90	\$ 17.90	Class A \$ 3.75
Umpire & referee associations for Class C Sports	\$ 9.96	\$ 9.96	\$ 9.96	\$ 9.96	\$ 9.21	\$ 9.21	\$ 9.21	\$ 9.21
<b>Minimum Premiums</b>	\$300.00				\$300.00			

## EXCLUSIONS

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

- 24-hour premises liability
- Abuse, molestation, harassment or sexual conduct (unless reported to, approved by us, and appropriate premium paid)
- All operations listed as ineligible
- Amusement devices (eg: rides, slides, inflatables, bungees, climbing walls, dunk tanks)
- Babysitting/child care services
- Carnivals/festivals
- Communicable disease
- Concerts
- Cryogenic chambers/therapy
- Events involving gambling (eg: bingo, casino nights, poker, Texas hold'em tournaments)
- Events where alcoholic beverages are furnished or served by you, your employees or your "volunteer workers"
- Fireworks
- Haunted attractions
- Non-rostered participants at tournaments hosted by the insured
- Operation, ownership or management of any athletic facility or field, other than while being used for covered activities
- Outside concessionaires and vendors in conjunction with your organization
- Sports events/activities involving participants in sports other than those reported and for whom a premium has been paid
- Transportation of participants
- Violation of statutes that govern e-mails, faxes, phone calls or other methods of sending materials or information

## 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, as well as review and approval from us, of the underwriting questions found on page 10.
2. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your team, league or association with our Amateur Sports RPG Insurance Program.
3. Only one option may be purchased.

Rates	
Options	Rates
<b>Option 1</b> Sexual Abuse Liability (loss adjustment expense within limits) \$1,000,000 aggregate/\$250,000 per occurrence limit	\$0.75 Per participant (\$150.00 minimum premium)
<b>Option 2</b> Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement - \$100,000 limit	\$100.00 (Flat rate)

## OPTIONAL COVERAGES AVAILABLE (continued)

### 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. Should you add additional equipment or contents to your inventory, please contact us to have your insured value amended to avoid a co-insurance penalty.

Coverage conditions:

1. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your team, league or association with our Amateur Sports RPG Insurance Program.
2. Coverage cannot be extended to cover non-structural glass or permanent structures such as concession stands, bathrooms, storage units that are permanent or press boxes.
3. Coverage will be effective the day after we receive the proper completed enrollment form with premium and will expire on the expiration date of your Amateur Sports RPG Insurance Program.

Rates			
Total Value per Location	Rate	Deductible	Minimum Premium
\$ 1 - \$ 10,000	\$ .03	\$ 250	\$ 100.00
\$ 10,001 - \$100,000	\$ .026	\$ 1,000	\$ 100.00
\$ 100,001 +	\$ .026	\$ 2,500	\$ 100.00

### Hosted Tournament Coverage (available for Class B & Class C sports only)

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 that participate 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.

### Premises Liability for Sports Fields

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 RPG Insurance Program. Please contact us for additional information on this available optional coverage.

### Directors' & Officers' Liability including Employment Practices Liability

This coverage provides important protection for amateur sports 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.



## 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 we make our coverage effective?

The effective date is the date you need your insurance to start. For many, this is the first day that your organization has try outs or practices. If you are renewing coverage with us, use the expiration date of your existing coverage. Coverage will be in effect for one year.

### 3. Our organization has not had try outs and we are not sure how many participants we will have for each sport and age group, how should I report my number of participants?

You will need to report the maximum number of participants for each age group and sport according to your projected rosters. You may add additional participants at any time by using the Amateur Sports Supplemental form.

### 4. If a participant plays several sports in the organization, do we charge for each sport?

Yes, the rate is based on a per participant for each sport and age group.

### 5. Does this coverage follow the participants where ever they go to practice or play?

Coverage will follow the reported participants as long as they are participating in covered, sponsored and/or supervised activities of the insured including tournaments hosted by other organizations. Coverage does not apply to the transportation of participants.

### 6. Will we receive a policy after submitting the enrollment form?

You will receive a certificate of insurance as proof of coverage. Coverage is offered exclusively through Sports, Leisure and Entertainment Risk Purchasing Group (RPG). The RPG receives a master policy from the company. Submission of this enrollment form confirms your desire to receive coverage through the RPG. Each member receives their own certificate of insurance as their evidence of coverage. The limits of insurance apply individually to each insured member organization-there are no shared limits of liability with any other members. A copy of the RPG master policy can be requested in writing to: Academic Health Plans, Inc, P.O. Box 25936, Overland Park, KS 66225 or [programs@4recsportsandmore.com](mailto:programs@4recsportsandmore.com).

