



# DANCE SCHOOLS & PROGRAMS Insurance Program and Enrollment Form

This brochure is valid for effective dates from 1/1/18 through 12/31/18

Higher liability limits are available immediately online

## PROGRAM DESCRIPTION

This program has been designed for U.S.-based dance schools and other organizations specializing in the instruction of performance and social dance. Coverage provided includes important liability protection for the school or organization, including its employees and volunteers, for liability claims arising out of its operations.

For eligible dance schools or programs, your covered operations consist of operations and activities at your locations involving registered members/participants, under your direct supervision or organized by you, that have been reported to and approved by the Company, and for which the applicable premium has been paid; and off-site competitions, demonstrations, parades and fundraising activities, directly associated with the above that are under direct supervision, or organized by you; and ancillary events or activities at off-site locations involving registered members/participants under your direct supervision, or organized by you, that have been reported to and approved by the Company, and for which the applicable premium has been paid.

“Covered Operations” may also include: birthday/social parties at your premises that are under your direct supervision or organized by you, that have been reported to and approved by the Company, and for which the applicable premium has been paid; activities involving non-registered members/participants, under your direct supervision or organized by you, that have been reported to and approved by the Company, and for which the applicable premium has been paid.

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

## INELIGIBLE OPERATIONS

Operations not eligible for this program include, but are not limited to, the following:

- Acrobatic and circus skills training
- Ballroom rental facilities
- Banquet and reception halls
- Cabarets
- Dance halls
- Discotheques
- Nightclubs
- Production companies
- Professional dance companies
- Professional touring companies
- Trampoline parks/facilities

## ELIGIBLE OPERATIONS

Schools or organizations providing instruction in the following styles of dance are eligible for this program.

Note: If your style of dance is not listed, contact us for proper classification.

- Acro dance
- Ballet
- Ballroom
- Belly dancing
- Clogging
- Contemporary
- Country western
- Cultural/ethnic
- Flamenco
- Folk dancing
- Hawaiian
- Hip hop
- Irish
- Jazz
- Latin
- Modern
- Salsa
- Scottish
- Square
- Swing
- Tango
- Tap
- Tumbling (floor only, no gymnastics apparatus)
- ZUMBA®

Coverage for independent dance instructors can be purchased online or by contacting us for additional information.

## EASY WAYS TO ENROLL FOR COVERAGE



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

OR

Submit this enrollment form, with payment, to us.



E-MAIL [programs@relationinsurance.com](mailto:programs@relationinsurance.com)



FAX 1-913-327-0201



MAIL	Regular:	Overnight:
	Relation Insurance Services P.O. Box 25936 Overland Park, KS 66225	Relation Insurance Services 9225 Indian Creek Parkway, Suite 700 Overland Park, KS 66210



QUESTIONS Call 1-800-955-1991

## 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, slides, inflatables (unless reviewed and approved by us) bungees, climbing walls or devices, dunk tanks)
- Asbestos
- Babysitting and/or childcare services
- Cryogenic chambers/therapy
- Gymnastic classes/programs, unless reported, approved and appropriate premium paid
- Employment-related practices
- Fireworks
- Fungi or bacteria
- Lead
- Nuclear energy liability
- Parkour/free-running/tricking/urban gymnastics/extreme tumbling or any similar type activities/programs, unless reviewed and approved by us
- Pollution
- Sale or distribution of herbal, medicinal and/or nutritional products
- Transportation of participants
- Violation of statutes that govern e-mails, faxes, phone calls or other methods of sending materials or information

## COVERAGES AND LIMITS

Higher liability limits are available immediately online

Coverages	Option 1	Option 2
<b>Commercial General Liability</b>	<b>Limits</b>	<b>Limits</b>
Each Occurrence	\$ 1,000,000	\$ 2,000,000
General Aggregate (Other than Products-completed Operations)	\$ 5,000,000 (per owned location)	\$ 5,000,000 (per owned location)
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 participants)	\$ 5,000	\$ 5,000
Hired Auto and Employers' Nonownership Liability (not provided while in Hawaii)	\$ 1,000,000	\$ 2,000,000
Professional Liability	\$ 1,000,000	\$ 2,000,000
Legal Liability to Participants (LLP)	\$ 1,000,000	\$ 2,000,000*
Medical Payments for Participants (excess) \$250 per claim deductible applies	\$ 25,000	\$ 25,000
<b>Rates</b> (per student/member)	\$ 10.85	\$ 13.43
<b>Minimum Premiums</b>	\$ 870.00	\$ 1,079.00

\*For dance schools/programs with tumbling exposures (floor only, no apparatus) the Legal Liability to Participants limit will be limited to \$1,000,000, regardless of the general liability occurrence limit.

