



USASF CHEER GYM

Insurance Program and Enrollment Form
This brochure is valid for effective dates
from 11/1/12 through 10/31/13

NEW: \$1,000,000 of Sexual Abuse/Sexual Molestation Liability now available.

Coverage available for incidental inflatable device exposures. Contact us for more details on eligibility.

PROGRAM DESCRIPTION

This program has been designed for U.S.-based USASF cheer gyms, specializing in the instruction of cheerleading and competitive dance. Coverage provided includes important liability protection for the gym, including its employees and volunteers, for liability claims arising out of its operations.

For eligible USASF Cheer Gyms covered operations consist of premises, operations and activities involving registered participants of your USASF Cheer Gym for cheer and dance programs and/or activity(s) under direct supervision or organized by you and which have been reported to the company along with any ancillary event or activity held directly with cheer, dance or activity(s) at your location(s) or at approved off-site location(s) on your behalf. In addition, covered operations include birthday/social party(s), the use of trampolines, Tumble Traks, Air Traks, as well as for participation in special events where the insured's participants are representing the gym, parades in which the insured participates, 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 supervised by the insured and related to the above described operations and activities.

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

INELIGIBLE OPERATIONS

- Gym operations that provide instruction using gymnastics apparatus (bars, beam, vault, etc.)
- Competition and event organizers
- College or university cheer squads

Contact Menard, Gates & Mathis for other insurance programs specifically designed for the operations mentioned above.

This brochure is for illustrative purposes only, and is not a contract of insurance. You must refer to the actual coverage document for complete information regarding coverage terms, conditions and exclusions as they may change from one coverage term to the next. You may request a copy of the full policy by submitting a written request to Menard, Gates & Mathis. The cost of this program includes premium and USASF program fee.

ELIGIBLE OPERATIONS

Cheer gyms that are members of the U.S. All Star Federation that are primarily dedicated to the instruction and training of cheerleading and competitive dance.

TO ENROLL FOR COVERAGE

Submit this enrollment form, with payment,
to Menard, Gates & Mathis.



E-MAIL lkulbeth@mgm-ins.com



FAX 1-901-763-0229



MAIL Menard, Gates & Mathis
6401 Poplar Avenue, Suite 250
Memphis, TN 38119



QUESTIONS Call 1-901-761-3100

COVERAGES AND LIMITS

Coverages	Option 1	Option 2	Option 3	Option 4
Each Occurrence	\$ 1,000,000	\$ 1,000,000	\$ 2,000,000	\$ 2,000,000
General Aggregate (Other than Products-completed Operations)	\$ 5,000,000 (per location)	\$ 5,000,000 (per location)	\$ 5,000,000 (per location)	\$ 5,000,000 (per location)
Products-completed Operations Aggregate	\$ 1,000,000	\$ 1,000,000	\$ 2,000,000	\$ 2,000,000
Personal and Advertising Injury	\$ 1,000,000	\$ 1,000,000	\$ 2,000,000	\$ 2,000,000
Damage to Premises Rented to You (Fire Legal Liability)	\$ 300,000	\$ 300,000	\$ 300,000	\$ 300,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000
Hired Auto and Employers' Nonownership Liability (not provided while in Hawaii)	\$ 1,000,000	\$ 1,000,000	\$ 2,000,000	\$ 2,000,000
Professional Liability	\$ 1,000,000	\$ 1,000,000	\$ 2,000,000	\$ 2,000,000
Legal Liability to Participants	\$ 1,000,000	\$ 1,000,000	\$ 2,000,000	\$ 2,000,000
Medical Payments for Participants (excess)	\$ 25,000 \$100.00 per claim deductible applies	\$ 150,000 \$250.00 per claim deductible applies	\$ 25,000 \$100.00 per claim deductible applies	\$ 150,000 \$250.00 per claim deductible applies
Annual Cost (per student/member)				
USASF Member Non-certified Gym Plan All Ages	\$ 17.50	\$ 18.82	\$ 24.05	\$ 25.37
USASF Member Certified Gym Plan All Ages*	\$ 14.36	\$ 15.51	\$ 20.06	\$ 21.21
*To verify that you are a certified gym please contact Amy Clark at 1-330-402-0895				
Annual Minimum Cost	\$ 530.00	\$ 530.00	\$ 780.00	\$ 780.00