### 7. Do I have coverage for virtual training?

Coverage does extend to incidental virtual training provided by you (the named insured) to your clients/members. The policy is intended to extend bodily injury coverage for training available to your clients/members only (through a private platform such as a password protected website or a closed Facebook group) - Coverage does not extend to any training material that is accessible to the general public.

Reasonable precautions should be taken when assessing potential new clients/members online, including but not limited to: health assessments, waivers/release forms, and interviews prior to instruction or training. We encourage you to consult with an attorney to consider special waiver/release agreements that will apply specifically to virtual training.

Virtual training/instruction does not extend to any training/instruction that includes gymnastic apparatuses, tumbling, or stunting (including pyramids), or in-water activities. We do not provide coverage for cyber liability, so if you are taking payment or collecting personal information online and it is compromised, there would be no coverage under the general liability policy.

## EASY WAYS TO ENROLL FOR COVERAGE



**WEB** Receive coverage immediately by purchasing online at **[www.4RecSportsAndMore.com](http://www.4RecSportsAndMore.com)**

**OR**

Submit this enrollment form, with payment, to us.



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



**MAIL**

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

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



**QUESTIONS** Call 1-800-955-1991 ext 5617

## FOR SERVICE REQUESTS ONLY



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

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.



# Enrollment Form - \$1,000,000 CGL Option Amateur Sports Teams, Leagues and Associations

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

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

## TO AVOID PROCESSING DELAYS, PLEASE:

1. Complete all sections (print legibly)
2. Sign and date where required
3. Remit completed enrollment form (pages 7 - 16) with payment

Limits above \$1,000,000 are available.

GENERAL INFORMATION	<input type="radio"/> I am a new account	<input type="radio"/> I am renewing my coverage
	Full legal name of business: _____	
	Note: This is the name that will appear on your Certificate of Insurance. If your company is a Sole Proprietorship, then this will be your personal name or DBA.	
	Applicant is a: <input type="radio"/> Sole Proprietorship <input type="radio"/> Limited Liability Co. <input type="radio"/> Corporation <input type="radio"/> Partnership	
	<input type="radio"/> Other (describe): _____	
	Mailing address: _____	
	City: _____ State: _____ Zip: _____	
	Contact name: _____ Phone: (____) _____	
	Cell: (____) _____ Fax: (____) _____	
	E-mail: _____ Website: _____	
(By listing an email address, you are giving us permission to contact you by email about your policy. Refer to page 14 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).
	<input type="radio"/> Start my coverage on this date: ____ / ____ / ____

BUSINESS INFORMATION	1. Form of business: <input type="radio"/> Not-for-profit organization <input type="radio"/> For-profit organization
	2. Type of organization:
	<input type="radio"/> Individual team
	<input type="radio"/> League or club (an entity organized to provide regulated competition for multiple teams participating in a specific sport)
	<input type="radio"/> Association (an entity, usually not-for-profit, that exists to further a particular sport, to protect the public interest and the interests of the participants of that sport. A fee is typically charged to become a member and formal rules/regulations are usually required and enforced)
3. Are you seeking coverage for all participants within your organization?	<input type="radio"/> Yes <input type="radio"/> No
4. Do any of your teams include both youth athletes (Class B or Class C sports) and adult athletes (Class A sports) participating together on the same team?	<input type="radio"/> Yes <input type="radio"/> No
If yes, you must use the Class A rate for all participants when rating your premium. Class A coverage will apply.	

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

5. Are you a member of any of the following organizations? (check those that apply)

☐ No, we are not a member of any of these organizations

☐ American Legion Baseball

☐ Pop Warner

☐ Babe Ruth/Cal Ripken Baseball

☐ U.S. Youth Soccer Association

☐ Babe Ruth Softball

☐ Soccer Association for Youth, USA (SAY Soccer)

☐ World Adult Kickball Association (WAKA®)

6. Is there any form of player compensation or prize money awarded for participation? ☐ Yes ☐ No

7. Are you a school sanctioned sports team or league? ☐ Yes ☐ No

8. Are you a gymnastics, martial arts, cheer or dance studio? ☐ Yes ☐ No

9. 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.)

10. Are any of your activities held on private residential property? ☐ Yes ☐ No

11. Does the named insured own or operate any pools? ☐ Yes ☐ No

12. Does the named insured own or have 24 hour responsibility of a facility or field? ☐ 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.

13. 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

14. 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](http://www.cdc.gov/concussion/HeadsUp/youth.html)

**COSTS ARE 100% FULLY EARNED AND 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.**



## PROGRAM PREMIUM CALCULATION

Premium is determined by applying the appropriate rate for the coverage option selected to each individual participant in each sport and age group, and is subject to the minimum premium. All participants are required to be reported and a roster may be requested as verification.

