

WALK/RUN EVENT

Insurance Program and Enrollment Form

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

PROGRAM DESCRIPTION

This program is designed for U.S.-based organizations and/or groups organizing a walking and/or running event. Coverage provides important liability protection for the organization, including its employees and volunteers, for liability claims arising out of its operations. The program also includes medical payments for participants (on an excess basis) for those participating in the event. To qualify for program coverage, the following criteria must be met:

- Maximum number of participants is 10,000
- Maximum number of event days is 3 days or less
- Total course distance cannot exceed 16 miles

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

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

INELIGIBLE OPERATIONS

All other sports tournaments/events that do not meet the eligibility criteria listed in this brochure are not eligible for this program as well as:

- Activist rallies/marches/protests
- Adventure races
- College or university level championships events
- Endurance races
- Events involving animals other than service animals, unless reported and approved by the company*
- Events with water activities or cycling activities
- Events where the distance is more than 16 miles
- Hiking events
- Iron man events
- 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)
- Full marathons (distances greater than 16 miles)
- Political events
- Professional sport events, try-outs and training camps/clinics
- Triathlons/duathlons
- Virtual events/activities

(Please note, this is not a complete listing of ineligible operations. Contact us with questions regarding eligibility.)

* Contact us for additional information needed for coverage consideration

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

ELIGIBLE OPERATIONS

Walking and/or running events with a course distance of less than 16 miles, including but not limited to:

- Children's walk/runs
- 5k or 10k walk/run
- Timed/competitive walk/runs
- Non-competitive charity walk/runs
- Fundraising walk/runs
- Walkathons

NOTE: This is not a complete list of eligible operations/programs. If your type of operation/program is not listed, please contact us for eligibility.

PROGRAM REQUIREMENTS

- 1) ALL participants and/or parents/guardians of minor participants must sign a release/waiver.

EASY WAYS TO ENROLL FOR COVERAGE



WEB Receive coverage immediately by purchasing online at
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

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)
- Amusement devices (eg: rides, slides, inflatable's, bungees, climbing walls, dunk tanks)
- Ancillary activities that require a separate submission charge and are open to the public (unless optional coverage is purchased)
- Asbestos
- Claims arising out of the operations of independent concessionaires, exhibitors and vendors at your event
- Communicable disease
- Cryogenic chambers/therapy
- Employment related practices
- Fireworks
- Fungi or bacteri
- Haunted attractions
- Lead
- Nuclear energy
- Operation, ownership or management of any facility or premise, other than while being used for covered activities
- Pollution
- Room and board liability
- Legal liability to participants coverage and medical payment for participants coverage for professional athletes and celebrity (national/local) participants.
- Those operations listed as ineligible
- Violation of statutes that govern e-mails, faxes, phone calls or other methods of sending materials or information

COVERAGES AND LIMITS

Options	Option 1	Option 2
Commercial General Liability 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 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 members/participants)	\$ 5,000	\$ 5,000
Legal Liability to Participants	\$ 1,000,000	\$ 2,000,000
Medical Payments for Participants (excess - \$100 deductible)	\$ 25,000	\$ 25,000
Rates (per participant, per event)		
Class A: Non-Competitive/Charity Walk and/or Run Events	\$.55	\$.68
Class B: Competitive (Timed) Walk or Run Events	\$.92	\$ 1.12
Minimum Premiums (per event)		
Class A Only Event (Non-Competitive)	\$ 150.00	\$ 225.00
Class B Only Event (Competitive)	\$ 300.00	\$ 450.00
Class A & B Combined Event	\$ 300.00	\$ 450.00

• **Contact us if higher limits are needed** •

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 damage arising out of premises, operations, products and completed operations and personal and advertising injury.

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

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 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. A “participant” means a person, practicing, instructing or participating in any physical exercises or games, sports or athletic contests.

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

OPTIONAL COVERAGES AVAILABLE

Ancillary Activities / Events

This coverage is available for ancillary events and/or activities you conduct before/during/after your walk and/or running 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 running/walking 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 be a single day event
4. Ancillary activity/event must take place within 3 days of the actual run/walk event date
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. This is an optional coverage and is not available on a stand-alone basis
9. The same coverage limits would apply to this optional coverage as purchased for your run/walk event
NOTE: Sexual Abuse Liability coverage does not extend to separate ticketed and/or open-to-the public ancillary activities/events
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.	