• **Contact Menard, Gates & Mathis at 1-901-761-3100 if higher limits are needed** •

Coverage provided under this program includes:

NEW - Commercial General Liability w/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. Additional coverages added with broadening endorsement are:

- Emergency Real Estate Consultant Fee - \$25,000
- Key Individual Replacement Cost - \$50,000
- Temporary Meeting Space - \$25,000
- Workplace Violence Counseling - \$25,000
- Identity Theft Exposure - \$25,000
- Lease Cancellation Moving Expense - \$2,500
- Terrorism Travel Reimbursement - \$25,000

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

Professional Liability – provides protection against claims that arise out of the rendering, or failure to render: instruction, demonstration, direction and/or advice relating to cheer and/or competitive dance.

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 cheer operations. “Participant” means any person practicing, instructing or participating in any physical exercises or games, sports or athletic contests. Participant does not include any compensated member of your staff, including employees or independent contractors. 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. Subject to the limit selected, a \$100 or \$250 deductible applies to each claim, and the benefit period is two years from the date of the accident.

Medical Payments for Participants coverage is not extended to those non-registered members/participants of your hosted competition(s). (Note: You should require proof of medical payments for participants coverage being in place for all non-registered members/participants taking part in your hosted competition.)

Hired Auto and Employers' Nonownership Liability (not provided while in Hawaii) – 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.

EXCLUSIONS

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

- Abuse, molestation, harassment or sexual conduct
- All operations listed as ineligible
- Amusement devices (e.g.: rides, inflatables, bungees or dunk tanks)
- Asbestos
- Climbing walls - exceeding ten (10) feet in height with no safety harness system, unless reviewed and approved by MGM/K&K
- Communicable diseases
- Employment-related practices
- Fungi or bacteria
- Lead
- Nuclear energy liability
- Parkour activities/programs
- Pollution
- Transportation of participants/members/students

OPTIONAL COVERAGES AVAILABLE

Subsidiary Activities Coverage

Subsidiary activities are considered to be activities such as camps and/or clinics, dance programs and/or classes, trial classes or open gym and yoga and/or exercise classes at your cheer gym where participants in these activities are non-registered member participants or are participants that are required to have a separate registration/enrollment in order to participate in these activities. Coverage is excluded for non-registered participants or those participants that are required to have a separate registration/enrollment unless this optional coverage is purchased.

Coverage Conditions:

1. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage with Menard, Gates & Mathis's USASF Cheer Gyms RPG Insurance Program.
2. The same coverages and limits would apply to this optional coverage as purchased for your cheer gym.
3. A birthday/social party is not considered to be a subsidiary activity.

Cost (per participant, per camp and/or clinic)

Day Camp/Clinic - per day/per camp/clinic

Option 1 - \$1,000,000 CGL with \$ 25,000 Excess Medical	\$ 1.10
Option 2 - \$1,000,000 CGL with \$150,000 Excess Medical	\$ 1.31
Option 3 - \$2,000,000 CGL with \$ 25,000 Excess Medical	\$ 1.38
Option 4 - \$2,000,000 CGL with \$150,000 Excess Medical	\$ 1.59

Weekly or Overnight Camp – per camp (camp/clinic lasting 3-7 consecutive days)

Option 1 - \$1,000,000 CGL with \$ 25,000 Excess Medical	\$ 3.30
Option 2 - \$1,000,000 CGL with \$150,000 Excess Medical	\$ 3.94
Option 3 - \$2,000,000 CGL with \$ 25,000 Excess Medical	\$ 4.13
Option 4 - \$2,000,000 CGL with \$150,000 Excess Medical	\$ 4.77

Subsidiary Activities – per activity

Option 1 - \$1,000,000 CGL with \$ 25,000 Excess Medical	\$ 9.90
Option 2 - \$1,000,000 CGL with \$150,000 Excess Medical	\$ 11.09
Option 3 - \$2,000,000 CGL with \$ 25,000 Excess Medical	\$ 13.31
Option 4 - \$2,000,000 CGL with \$150,000 Excess Medical	\$ 14.50

OPTIONAL COVERAGES AVAILABLE CONTINUED

Sexual Abuse or Sexual Molestation 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 or sexual molestation:

- Option 1: \$1,000,000 of liability coverage for sums the insured becomes legally obligated to pay as damages because of loss arising out of any actual or threatened sexual abuse or sexual molestation.
- 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:

- Coverage is contingent upon completion, as well as review and approval from us, of the underwriting questions found on page 11.
- Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your cheer gym with Menard, Gates & Mathis' USASF Cheer Gym RPG Insurance Program.
- Only one option may be purchased.
- This coverage is 100% fully earned at inception.

