

YOUTH DAY CAMPS

Insurance Program and Enrollment Form

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

PROGRAM DESCRIPTION

This program has been designed for U.S.-based youth camp operations (those attended by campers age 19 or under) with programs dedicated to activities other than sports skill development. Coverage provided under this program includes important liability protection for the camp, including its employees and volunteers, for liability claims arising out of its operations. In addition, the program provides medical payments for participants coverage to the camp participants. Coverage can extend to those camps/clinics that have an overnight exposure as long as the camps/clinics are held at premises not owned or maintained by the insured. Coverage is provided on an annual basis, but only applies to those camp sessions that are specifically reported.

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

INELIGIBLE OPERATIONS

Youth camps offering the following operations are not eligible for this insurance program. Please contact us for more information.

- After school/day care/latch key programs
- Camps involving animals other than service animals
- Camps with activities away from the main location, unless reported and approved by company prior to taking place
- Hunting and/or nature camps/programs
- Sports camps*
- Camps held at premises owned or maintained by the insured that provide overnight accommodations.
- 100% virtual camps/operations

*Please contact us for programs that can provide coverage for these types of operations.

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.

ELIGIBLE OPERATIONS

Youth camps offering programs in the following categories are eligible to submit an enrollment form for this insurance program. If you do not see your form of operation, please contact us for eligibility.

- Academic camps
 - Arts and crafts camps
 - Computer camps
 - Creative writing camps
 - Culinary camps
 - Etiquette camps
 - Inventive builder/Lego® camps
 - Math camps
 - Music camps
 - Performing arts camps
 - Photography/film making camps
 - Science camps
 - Vacation bible schools
- Camps/clinics for youth with an accompanied adult are eligible for this program e.g.: (parents and me camps). Ratios cannot be more than two adults per child.

EASY WAYS TO ENROLL FOR COVERAGE



WEB For information and applications, visit us on-line at **www.4RecSportsAndMore.com**

OR

Submit this enrollment form, with payment, to us.



FAX 1-913-754-5617



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

Overnight: Academic HealthPlans, Inc.
16201 West 95th Street,
Suite 210
Lenexa, KS 66219



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



FOR SERVICE REQUESTS ONLY

E-MAIL recsportsandmore@risk-strategies.com

EXCLUSIONS

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

- | | | |
|---|---|---|
| <ul style="list-style-type: none"> • Abuse, molestation, harrasment or sexual conduct (unless reported to, approved by us, and appropriate premium paid) • Amusement devices (e.g.: rides, slides, inflatables, bungees, climbing walls, dunk tanks) • Asbestos • ATV use • Boating activities | <ul style="list-style-type: none"> • Communicable disease • Employment-related practices • Equestrian activities • All operations listed as ineligible • Fireworks • Fungi or bacteria • Haunted attractions • Lead • Nuclear energy | <ul style="list-style-type: none"> • Open water activities • Ownership, operation, maintenance or management of any facility other than while being used for covered activities • Pollution • Separate ticketed events • The use of power tools, unmanned aircrafts and combustion • Transportation of participants • Violation of statutes that govern e-mails, faxes, phone calls or other methods of sending materials or information |
|---|---|---|

COVERAGE AND LIMITS

Coverages Option	Option 1	Option 2
Commercial General Liability (CGL):	Limits	Limits
Each Occurrence	\$ 1,000,000	\$ 2,000,000
General Aggregate - per event/camp (Other than Products-completed Operations)	\$ 5,000,000	\$ 5,000,000
Products-completed Operations Aggregate	\$ 1,000,000	\$ 2,000,000
Personal and Advertising Injury	\$ 1,000,000	\$ 2,000,000
Legal Liability to Participants	\$ 1,000,000	\$ 2,000,000
Professional Liability	\$ 1,000,000	\$ 2,000,000
Hired Auto & Employer's Nonownership Liability (not provided while in Hawaii)	\$ 1,000,000	\$ 2,000,000
Damage to Premise Rented to You (Fire Legal Liability)	\$ 1,000,000	\$ 1,000,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000
Medical Payments for Participants - \$100 per claim deductible applies	\$ 25,000	\$ 250,000
Rates (per participant)		
Per participant/per daily session	\$ 1.45	\$ 1.97
Per participant/per weekly session (camps 3-7 consecutive days)	\$ 4.33	\$ 5.99
Per participant/overnight camps (camps no more than 7 consecutive days) Note: Adult accompanied camps are not eligible for this option	\$ 5.75	\$ 7.95
Minimum Premiums	\$ 240.00	\$ 360.00

* Higher liability limit options available immediately online *

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 and professional liability coverage are also provided as part of this program. No deductible applies to liability claims. Additional or broadening coverages added with the broadening endorsement are:

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

<ul style="list-style-type: none"> - 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 	<ul style="list-style-type: none"> - Temporary Meeting Place - \$25,000 - Terrorism Travel Reimbursement (for directors or officers)- \$25,000 - Workplace Violence Counseling - \$25,000
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COVERAGE AND LIMITS CONTINUED

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.