OPTIONAL COVERAGES (continued)

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 9.
2. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your event with our Amateur Sports Run/Walk Event 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	\$.08 Per Participant, Per Event (\$150.00 minimum premium)
Option 2 Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement \$100,000 limit	\$100.00 (Flat rate)

FREQUENTLY ASKED QUESTIONS

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

Coverage can be bound once we receive a completed enrollment form and 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 event has already begun, coverage will be bound and become effective the following day. Please allow adequate time for us to process your enrollment form and issue certificates.

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

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

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

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

4. What are open and closed courses?

Open road courses are defined as courses that do not have barriers blocking vehicles from the path of the participants running. A closed course means that barriers are in place and vehicles are blocked off so that the participants are not in the pathway of moving vehicles.

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

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

6. The city or location has requested to be added to the policy as an additional insured? How do I get this done and what is the cost?

Additional insured requests can be submitted on page 10 of this enrollment form under the "Certificate Requests" section. Please be sure to complete all sections so that we can process your request accurately. We do not charge to add additional insured's to the policy.

PARTICIPANT RELEASE OF LIABILITY AND REQUIREMENT:

**A Waiver/Release form MUST be signed by ALL participants and insured is required to keep records of same. Failure to comply with this condition is grounds for declination of a claim.
A SAMPLE Waiver/Release is provided below.**

ASSUMPTION OF RISK AGREEMENT READ BEFORE SIGNING

Organization Name : _____

Participant Name: _____

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation.
3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE _____, its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (RELEASEES), from any and all claims, damages, losses and liability arising out of or related to any INJURY, DISABILITY OR DEATH I may suffer, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____

Participant's Signature

Age _____

Date _____

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____

Parent/Guardian Signature

Date _____

Emergency Phone Number(s) _____

NOTE: This is a SAMPLE WAIVER FORM only. Final wording should be as directed by the insured's counsel, but must observe the principles represented within the above.

Enrollment Form - Walk/Run Event

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. Remit signed, dated and completed enrollment form (pages 6-13) with payment
3. One Enrollment form per event

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 11 of the application for Electronic Disclosure and Consent)

EVENT INFORMATION

1. Name of 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)

Age range of participants: _____ Total number of participants: _____

2. Type of event: ☐ Walk Only ☐ Run Only ☐ Walk and Run

3. Distance of the race/event: (check all that apply) ☐ 1 Mile ☐ 5K ☐ 10k ☐ 1/2 Marathon ☐ Other _____

4. Is this a timed/competitive event? ☐ Yes ☐ No

5. Does your event involve any animals other than service animals? ☐ Yes ☐ No

If yes, please contact us for additional information needed for coverage consideration.

6. Does your event have any of the following exposures: (check all those that apply)
☐ Cycling ☐ Water/swimming activities ☐ Obstacles ☐ No, we do not have any of these exposures

7. Is this event a professional sporting event, try-out or training camp? ☐ Yes ☐ No

8. Is this event a college or university level championship event? ☐ Yes ☐ No

9. Do you have any vendors at your event? ☐ 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:
 Please describe: _____
 Do any of your ancillary activities require a separate admission charge and/or are open to the public? **(IF YES, MUST COMPLETE PAGE 8)** ☐ Yes ☐ No
11. Will alcoholic beverages be sold/provided at this event? ☐ Yes ☐ No
 If yes:
 a. Who holds the permit? ☐ Facility ☐ Caterer/vendor ☐ Sponsor
 b. When is it provided? ☐ During the race ☐ After the race
 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. Do you require all “participants” and/or parents/guardians of minors to sign a release/waiver? ☐ Yes ☐ No
- IF YOUR EVENT INCLUDE DISTANCES OF 10K (6.2 MILES) OR LONGER, YOU MUST ANSWER THE FOLLOWING ADDITIONAL QUESTIONS.**
13. Is the course: ☐ Opened ☐ Closed (See FAQ’s page 4 for definition) ☐ Yes ☐ No
14. Are there water stations throughout the event course? ☐ Yes ☐ No
15. Does the event have medical staffing in place during the event hours? ☐ Yes ☐ No
16. Is the course on a marked/paved roadway or pathway with directions? ☐ Yes ☐ No
17. Are there checkpoint personnel to monitor the course prior to, and throughout the event? ☐ Yes ☐ No

PROGRAM COST CALCULATION

Use the rates below to calculate premium. Premium is determined by applying the appropriate rate for the class and coverage option selected to the maximum amount of participants per event and is subject the minimum premium for that class and coverage option. TBD for participant numbers cannot be accepted. Please select only one limit option to apply for all activities or operations. All of your participants are required to be reported in the premium calculation, and a list/roster may be requested as verification. Coverage applies only to those events reported and approved prior to taking place. **Contact us if higher limits are needed.**