Options	Age Group/Activity Type	Rate (per participant)
Option 1 - \$1,000,000 Sexual Abuse or Sexual Molestation Liability (\$150.00 minimum premium applies)	Non-certified	\$ 2.62
	Certified	\$ 2.28
	Non-registered Member Activity(s)	\$ 1.36
	Day Camp/Clinic	\$ 0.11
	Weekly Camp/Clinic	\$ 0.33
Option 2 - \$100,000 Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement	Flat Rate Per School/Club	\$ 100.00

Equipment and Contents Coverage (Inland Marine)

This provides coverage for direct loss or damage to your supplies and equipment, furnishings, improvements and betterments, signs and non-structural glass due to fire, theft, vandalism or other covered causes (subject to actual policy terms and conditions). 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 Menard, Gates & Mathis to have your insured value amended to avoid a co-insurance penalty.

NEW – Additional coverages automatically included in the coverage form are

- Business Income with Extra Expense – Actual Loss Sustained (up to \$50,000)
- Money and Securities Coverage - \$5,000 any one occurrence
- Valuable Papers and Records Coverage - \$10,000 at premises / \$2,500 away from premises
- Account Receivable Coverage - \$10,000 at premises / \$2,500 away from premises

Coverage Conditions:

- This coverage is not available for New Jersey applicants.
- Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your cheer gym with Menard, Gates and Mathis's USASF Cheer Gyms RPG Insurance Program
- 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 USASF Cheer Gyms RPG Insurance Program.
- Receipt of purchase is required at the time of loss to show verification of purchase for any improvements or betterments.

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

FREQUENTLY ASKED QUESTIONS

1. We are a newly formed gym and we are not sure how many students we will have, how should I report my student count?

You need to report the number of students you project to have within an annual term. You may add additional students at any time by using the gymnastics and cheer supplemental form.

2. Is coverage under this policy extended to independent contractors (non-employees) working on behalf of the gym?

Independent contractors (non-employees) are not covered under this program. Menard, Gates & Mathis, however, does offer an insurance program specifically designed for independent contractors that directly supervise an individual or group engaged in sport activities. Within this coverage, the independent contractor instructor can list your cheer gym as an additional insured while instructing at your gym or as a part of your operations. Contact Menard, Gates & Mathis at 1-901-761-3100 for more information.

3. Am I allowed to transport students to activities such as meets, tournaments or events?

This insurance program does not provide coverage for the transportation of students. Should the transportation of students be necessary for your operation, we suggest that you contact Menard, Gates & Mathis at 1-901-761-3100.

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

A copy of the RPG master policy can be requested in writing to: Menards, Gates & Mathis, 6401 Poplar Avenue, Suite 250, Memphis, TN 38119.

5. Is my gym covered for a meet or tournament that we are hosting that involves non-registered students/members?

Yes, liability coverage is included for meets or tournaments you host that include students/members of your school, as well as non-registered students/members. Medical payments for participants coverage is not available for non-registered students.

6. What is Equipment and Contents Coverage (Inland Marine)?

This provides coverage for direct loss or damage to your supplies and equipment, furnishings, improvements and betterments, signs and non-structural glass due to fire, theft, vandalism or other covered causes. 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.





Enrollment Form - USASF Cheer Gyms

Valid for effective dates from

11/1/12 through 10/31/13

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. An 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 membership fee may be charged. The submission of this enrollment form and/or acceptance of payment does not guarantee coverage. Certain operations are not eligible for coverage by this program. Menard, Gates & Mathis and K&K 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 6 - 14) with payment

GENERAL INFORMATION

☐ I am a new account

☐ I am renewing my coverage

USASF membership number: _____

Name insured (as it should appear on the policy): _____

(the legal name of the business or organization; typically the name that would appear on any contracts or agreements)

Doing business as (DBA): _____

(additional name(s) under which the named insured operates)

Mailing address: _____

City: _____ State: _____ Zip: _____

Contact name: _____ Phone: (_____) _____

Cell: (_____) _____ Fax: (_____) _____

E-mail: _____ Website: _____

LOCATIONS

List operating locations if different from mailing address.