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 camp operations. 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.

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 8.
2. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your camp or clinic with our Youth Day Camp 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	Daily Rate - \$.15 per camper Weekly Rate - \$.45 per camper Overnight/Resident Rate - \$.59 per camper (\$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. When should I make my coverage effective?

The effective date is the date you need your insurance to start. For many, this is the first day of the camp or when you begin setting up. If you are renewing coverage with us use the expiration date of your coverage.

2. How do I calculate the premium? What is a minimum premium?

Premium is based on the actual or maximum number of campers expected times a rate. A minimum premium is the amount you must pay if your calculated premium is less than the minimum premium for the option you choose.

Example: A two-day camp that needs \$1,000,000 in coverage for 50 campers:

Step 1: Choose Option 1

Step 2: Take the daily session rate for Option 1, which is $\$1.45 \times 50 \times 2$ for a premium calculation of \$145.00

Step 3: Since the premium calculation is below the \$240.00 minimum premium for Option 1, the total premium due for this camp is \$240.00.

3. What if I have multiple camps scheduled and I am not sure how many participants will attend these camps? What do I report?

At the time of enrollment, please provide us a list of all your known camps. Use the maximum amount of campers that your camp can accommodate to calculate the premium due. TBD numbers will not be accepted.

4. What do I do if I add a camp after I submit my enrollment?

To provide coverage for a new camp not previously reported, you must inform us in writing of the new dates by completing a youth camp supplemental request form prior to the start date of the camp along with any additional premium due. Camps not reported to us prior to occurring will not be covered.

5. How do I report cancellations, changes or any additional camps after hours or on a weekend?

Since any changes to your coverage need to be reported prior to the scheduled start date or the first day of camp and

be submitted in writing, please either fax or e-mail us the necessary change as soon as you can. If you do not have access to fax or e-mail, please leave us a voicemail message and follow up with written confirmation as quickly as possible.

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

You will receive a certificate of insurance as proof of coverage. Coverage is offered exclusively through Sports, Leisure and Entertainment Risk Purchasing Group (RPG). The RPG receives a master policy from the insurance company. Submission of this enrollment form confirms your desire to receive coverage through the RPG. Each member receives their own certificate of insurance as their evidence of coverage. The limits of insurance apply individually to each enrolled member and 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 recsportsandmore@risk-strategies.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.

Enrollment Form - Youth Day Camps

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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 5-12) with payment**

GENERAL INFORMATION

☐ I am a new account ☐ 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: ☐ 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 10 of the application for Electronic Disclosure and Consent)

DATES

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

BUSINESS INFORMATION

1. Type of camp (check those that apply):

<input type="radio"/> Academic	<input type="radio"/> Culinary	<input type="radio"/> Math	<input type="radio"/> Photography
<input type="radio"/> Arts & crafts	<input type="radio"/> Etiquette	<input type="radio"/> Music	<input type="radio"/> Science
<input type="radio"/> Computer	<input type="radio"/> Film making	<input type="radio"/> Performing arts	<input type="radio"/> Vacation bible school
<input type="radio"/> Creative writing	<input type="radio"/> Inventive builder/Lego®		
<input type="radio"/> Other (please describe): _____			

2. Are any of your camps held on the property of a private home or residence? ☐ Yes ☐ No

3. Are any of your camp attendees age 20 or over? ☐ Yes ☐ No

If yes, do you allow more than two parents or adults to accompany youth participants in camp activities? ☐ Yes ☐ No

If you allow parent or adult participation, do you offer any "adult-only" instruction or competitions? ☐ Yes ☐ No

4. Does any of your camp operations include any of the following?

Animals (other than service animals)	<input type="radio"/> Yes <input type="radio"/> No
After school/day care/latch key programs	<input type="radio"/> Yes <input type="radio"/> No
Hunting and/or nature programs/activities	<input type="radio"/> Yes <input type="radio"/> No
Overnight accommodations	<input type="radio"/> Yes <input type="radio"/> No
Sports skills development classes/clinics	<input type="radio"/> Yes <input type="radio"/> No
Trips away from the main location	<input type="radio"/> Yes <input type="radio"/> No

If yes, please submit additional details. Trips made away from the main location must be reported prior to occurring, and approved by us.