Event Class (Rates Per Participant)	Option 1 \$1,000,000 CGL Limits	Option 2 \$2,000,000 CGL Limits
Class A: Non-Competitive/Charity Walk and/or Run Events	\$.55	\$.68
Class B: Competitive (Timed) Walk or Run Events	\$.92	\$ 1.12
Minimum Premiums (per event)		
Class A Only Event (Non-Competitive)	\$ 150.00	\$ 225.00
Class B Only Event (Competitive)	\$ 300.00	\$ 450.00
Combined Event (includes Class A and B events)	\$ 300.00	\$ 450.00

Event Class	Coverage Option 1 or 2	# of Participants	X	Rate (from above)	=	Premium
<input type="radio"/> Class A			X	\$	=	\$
<input type="radio"/> Class B			X	\$	=	\$
Premium from all Classes Combined (A-B)						\$ a

Minimum Premiums: From Chart Above

Class A ONLY: Option 1 = \$150 Option 2 = \$225

Class B and/or combined A&B: Option 1 = \$300 Option 2 = \$450

Total Liability Premium: (greater amount from line a or b)

\$ 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)

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

2. 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): _____

3. 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: _____

4. Are overnight accommodations or camping facilities part of the event? ☐ Yes ☐ No

5. Is there a musical or entertainment performance at the event? ☐ Yes ☐ No

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

6. 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.

7. 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.

8. **PREMIUM CALCULATION:** (per event - limit must be the same as the walk/run 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 page 7)	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 explain any "No" responses to questions asked in #5: _____

6. Calculate premium

Options	Activity Type	Rate (per participant)	X	Total # of Participants (see page 7)	=	Premium (\$150.00 minimum premium applies)
<input type="radio"/> Option 1 Sexual Abuse Liability (\$1,000,000 aggregate/ \$250,000 occurrence limit)	All classes	\$.08	X		=	\$
<input type="radio"/> Option 2 - Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement (\$100,000 limit)						\$100.00

NOTE: Sexual abuse liability coverage 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, harrassment 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 device does not include any video arcade or computer games); Ancillary activities that require a separate admission charge and/or are 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 any other sport/athletic activity other than walking or running; Commercial general liability standard exclusions (CG0001 04/13 edition); Communicable disease; Cryogenic chambers/therapy; Employment-related practices; Events held outside the United States; Events with over 10,000 in total attendance; Events that last more than 3 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 participant for professional athletes and celebrity participants; Nuclear energy liability; Operation, ownership or management of any facility or premises, 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: Activist rallies/marches/protests; Adventure races; College or university level championships events; Endurance races; Events involving animals other than service animals, unless reported and approved by the company; Events with water activities or cycling activities; Events where the distance is more than 16 miles, Hiking events; Iron man events; 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); Full Marathons; Political events; Professional sports events, tryouts and training camps/clinics; Triathlons/duathlons; Virtual events/activities.

**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.
NO COVERAGE WILL BE DEEMED IN EFFECT UNTIL THE ACCURATE PAYMENT AND A FULLY COMPLETED
ENROLLMENT FORM IS RECEIVED BY THE COMPANY OR THEIR REPRESENTATIVE.
CANCELLATIONS/CHANGES CAN ONLY BE MADE BY THE NAMED INSURED.**

Program Premium (required coverage) - from page 7	\$	
Ancillary Activities/events (optional coverage) - from page 8	\$	
Sexual Abuse Premium (optional coverage) - from page 9 ○ Defense Reimbursement Only OR ○ Liability Coverage	\$	
Premium Subtotal (add all lines above)	\$	(a)
Risk Purchasing Group Administration Fee (required)	\$ 15.00	(b)
Total Cost Due (add a + b)	\$	

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

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.

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 Relation, 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.
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 name (from page 6) _____

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

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, I will provide with reasonably satisfactory evidence of all of the above mentioned items.

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

Agent signature: _____

Date: _____

Applicable in AL

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Applicable in AR, LA, MD, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

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

Applicable in DC

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Applicable in FL

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Applicable in KY

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

Applicable in ME, TN, and WA

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

Applicable in NM

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Applicable in NJ

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

Applicable in NY

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicable in OH

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in OK

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Applicable in PA

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

Applicable in OR

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

Applicable in VA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of benefits.

FRAUD APPS (2019/11)

PAYMENT OPTIONS

Submit a completed enrollment (including signed Warranty Statement from page 10) 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.

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 |: 123456789 |:
2. Account Number - This number may appear as the second, first or third series of numbers. Please read carefully.
3. Check Number - Matches number in the upper right corner of check. NOT REQUIRED FOR ACH.

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: (____) _____