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. Additional or broadening coverages added with the broadening endorsement are:

- Expected or intended injury resulting from the use of reasonable force to protect persons or property
- Non-owned watercraft – extended to 58 feet
- Supplementary payments - \$2,500 bail bonds, \$500 a day loss of earnings
- Knowledge or Notice of Occurrence
- Waiver of right of recovery
- Bodily injury definition expanded to include mental anguish, mental injury, shock, fright, humiliation, emotional distress or death resulting from bodily injury, sickness or disease.
- Damage to Premises Rented to You – the term fire is replaced with fire, lightning, explosion, smoke and leaks from sprinklers
- Additional coverages: Emergency Real Estate Consultant Fee - \$25,000; Identify Theft Exposure (for directors or officers) - \$25,000; Key Individual Replacement Cost - \$50,000; Lease Cancellation Moving Expense - \$2,500; Temporary Meeting Place - \$25,000; Terrorism Travel Reimbursement (for directors or officers)- \$25,000; Workplace Violence Counseling - \$25,000

## COVERAGES AND LIMITS CONTINUED

**Legal Liability to Participants** – coverage which offers protection against bodily injury liability claims brought by persons participating in covered activities of your dance school 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 the dance activity.

**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 dance school 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. A \$250 deductible applies to each claim and the benefit period is two years from the date of the accident.

**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.

### OPTIONAL COVERAGES AVAILABLE

#### Non-Registered Member Activity Coverage

This coverage is available for events and/or activities you conduct at your facility that involve non-registered members of your dance school and are incidental to your dance operations.

When reported and paid for, coverage is extended to provide liability and excess medical coverage for non-registered members while participating in an event/activity you are hosting and supervising. Examples of such events and activities are: camps and clinics; recitals; arts, crafts and/or music programs or classes; exercise and/or yoga classes; tumbling programs or classes; theater arts and/or drama programs or classes.

Unless this option is purchased, coverage is excluded for non-registered members who participate in any activities referenced above.

Coverage Conditions:

1. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your dance school or organization with our Dance Schools & Programs RPG Insurance Program.
2. The same coverages and limits would apply to this optional coverage as purchased for your school or organization.
3. A birthday/social party is not considered to be a subsidiary activity and a separate premium charge will apply.
4. Non-registered members are only to be counted once in your premium calculation, regardless of the number of times that they may participate in those activities. Also include members of your school if they are charged a separate registration fee to participate in the activity.

<b>Rate</b> (per participant)	<b>\$1,000,000 Limit Option</b> \$13.50	<b>\$2,000,000 Limit Option</b> \$18.15
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#### Birthday/Social Party Coverage

Coverage can be extended to cover birthday or social parties held at your dance school or organization premises.

Coverage Conditions:

1. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your dance school or organization with your Dance Schools & Programs RPG Insurance Program.
2. The same coverages and limits would apply to this optional coverage as purchased for your school or organization.

<b>Rate</b> (per party)	<b>\$1,000,000 Limit Option</b> \$16.75	<b>\$2,000,000 Limit Option</b> \$22.50
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## 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. Limit is a part of, and not in addition to, the general liability limit section.
- 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 dance school or organization with our Dance Schools and Programs RPG Insurance Program.
3. Only one option may be purchased.
4. This coverage is 100% fully earned at inception.

Rates	
Options	Rates
<b>Option 1</b> - \$1,000,000 Sexual Abuse or Sexual Molestation Liability	See page 9 for rates (\$150.00 minimum premium)
<b>Option 2</b> - \$100,000 Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement	\$100.00 (Flat rate)

### Equipment and Contents Coverage (Inland Marine) with NEW Additional Coverage Endorsement

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 us to have your insured value amended to avoid a co-insurance penalty.