5. Do you own or maintain the facility(s) where the camps/clinics take place? ☐ Yes ☐ No

CAMP INFORMATION

1. Please list all camp sessions individually below.

Type of Camp Sessions
Daily (no overnight exposures) = 2 consecutive days or less; OR Multiple non-consecutive days
Weekly (no overnight exposures) = 3-7 consecutive days (max 7 consecutive days)
Overnight/Resident (Note: Adult accompanied camps are not eligible for this coverage) = 1 – 7 consecutive days

2. Coverage only applies to those camp sessions specifically reported and each session must be individually listed.

CAMP/SESSION #1

Name of Camp: _____

Type of camp (list type(s) of sport(s)/activity(s): _____

Dates of camp: ____/____/____ to ____/____/____ Hours of operation: ____ A.M./P.M. to ____ A.M./P.M.

Camp days (circle all that apply): Mon Tues Wed Thurs Fri Sat Sun

Camp Location(s) _____

of youth campers/participants (below age 19): _____ # of adult campers/participants: _____

Check all that apply: ☐ Daily ☐ Weekly ☐ Overnight/Resident ☐ Virtual

CAMP/SESSION #2

Name of Camp: _____

Type of camp (list type(s) of sport(s)/activity(s): _____

Dates of camp: ____/____/____ to ____/____/____ Hours of operation: ____ A.M./P.M. to ____ A.M./P.M.

Camp days (circle all that apply): Mon Tues Wed Thurs Fri Sat Sun

Camp Location(s) _____

of youth campers/participants (below age 19): _____ # of adult campers/participants: _____

Check all that apply: ☐ Daily ☐ Weekly ☐ Overnight/Resident ☐ Virtual

CAMP/SESSION #3

Name of Camp: _____

Type of camp (list type(s) of sport(s)/activity(s): _____

Dates of camp: ____/____/____ to ____/____/____ Hours of operation: ____ A.M./P.M. to ____ A.M./P.M.

Camp days (circle all that apply): Mon Tues Wed Thurs Fri Sat Sun

Camp Location(s) _____

of youth campers/participants (below age 19): _____ # of adult campers/participants: _____

Check all that apply: ☐ Daily ☐ Weekly ☐ Overnight/Resident ☐ Virtual

CAMP/SESSION #4

Name of Camp: _____

Type of camp (list type(s) of sport(s)/activity(s): _____

Dates of camp: ____/____/____ to ____/____/____ Hours of operation: ____ A.M./P.M. to ____ A.M./P.M.

Camp days (circle all that apply): Mon Tues Wed Thurs Fri Sat Sun

Camp Location(s) _____

of youth campers/participants (below age 19): _____ # of adult campers/participants: _____

Check all that apply: ☐ Daily ☐ Weekly ☐ Overnight/Resident ☐ Virtual

1. Use rates below to calculate premium. Premium is determined by applying the appropriate rate for the coverage option selected to the maximum amount of expected campers/participants. Day camps/clinics with an accompanied adult(s) need to count all participants in their program including the adults. TBD cannot be accepted.
2. If calculated premium is less than minimum (see chart below), use the minimum premium.
3. The same limit option must be used for all camps.
4. 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 and a completed enrollment form is received by the company or their representative.
5. **Higher liability limits are available immediately online or check here if a higher liability limit is needed.**

☐ Limit requested: _____

MINIMUM PREMIUMS	
OPTION 1 \$1,000,000 Liability, \$25,000 MPP	OPTION 2 \$2,000,000 Liability, \$250,000 MPP
\$240.00	\$360.00

RATES		
Type of Camp Sessions	Option 1	Option 2
Daily (no overnight exposures) = • 2 consecutive days or less; OR • Multiple non-consecutive days	\$ 1.45 Per Day/Per Commuter Camper	\$ 1.97 Per Day/Per Commuter Camper
Weekly (no overnight exposures) = • 3-7 consecutive days	\$ 4.33 Per Week/Per Commuter Camper	\$ 5.99 Per Week/Per Commuter Camper
Overnight/Resident = • 1-7 consecutive days Note: Adult accompanied camps are not eligible for this option	\$5.75 Per Resident Camper	\$7.95 Per Resident Camper

COST CALCULATION								
Camp/Session # (from prior page)	Coverage Option (1 or 2)	# of Days OR Weeks	X	Daily OR Weekly Rate (from above)	X	#of Campers	=	Premium
			X	\$	X		=	\$
			X	\$	X		=	\$
			X	\$	X		=	\$
			X	\$	X		=	\$
			X	\$	X		=	\$
			X	\$	X		=	\$
			X	\$	X		=	\$
Calculated Premium (add premium lines above)								\$ (A)
Minimum Premium (from above chart)								\$ (B)
Program Premium Due (greater amount from line A or B)								\$

NOTE: Cancellations must be reported prior to the scheduled start date or the first day of the camp/clinic session, and confirmed in writing for a refund or credit to be considered. Refunds may be subject to a cancellation penalty. Cancellations/changes can only be made by the named insured.