Location 1: _____
Street Address City State Zip

Location 2: _____
Street Address City State Zip

DATES

Coverage will begin the day after the completed enrollment form and premium are received and approved by Menard, Gates & Mathis, 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

FOR NEW ACCOUNTS ONLY, please complete the following:

1. What is the name of your current insurance carrier(s) and the expiration date(s) of coverage?

Name(s): _____ Expiration date(s): _____

2. Is your current carrier non-renewing your coverage? ☐ Yes ☐ No

3. Please list and describe any liability or medical claims that have been paid under your insurance coverage for the past three (3) years, including the amount paid. (If you have loss information, please provide a copy.)

FOR ALL ACCOUNTS (New or Renewal), please complete the following:
Does your facility have any of the following operations or services? (check all that apply)

- ☐ Activities that occur away from the facility location/premises other than competitions, demonstrations, exhibitions or parades
 If yes, please describe: _____
 (Activities held off-site except for competitions, demonstrations, exhibitions or parades must be reported prior to occurring and approved by MGM/K&K.)
- ☐ Camps or clinics
 Do non-members attend? ☐ Yes ☐ No
 (Non-member campers are excluded from coverage under this policy, unless you purchase the optional subsidiary activity coverage available.)
 Describe the type of camps or clinics you may have, along with the activities/events taking place at them: _____
 (Coverage can only be extended for those types of operations/activities that coverage has been purchased for under this program. Ancillary activities are subject to approval.)
 Describe any activities that occur away from your facility: _____
 (Activities held off-site are subject to approval)
- ☐ Child-care/babysitting services/pre-schools and/or accredited schools
 (Child-care and/or babysitting services are excluded under this program.)
- ☐ Climbing devices
 List maximum height of climbing device: _____ Is a safety harness required? ☐ Yes ☐ No
 Describe the device: _____
 (If over 10 feet, please include pictures of the device with this submission for review. Prior approval is required for climbing walls exceeding 10 feet with no safety harness.)
- ☐ Dance programs or classes
 (The following type of dance operations are not eligible for coverage under this program: ballroom rental facilities, banquet and reception halls, cabarets, dance halls, discotheques, nightclubs, production companies, professional dance companies and professional touring companies.)
- ☐ Inflatable devices not used for cheerleading training or instruction
 Only those inflatable devices that are designed for cheer/dance training are covered by this program (e.g.: Tumbl Trak & Air Trak, etc.)
 Other inflatable recreation devices (e.g.: bounce houses, slides, obstacle courses, etc.) are excluded unless pre-approved by us. Please contact us for additional information and the supplemental questionnaire to complete.
- ☐ Swimming pool, sauna, steam room, jacuzzi, hot tub, whirlpool or spa
 (Please contact Menard, Gates & Mathis for additional information on coverages available for this type of exposure and a questionnaire to complete. If approved, an additional premium charge of \$650.00 applies to pool.)

You will receive a certificate showing evidence that coverage has been bound. This coverage document will be delivered via e-mail, unless otherwise indicated below. Additional certificate requests will be issued to the same person. Please select only one option.

- ☐ E-mail to: _____ attn: _____
 (selecting this option confirms your consent for coverage documents to be delivered via e-mail)
- ☐ Fax to: _____ attn: _____
- ☐ Mail to: _____ attn: _____

You will receive a certificate showing evidence that coverage has been bound. Complete this section to request additional certificates. Provide separate requests for each additional certificate needed.

This certificate is for our: ☐ Program coverage (commercial general liability) ☐ Equipment and contents coverage

Check the type of certificate you are requesting:

☐ Additional insured ☐ Evidence of coverage ☐ Loss payee

Certificate holder information:

Entity name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Relationship to named insured:

☐ Owner/lessor of premises ☐ Sponsor ☐ Co-promoter ☐ Mortgagee ☐ Franchisor

☐ Lessor of equipment and contents ☐ Other (please identify/explain): _____

Special certificate language needed (please explain/attach): _____

If applicable:

RE: 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: _____

For Loss Payee:

Type of equipment (please describe): _____

Replacement cost limit: _____

The cost due is determined by applying the appropriate option and rate for your cheer gym to the greatest number of students/registered members that your program could have annually. **If you choose the Certified Gym Plan Rate you must include verification from Amy Clark that your gym is a Certified Gym. Amy's contact information is 1-330-402-0895.**

If verification is not included we will not be able to process your application.