<b>CLASS A SPORTS - Rates</b> (per participant, all sports, all ages including Umpire & Referee Associations for Class A sports)		\$ 3.75			
<b>CLASS B SPORTS – Rates</b> (per participant, per sport)					
<b>Ages</b>	<b>12 &amp; Under</b>	<b>13-15</b>	<b>16-19</b>	<b>20 &amp; Over</b>	
Baseball, t-ball	\$ 6.59	\$ 10.97	\$ 17.50	\$ 31.97	
Basketball, Ultimate frisbee, Flag & touch football, Team handball, Running	\$ 6.34	\$ 7.58	\$ 15.85	\$ 21.35	
Frisbee, Golf, Kickball, Tennis, Track & field, Swimming, Pickleball	\$ 6.04	\$ 6.04	\$ 6.04	\$ 6.04	
Drill team, Dance team	\$ 6.76	\$ 8.19	\$ 17.78	N/A	
Cricket, Squash	\$ 6.20	\$ 9.98	\$ 15.61	\$ 28.08	
Water polo	\$ 7.77	\$ 8.93	\$ 10.78	Class A \$ 3.75	
Softball	\$ 6.23	\$ 7.45	\$ 17.50	\$ 31.97	
Umpire & referee associations for Class B Sports	\$ 9.21	\$ 9.21	\$ 9.21	\$ 9.21	
Volleyball	\$ 6.41	\$ 6.41	\$ 6.41	\$ 6.41	
Weightlifting	\$ 17.90	\$ 17.90	\$ 17.90	Class A \$ 3.75	

<b>CLASS C SPORTS – Rates</b> (per participant, per sport)								
<b>Ages</b>	<b>Limited Brain Injury Coverage Option</b> refer to page 2 for details				<b>Brain Injury Excluded Option</b>			
	<b>12 &amp; Under</b>	<b>13 - 15</b>	<b>16 - 19</b>	<b>20 &amp; Over</b>	<b>12 &amp; Under</b>	<b>13 - 15</b>	<b>16 - 19</b>	<b>20 &amp; Over</b>
Deck/floor/street hockey, Field hockey, Roller hockey (quad)	\$ 7.09	\$ 8.33	\$ 16.60	\$ 22.10	\$ 6.34	\$ 7.58	\$ 15.85	\$ 21.35
Cheerleading	\$ 7.51	\$ 8.94	\$ 18.53	N/A	\$ 6.76	\$ 8.19	\$ 17.78	N/A
Lacrosse, Water hockey, Flex Football™	\$ 8.52	\$ 9.68	\$ 11.53	Class A \$ 3.75	\$ 7.77	\$ 8.93	\$ 10.78	Class A \$ 3.75
Soccer	\$ 9.16	\$ 10.50	\$ 12.66	N/A	\$ 8.41	\$ 9.75	\$ 11.91	N/A
Tackle and contact football	\$ 24.95	\$ 44.10	\$ 58.91	N/A	\$ 23.53	\$ 42.68	\$ 57.49	N/A
Wrestling	\$ 18.65	\$ 18.65	\$ 18.65	Class A \$ 3.75	\$ 17.90	\$ 17.90	\$ 17.90	Class A \$ 3.75
Umpire & referee associations for Class C Sports	\$ 9.96	\$ 9.96	\$ 9.96	\$ 9.96	\$ 9.21	\$ 9.21	\$ 9.21	\$ 9.21

**Please select only one limit option to apply for all sports and age groups**

If you have Class A, Class B or Class C participants on the same team, you must use the Class A rate for all participants. Class A coverage will apply.

Sport	Class A, B or C	Exclude Brain Injury Coverage?	Age Group of participants	# of participants	X	Rate	=	Premium
		Yes <input type="radio"/> No <input type="radio"/>			X	\$	=	\$
		Yes <input type="radio"/> No <input type="radio"/>			X	\$	=	\$
		Yes <input type="radio"/> No <input type="radio"/>			X	\$	=	\$
<b>For Umpire and Referee Associations</b> - complete only if you are an Umpire/Referee Association								
List the sport you umpire/referee	Class A, B or C	Exclude Brain Injury Coverage?	Age group of umpire/referees	# of members	X	Rate	=	Premium
		Yes <input type="radio"/> No <input type="radio"/>			X	\$	=	\$
<b>Premium:</b> (add all lines 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