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:

1. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your dance school or organization with our Dance Schools & Programs RPG Insurance Program.
2. Coverage will be effective the day after we receive the proper completed enrollment form with premium and will expire on the expiration date of our Dance Schools & Programs RPG Insurance Program.
3. Receipt of purchase is required at the time of loss to show verification of purchase for any improvements or betterments.

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

## OPTIONAL COVERAGES AVAILABLE CONTINUED

### Directors' & Officers' Liability including Employment Practices Liability for Not-for-Profit Organizations

This coverage provides important protection for not-for-profit dance schools and organizations for claims arising out of allegations of errors, omissions or wrongful acts committed by its directors, officers, employees or volunteers. This coverage will respond to allegations of discrimination, wrongful dismissal, acts beyond granted authority, failure to deliver services and wrongful employment practices. Please contact us for additional information on this available optional coverage.

## FREQUENTLY ASKED QUESTIONS

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

Coverage can be bound the date after we receive a completed enrollment form and the appropriate premium. Please allow adequate time for us to process your enrollment form and issue certificates.

**2. I periodically open my facility for an event such as a parent's night out activity. Do I have coverage for this?**

You must report all events and activities that are held at your facility and under your direction supervision. Coverage will not extend to non-registered members in any activity unless you have reported those participants, paid the appropriate premium, and the activity has been approved by us.

**3. We are a newly formed school 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 dance supplemental form.

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

Independent contractors (non-employees) are not covered under this program. We however, do offer an insurance program specifically designed for independent contractors that directly supervise an individual or group engaged in dance activities. Within this coverage, the independent dance instructor can list your school or organization as an additional insured while instructing at your school or as a part of your operations. Coverage for independent instructors can be purchased online at [www.4RecSportsAndMore.com](http://www.4RecSportsAndMore.com) or by contacting us.

**5. Is my school covered for a recital or performance that we are hosting that involves non-registered students/members?**

Coverage is included for recitals and performances you host that only include students/members of your school. To obtain coverage for an event that includes non-registered students/members, please contact us to obtain coverage for your recital or performance.

**6. Am I allowed to transport students to activities such as classes, recitals or performances?**

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 consult a licensed insurance agent in your area to provide you with commercial automobile coverage for this type of exposure.

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

Coverage offered under this program is 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 will receive 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: Relation Insurance Services, P.O. Box 25936, Overland Park, KS 66225 or [programs@relationinsurance.com](mailto:programs@relationinsurance.com).

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 us.



# Enrollment Form Dance Schools & Programs

Valid for effective dates from 1/1/18 through 12/31/18

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 6 - 13) 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: \_\_\_\_\_

**LOCATIONS**

Please list locations you own or operate on a 24 hour basis, if different than the mailing location above.  
 (Note: Temporary leased spaces or mobile program sites should not be listed here, only your owned/operated location sites. You can add temporary/mobile locations on the certificate request section if evidence of coverage or additional insured status is needed)

Location 1: \_\_\_\_\_

	Street Address	City	State	Zip
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Location 2: \_\_\_\_\_

	Street Address	City	State	Zip
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**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. Styles of dance offered (check all that apply) and any other types of operations/activities offered:

<input type="radio"/> Acro dance	<input type="radio"/> Clogging	<input type="radio"/> Folk dancing	<input type="radio"/> Jazz	<input type="radio"/> Scottish	<input type="radio"/> Tap
<input type="radio"/> Ballet	<input type="radio"/> Contemporary	<input type="radio"/> Hawaiian	<input type="radio"/> Latin	<input type="radio"/> Square	<input type="radio"/> Tumbling (floor only, no gymnastic apparatus)
<input type="radio"/> Ballroom	<input type="radio"/> Country western	<input type="radio"/> Hip hop	<input type="radio"/> Modern	<input type="radio"/> Swing	<input type="radio"/> ZUMBA®
<input type="radio"/> Belly dancing	<input type="radio"/> Cultural/ethnic	<input type="radio"/> Irish	<input type="radio"/> Salsa	<input type="radio"/> Tango	
	<input type="radio"/> Flamenco				

Other (subject to approval), please describe: \_\_\_\_\_

2. Do you have any activities that occur away from the facility/premises other than recitals, competitions, demonstrations, parades or fundraising activities?  Yes  No

a. If yes, please describe: \_\_\_\_\_  
 (Activities held off-site must be reported prior to occurring and approved by us except for recitals, competitions, demonstrations, parades and fundraising activities.)