Cost Calculation (please check one option and complete calculation below)

☐ **Option 1 - \$1,000,000 CGL with \$25,000 Excess Medical**

• USASF Member Non-certified Gym Plan All Ages - \$17.50 per student

• USASF Member Certified Gym Plan All Ages - \$14.36 per student

☐ **Option 2 - \$1,000,000 CGL with \$150,000 Excess Medical**

• USASF Member Non-certified Gym Plan All Ages - \$18.82 per student

• USASF Member Certified Gym Plan All Ages - \$15.51 per student

☐ **Option 3 - \$2,000,000 CGL with \$25,000 Excess Medical**

• USASF Member Non-certified Gym Plan All Ages - \$24.05 per student

• USASF Member Certified Gym Plan All Ages - \$20.06 per student

☐ **Option 4 - \$2,000,000 CGL with \$150,000 Excess Medical**

• USASF Member Non-certified Gym Plan All Ages - \$25.37 per student

• USASF Member Certified Gym Plan All Ages - \$21.21 per student

Type of Student	Rate	X	# of Students/Members	=	Annual Cost (\$1 million)	Annual Cost (\$2 million)
Non-Certified Cheer Student	\$	X		=	\$	
Certified Cheer Student	\$	X		=	\$	
Program Minimum Cost					\$ 530.00	\$ 780.00
Program Cost The minimum cost of \$530 or \$780 will apply if the annual cost does not exceed \$530 or \$780.					\$	

Subsidiary Activities

Please check one option and complete calculations below. (Note: The option chosen must be selected for all subsidiary activities.)

Select all of the activities you may have and report the total number of non-registered members of the gym and/or the number of separately enrolled participants in each of the activities listed below.

- ☐ Option 1 - \$1,000,000 CGL with \$ 25,000 Excess Medical
- ☐ Option 2 - \$1,000,000 CGL with \$150,000 Excess Medical
- ☐ Option 3 - \$2,000,000 CGL with \$ 25,000 Excess Medical
- ☐ Option 4 - \$2,000,000 CGL with \$150,000 Excess Medical

	Type of Activity	Number of Participants	X	Rate	=	Annual Cost
<input type="radio"/>	Day Camps or Clinics		X	<input type="radio"/> Option 1 - \$ 1.10 <input type="radio"/> Option 2 - \$ 1.31 <input type="radio"/> Option 3 - \$ 1.38 <input type="radio"/> Option 4 - \$ 1.59	=	\$
<input type="radio"/>	Overnight or Weekly Camps (3-7 consecutive days)		X	<input type="radio"/> Option 1 - \$ 3.30 <input type="radio"/> Option 2 - \$ 3.94 <input type="radio"/> Option 3 - \$ 4.13 <input type="radio"/> Option 4 - \$ 4.77	=	\$
<input type="radio"/>	Dance Programs and/or Classes		X	<input type="radio"/> Option 1 - \$ 9.90 <input type="radio"/> Option 2 - \$ 11.09 <input type="radio"/> Option 3 - \$ 13.31 <input type="radio"/> Option 4 - \$ 14.50	=	\$
<input type="radio"/>	Trial Classes and/or Open Gym		X	<input type="radio"/> Option 1 - \$ 9.90 <input type="radio"/> Option 2 - \$ 11.09 <input type="radio"/> Option 3 - \$ 13.31 <input type="radio"/> Option 4 - \$ 14.50	=	\$
<input type="radio"/>	Yoga and/or Exercise Classes		X	<input type="radio"/> Option 1 - \$ 9.90 <input type="radio"/> Option 2 - \$ 11.09 <input type="radio"/> Option 3 - \$ 13.31 <input type="radio"/> Option 4 - \$ 14.50	=	\$
<input type="radio"/>	Other (please describe) <hr/> <hr/> Note: This is a subject to approval by K&K		X	<input type="radio"/> Option 1 - \$ 9.90 <input type="radio"/> Option 2 - \$ 11.09 <input type="radio"/> Option 3 - \$ 13.31 <input type="radio"/> Option 4 - \$ 14.50	=	\$
Total Subsidiary Activities Cost (add all lines above)						\$

Equipment and Contents Coverage - not available for New Jersey applicants

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

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)

Supplies & Inventory (office supplies, items held for sale)

\$ _____

Equipment & Contents (athletic equipment, electronics, furniture, non-structural glass, phone/fax system, office contents, etc.)