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 ☐ Yes ☐ No
been made against you or your organization or anyone working on behalf of your organization?
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 ☐ Yes ☐ No
place regarding the prevention and mitigation of abuse, molestation or sexual misconduct?
If yes:

- a. Do the procedures require that known or suspected abuse incidents must be ☐ Yes ☐ No
be reported to law enforcement?
- b. Are written procedures provided or available to each employee, volunteer, ☐ Yes ☐ No
independent contractor or sanctioning/governing body member?
- c. Does your written plan include reasonable procedures to limit one-on-one interactions ☐ Yes ☐ No
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?

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

<input type="radio"/> Option 1 - Sexual Abuse Liability (\$1,000,000 aggregate/\$250,000 occurrence limit)							
Rates: Daily Rate = \$.15 Weekly Rate = \$.45 Overnight/Resident Rate = \$.59							
Camp/Session # (as reported on page 7)	# of Days OR Weeks	X	Daily OR Weekly Rate (from above)	X	# of Campers	=	Premium
		X	\$	X		=	\$
		X	\$	X		=	\$
Add all lines above for calculated premium							\$
Option 1 Total Premium - Calculated premium total from line above OR \$150.00 minimum premium – whichever amount is higher							\$
<input type="radio"/> Option 2 - Abuse, Molestation, or Harrassment of Sexual Conduct Defense Cost Reimbursement (\$100,000 limit)							\$ 100.00

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. Camp #: _____

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

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

☐ Owner/manager/lessor of premises (facility or venue) ☐ Sponsor ☐ Co-promoter

☐ Other (please identify/explain): _____

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

4. Certificate holder/additional insured name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

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

If yes, check all that apply: ☐ CG2026 ☐ Primary ☐ Waiver of subrogation

☐ Other (please explain): _____

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

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. 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 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; ATV use; Boating activities; Commercial general liability standard exclusions (CG0001 04/13 edition); Communicable disease; Employment-related practices; Equestrian activities; Fireworks; Fungi or bacteria; Haunted attractions; Lead; Nuclear energy liability; Open water activities; Ownership, Operation, maintenance or management of any facility or field, other than while being used for covered activities; Performers; Rodeos; Saddle animals; Separate ticketed events; Snowmobile; The use of power tools, unmanned aircrafts and combustion; Transportation of participants; Violation of statutes that govern e-mails, faxes, phone calls or other methods of sending materials or information; Those operations listed as ineligible: After school, day care and latch key programs; Camps involving animals other than service animals; Camps with activities away from the main location, unless reported and approved by company prior to taking place; Camps held at premises owned or maintained by the insured that provide overnight accomodations; Hunting and/or nature camps/programs; Sports camps; 100% virtual camps/operations

Academic HealthPlans, Inc. • P.O. Box 25936 • Overland Park, KS 66225 • 1-800-955-1991 ext 5617
E-mail = recsportsandmore@risk-strategies.com • Fax 1-913-754-5617 • www.4RecSportsAndMore.com
CA #0H18178, TX #1657333

Program Premium (from page 7)	\$	
Sexual Abuse Premium: (from page 8) - Optional Coverage ○ Defense Reimbursement Only OR ○ Liability Coverage	\$	
Subtotal Due (add all lines above)	\$	(A)
Risk Purchasing Group Administration Fee (required)	\$ 15.00	(B)
Total Cost Due (add A + B)	\$	

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.
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: _____

Applicant name/Business name (from page 5): _____

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

PAYMENT OPTIONS

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

Applicant name: _____ Effective date: _____

PAY BY ACH (Bank Account):

- **E-mail** recsportsandmore@risk-strategies.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.

The diagram shows a check with the following fields:

- YOUR NAME
1234 Main Street
Anywhere, OH 00000
- DATE _____
- PAY TO THE ORDER OF _____ \$ _____
- _____ DOLLARS
- Routing Number: 123456789 |
- Account Number: 123456789
- Check Number: 123

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.
16201 West 95th Street, Suite 210
Lenexa, KS 66219

PAY BY CREDIT CARD:

- **Fax only** 1-913-754-5617
☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS

Card number: _____

CSC # (card security) code: _____ Expiration date: _____

I authorize Academic HealthPlans, Inc. to charge my payment to my credit card in the amount of \$ _____

Print name (as on card): _____

Cardholder signature: _____

Cardholder phone number: (____) _____