<b>Please Complete All Questions</b> The term "Volunteers/Independent contractors" in the following questions means someone who exerts control over or supervises participants.	<b>Employees</b> <b>(Check Here if No Employees <input type="radio"/> )</b>	<b>Volunteers/Independent contractors</b> <b>(Check Here if No Volunteers/Independent contractors <input type="radio"/> )</b>
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 explain any "No" responses to questions asked in #5: \_\_\_\_\_

6. Calculate premium

Rates	
<input type="radio"/> <b>Option 1</b> Sexual Abuse Liability (loss adjustment expense within limits) \$1,000,000 aggregate/\$250,000 per occurrence limit	$\$0.75 \times \text{Total \# of participants from page 9} = \$$ \$150.00 minimum premium applies
<input type="radio"/> <b>Option 2</b> Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement - \$100,000 limit	\$100.00

### Equipment and Contents Coverage (Inland Marine)

TO AVOID A CO-INSURANCE PENALTY, YOU MUST INSURE 100% OF THE REPLACEMENT COST OF YOUR EQUIPMENT AND CONTENTS FOR ALL OF YOUR LOCATIONS.

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

#### Step 1: Fill in the values to determine your total replacement cost amount for ALL locations

Individually list any items with values over \$5,000

	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____

Provide values for categories below

(DO NOT include those values already shown above)

**Sports equipment** (such as balls, uniforms, pads, helmets, netting) \$ \_\_\_\_\_

**Field maintenance equipment** (such as lawn mowers, grooming equipment) \$ \_\_\_\_\_

**Concession stand equipment, excluding products** (such as popcorn, hot dog and soda machines) \$ \_\_\_\_\_

**Portable storage units** (not permanent structures) \$ \_\_\_\_\_

**Misc. equipment** - please describe \_\_\_\_\_ \$ \_\_\_\_\_

**Total replacement value for all location(s)** (add all lines above) \$ \_\_\_\_\_

#### Step 2: Complete ONLY if your replacement cost value is over \$100,000

1. Please describe the building type your equipment is stored in (e.g.: frame or fire resistive warehouse)

\_\_\_\_\_

2. Do you have a security system in place? ☐ Yes ☐ No

a. If yes, please describe: \_\_\_\_\_

3. Is any other operations, besides your own, or equipment of others stored in the same facility in which you store your equipment? ☐ Yes ☐ No

a. If yes, please describe: \_\_\_\_\_

4. Please attach a complete inventory list with values of each item

#### Step 3: Calculate premium

(If total calculated premium is less than the minimum premium, the total premium due is the minimum premium)

Equipment and Contents Premium	
<input type="radio"/> <b>My total replacement value is between \$1 - \$10,000</b> (\$250 deductible will apply)	
$\$.03 \times \$$ _____ Total Replacement Value	$= \$$ _____ $\$$ _____ Equipment and Contents Premium (\$100.00 minimum premium applies)
<input type="radio"/> <b>My total replacement value is over \$10,000</b> (\$1,000 deductible applies to values from \$10,001 - \$100,000 and a \$2,500 deductible applies to values over \$100,000)	
$\$.026 \times \$$ _____ Total Replacement Value	$= \$$ _____ $\$$ _____ Equipment and Contents Premium (\$100.00 minimum premium applies)

<b>Total Program Premium:</b> (from page 9)	\$	
<b>Minimum Premium:</b>	\$	300.00
<b>Total Program Premium Due:</b> If the total calculated program premium is less than the minimum premium, the total program premium due is the minimum premium	\$	(A)
<b>Optional Coverages</b>		
Sexual Abuse Premium: (from page 10) <input type="radio"/> Defense Reimbursement Only OR <input type="radio"/> Liability Coverage	\$	(B)
Equipment and Contents Premium: (from page 11)	\$	(C)
<b>Subtotal Premium Due</b> (add A + B + C)	\$	(D)
Risk Purchasing Group Administration Fee (required)	\$	15.00 (E)
<b>Total Cost Due</b> (add D + E)	\$	

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 ☐ Equipment & Contents/Inland Marine Coverage (if applicable)  
☐ Hosted Tournament Coverage ☐ Premises Liability for Sports Fields Coverage

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

- ☐ Owner/manager/lessor of premises (facility or venue) ☐ Sponsor ☐ Co-promoter  
☐ Lessor of equipment/contents (liability) ☐ Loss Payee (equipment/contents)  
☐ Other (please identify/explain): \_\_\_\_\_  
☐ Sports Governing Body