\$ _____

Improvements & Betterments (items you have installed or altered

\$ _____

at your expense, such as flooring, mirrors, ceiling tile, window treatments, lighting, shelving, etc.) - Receipt of purchase is required at the time of loss to show verification of purchase.

Signs (indoor or outdoor)

\$ _____

Misc. Equipment - please describe: _____

\$ _____

Total replacement value for all location(s) (add all lines above)

\$ _____

Step 2: List physical addresses where equipment and contents are stored

P.O. boxes cannot be accepted

Location 1: _____

Address

City

State

Zip

Location 2: _____

Address

City

State

Zip

Step 3: Calculate cost

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

Equipment and Contents Annual Cost

☐ My total replacement value is between \$1 - \$10,000

(\$250 deductible will apply)

\$.03 x \$ _____ = \$ _____ \$ _____
 Total Replacement Value Equipment and Contents Cost
 (\$100.00 minimum cost applies)

☐ My total replacement value is over \$10,000

(\$1,000 deductible applies to values from \$10,001 - \$100,000 and a \$2,500 deductible applies to values over \$100,000)

\$.026 x \$ _____ = \$ _____ \$ _____
 Total Replacement Value Equipment and Contents Cost
 (\$100.00 minimum cost applies)

Sexual Abuse or Sexual Molestation 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.

1. Does your organization currently have employees, volunteers or require the presence of at least two adults when minors are present? ☐ Yes ☐ No
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
 - a. Are you aware of any occurrences that could lead to a claim? ☐ Yes ☐ No
If yes to 2. or 2.a., please explain: _____
3. 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
 - 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 or sanctioning/governing body member? ☐ Yes ☐ No
 - c. Do the written procedures establish and require adherence to the "three person rule"? ("Three person rule" prohibits one adult from being alone with one youth. A second adult must be present, or there must be two or more youths with an adult.) If no, do the procedures establish if and when exceptions to the "three person rule" are permissible as part of your operations/activities? ☐ Yes ☐ No
4. Please complete the following questions regarding employee and volunteer screening controls used by your organization.

☐ Check here and skip the chart below if you have no employees or volunteers, but always require the presence of at least two adults whenever minors are present.

Please Complete All Questions The term "Volunteers" in the following questions means someone who exerts control over or supervises participants.	Employees (Check Here if No Employees <input type="radio"/>)	Volunteers (Check Here if No Volunteers <input type="radio"/>)
Are written 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 #4: _____

Options	Activity Type	Rate (per participant)	X	Total # of Participants (see page 8)	=	Premium
<input type="radio"/> Option 1 - \$1,000,000 Sexual Abuse or Sexual Molestation Liability	Non-certified Member	\$ 2.62	X		=	\$
	Certified Member	\$ 2.28	X		=	\$
	Subsidiary Participant	\$ 1.36	X		=	\$
	Day Camp	\$ 0.11	X		=	\$
	Weekly Camp	\$ 0.33	X		=	\$
	TOTAL Sexual Abuse/Sexual Molestation Liability Premium (add all lines above, \$150.00 minimum premium applies)					\$

<input type="radio"/> Option 2 - \$100,000 - Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement	\$100.00
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Please complete with premium total for each coverage selected or indicate coverage is not needed.		Coverage Not Needed
TOTAL COST SUMMARY	Program Cost	\$
	Subsidiary Activities Cost	\$ <input type="radio"/>
	Equipment and Contents Cost	\$ <input type="radio"/>
	Sexual Abuse/Sexual Molestation Premium (optional coverage): <input type="radio"/> \$100,000 Defense Reimbursement Only OR <input type="radio"/> \$1,000,000 Liability Limit	\$ <input type="radio"/>
	Total Cost Due-Subtotal (add all lines above)	\$ A
	Florida Applicants Florida applicants need to add a 1.3% state mandated Hurricane Catastrophe Fund assessment fee to the total cost due Total Cost Due (total cost due x 1.013)	\$ B
	Annual Risk Purchasing Group Membership Fee (Required)	\$ 10.00 C
Total Cost Due (add lines A or B + C)	\$	

FOR K&K USE ONLY	UW Rec:___/___/___ Status: N R Broker: Y N Comm:___% OPS Rec:___/___/___
	GL Exp Policy #:___/CP #:___ Exp Dates:___/___/___ to ___/___/___
	IM Exp Policy#:___ Exp Dates:___/___/___ to ___/___/___
	SAM IM D&O GL Option:___ Delivery: M F E Date:___/___/___ Pay Plan:___ Bill: AB AD CBG
	Opt Form: 2026 2011 8016 8018 876 2404 Comments:___
	GL Policy #:___/CP #:___ GL Prem:___ Eff Date:___/___/___ to ___/___/___
	IM Policy #:___ IM Prem:___ SAM Policy #:___ SAM Prem:___
D&O Policy #:___ D&O Prem:___ Insured #:___	

COVERAGE EXCLUSIONS	<p>The following exclusions are contained in the commercial general liability coverage provided by this program. Abuse, molestation, harassment or sexual conduct (unless reviewed and approved by MGM/K&K); 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 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; Climbing walls exceeding ten (10) feet in height with no safety harness system (unless reviewed and approved by MGM/K&K); Childcare/babysitting services; Commercial general liability standard exclusions (CG0001 12/04 edition); Communicable diseases; Employment-related practices; Fireworks; Fungi or bacteria; Haunted attractions; Lead; Nuclear energy liability; Performer (Injury or death to any performer or entertainer during any activity, event or exhibition including but not limited to any stunt, concert, show or theatrical event. This exclusion does not apply to participants in any activity, event or exhibition that are part of the designated operation for which you are enrolled); Rodeos; Saddle animals; Snowmobile; Swimming pools, saunas, steam rooms, jacuzzis, hot tubs, whirlpools or spas (unless reviewed and approved by MGM/K&K); Transportation of athletes/participants; Those operations listed as ineligible: Gym operations that provide instruction using gymnastics apparatus (bars, beam, vault, etc), Competition and event organizers, College or university cheer squads</p>
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COSTS ARE 20% FULLY EARNED AND NON-REFUNDABLE ONCE COVERAGE BEGINS*

COVERAGE IS CONTINGENT UPON RECEIPT OF PREMIUM PAYMENT. NO COVERAGE WILL BE DEEMED IN EFFECT UNTIL PREMIUM IS RECEIVED BY THE COMPANY OR THEIR REPRESENTATIVE.

*See page 4. Sexual Abuse/Sexual Molestation options are 100% fully earned at inception.

PAYMENT INFORMATION

Select Payment Plan: Check one:

☐ **100% Plan**

- 100% of the total premium is due to bind coverage

☐ **30% / 70% Plan**

- 30% of the total premium + \$10 RPG fee is due to bind coverage
- Florida Applicants must also include the entire 1.3% state mandated Hurricane Catastrophe Fund assessment fee to bind coverage
- The balance of the premium (70%) will be due within 30 days of the effective date

☐ **25% + 3 Plan**

- 25% of the total premium + \$10 RPG fee is due to bind coverage
- Florida Applicants must also include the entire 1.3% state mandated Hurricane Catastrophe Fund assessment fee to bind coverage
- The balance of the premium will be due in (3) consecutive monthly installments

☐ **Check here if you prefer to be mailed an invoice for any future balances/installments.**

If paying by credit card, any outstanding balances or installments will be charged to the same card number provided below, unless you have checked the box above.

Making your Payment:

☐ **Check:** Please make check payable to K&K Insurance Group, Inc. Enclosed is check # _____ for \$ _____

☐ **Credit Card:** If you are making your payment by credit/debit card, please complete the following:

☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMERICAN EXPRESS

Card number: _____

Reference number (last 3 digits on back of card): _____ Expiration date: _____

I authorize K&K Insurance Group, Inc. to charge my payment to my credit card in the amount of \$ _____

Print name (as on card): _____

Cardholder signature: _____

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

APPLICABLE IN COLORADO 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA

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 FLORIDA 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 HAWAII For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

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

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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

APPLICABLE IN OKLAHOMA 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 WASHINGTON 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 insurance benefits.

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 books 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.

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

Applicant signature: _____

Date: _____

Printed name: _____ Title: _____

Named insured (from page 6): _____