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: \_\_\_\_\_

7. For Loss Payee: Type of equipment (please describe): \_\_\_\_\_

Replacement cost value: \_\_\_\_\_

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

The following exclusions are contained in the commercial general liability coverage provided by this program. 24-hour premises liability (unless optional coverage is purchased for sports fields); Abuse, molestation, harassment 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 or any device that is specifically designed for the training or instruction of the activity for which you are enrolled.); Animals (injury or death to, 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, Diving, Dodgeball, Gymnastics, Hurling, Ice hockey, Inline hockey, Inline skating (speed), Flex Football™ (age 20 & over), Judo, Karate, Lacrosse (age 20 & over), Martial arts, Powerlifting (age 20 & over), Ringette, Roller hockey (inline), Taekwondo, Takraw, Umpire/referee association for Class A Sports, Water hockey (age 20 & over), Water polo (age 20 & over), Weightlifting (age 20 & over), Wrestling (age 20 & over); Babysitting/child care services; Carnivals/festivals; Cheer and dance studios; Commercial general liability standard exclusions (CG0001 04/13 edition); Communicable disease; Concerts; Cryogenic chambers/therapy; Employment-related practices; Events involving gambling (eg: bingo, casino nights, poker, Texas hold'em tournaments); Events where alcoholic beverages are furnished or served by you, your employees or your "volunteer workers"; Fireworks; Fungi or bacteria; Gymnastics studios; Haunted attractions; Intercollegiate & Interscholastic teams, leagues and associations; Lead; Martial arts studios; Non-rostered participants at tournaments hosted by the enrolled member (unless optional coverage is purchased); 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/vendors in conjunction with your organization; Performers; Rodeos; Saddle animals; Snowmobile; Sports events/activities involving participants in sports other than those reported and for whom premium has been paid; Transportation of athletes/participants; Violation of statutes that govern e-mails, faxes, phone calls or other methods of sending materials or information; Those operations listed as ineligible: Adventure races, Aerobic exercise, Bandy, Biathlon, BMX/stunt cycling, Boating activities/sports, Bobsled, Body boarding, Boxing, Canoe, Cheerleading (age 20 & over), Climbing, Cycling, Dance team (age 20 & over), Drill team/majorette (age 20 & over), Equestrian, Fitness – aerobics and exercise, Hammer throw, Hang gliding, Hostelling, Inline (extreme/stunt/aggressive/free-style) skating, Jai alai, Javelin, Kayaking, Kite surfing, Luge (street), Marathon, Mixed martial arts; Modern pentathlon, Mountain biking and/or hiking, Mountain boarding, Open water fishing, Open water activities/sports, Orienteering, Outrigging, Parachute, Parasailing, Physical fitness, Physique (Pose) performance, Polo (horse), Rafting, Rodeo, Roller derby, Rowing/Crew, Rugby, Sailing, Scuba diving, Shooting sports and/or hunting, Skateboarding, Skiing (snow or water), Sky diving, Sky surfing, Sled/crew dog racing, Snorkeling, Snow boarding, Snow surfing, Soccer (age 20 & over), Sports parachuting, Strength and conditioning, Streetball, Surfing (including boogie boards), Tackle and contact football (age 20 & over), Trampoline, Trapeze, Triathlon, Umpire/Referee associations involved with any ineligible sports operations; Unicycling, Wake boarding, Wind surfing, Wrestling (professional), Yachting

**COSTS ARE 100% FULLY EARNED AND 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.**

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

**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.

**Electronic Signature Disclosure and Consent**

The Electronic Signatures in Global and National Commerce Act (15 U.S.C. § 7001, et seq.) provides that a signature, contract or other record may not be denied legal effect, validity or enforceability solely because it is in electronic form or because an electronic signature was used in a transaction.

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

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

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

If you **DO NOT** want to be emailed please check here and select your preferred method of document delivery. ☐

☐ Fax to: \_\_\_\_\_ attn: \_\_\_\_\_  
☐ Mail to: \_\_\_\_\_ attn: \_\_\_\_\_

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

**Applicant business 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 PAGE AND COMPLETE AGENT WARRANTY SECTION**

**Enrollments cannot be accepted unless this section is completed**

IMPORTANT INFORMATION. PLEASE READ AND SIGN.



Please complete the information below.

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

Address	City	State	Zip

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 you 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.

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

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.

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.

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.

**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.

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.

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.

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 RM:**  
Any person who knowingly presents a false or fraudulent claim for payment for 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.

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

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.

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.

**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.

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.

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.

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

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

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

or

- **Fax** 1-913-754-5617

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

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

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

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

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

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

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

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

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

### **EXPLANATION OF CHECK NUMBERS**

1. Bank Routing/Transit Number - This is a nine digit number separated by a bar and a colon 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 \_\_\_\_\_

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ DOLLARS

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