3. Do you have camps/clinics?  Yes  No

a. If yes, do non-members attend?  Yes  No  
 (Non-member campers (those that are not registered members of your school) are excluded from coverage under this policy, unless you purchase the optional non-registered member activity coverage available.)

b. Describe the type of camps or clinics you may have along with the activities/events taking place at the camps/clinics: \_\_\_\_\_  
 (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)



4. Do you have birthday parties?  Yes  No

5. Do you have child-care/babysitting services/pre-schools and/or accredited schools?  Yes  No  
(Child-care and/or babysitting services are excluded under this program.)

6. Do you have any tumbling programs/activities?  Yes  No

If yes:

- Are all participants in your tumbling program under the age of 18?  Yes  No
- Is this program for recreational training purposes only (no competitions)?  Yes  No
- Do you utilize any gymnastic apparatuses? (such as trampolines, foam pits, bars, beams, etc.)?  Yes  No

(Please note, the Legal Liability to Participants (LLP) limit will be limited to \$1,000,000, regardless of the general liability occurrence limit. Schools/programs with tumbling exposures are subject to underwriting approval.)

7. Do you utilize any inflatable devices?  Yes  No

(This program contains an exclusion for amusement devices. 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.) Limited coverage for inflatables may be available. Please contact us for additional information.

8. Do you instruct parkour, urban/extreme gymnastics, tricking, free-running and/or similar type programs/activities?  Yes  No

(If yes, please contact us for additional information on coverage availability.)

9. Do you employ independent contractor instructors?  Yes  No

This program provides coverage for instructors and personnel who are employees of the named insured and does not extend to independent dance instructors. Coverage for independent dance instructors can be purchased online or by contacting us.

**10. FOR NEW ACCOUNTS ONLY**

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

Name(s): \_\_\_\_\_ Expiration date(s): \_\_\_\_\_

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

If yes, why? \_\_\_\_\_

c. Please provide current loss runs with at least 4 years of loss history, including your current year. In addition, please describe any liability or medical claims over \$5,000 that have been paid under your insurance coverage for those years.  
\_\_\_\_\_

You will receive a certificate showing evidence that coverage has been bound. This coverage document will be delivered to your agent only. 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: \_\_\_\_\_

Relation Insurance Services - Specialty Risk, Inc. • P.O. Box 25936 • Overland Park, KS 66225 • 1-800-955-1991  
E-mail = programs@relationinsurance.com • Fax 1-913-327-0201 • www.4RecSportsAndMore.com  
CA #0H18178, TX #1657333





**Sexual Abuse or Sexual Molestation Liability Coverage OR Abuse, Molestation or Harassment or Sexual Conduct Defense Cost Reimbursement**

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

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/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 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"/> <b>Option 1 - \$1,000,000 Sexual Abuse or Sexual Molestation Liability</b>	Dance	\$1.03	X		=	\$
	Non-Registered Member Activity(s) • Arts and/or Crafts • Camp/Clinic • Exercise and/or Yoga • Tumbling (floor only) • Theater Arts and/or Drama	\$1.86	X		=	\$
	Birthday or Social Party	\$2.30 per party	X	_____ # parties	=	\$
	<b>TOTAL Sexual Abuse/Sexual Molestation Liability Premium</b> (add all lines above, \$150.00 minimum premium applies)					
<input type="radio"/> <b>Option 2 - \$100,000 - Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement</b>						\$100.00

OPTIONAL COVERAGES PREMIUM CALCULATION CONTINUED

**Equipment and Contents Coverage (Inland Marine)**

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

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**

	<b>Value</b>
_____	\$ _____
_____	\$ _____
_____	\$ _____

**Provide values for categories below**

(DO NOT include those values already shown above)

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

Equipments & 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: Complete ONLY if your replacement cost value is over \$100,000**

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

\_\_\_\_\_

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

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

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

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

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

**Step 3: Calculate premium**

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

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

**TOTAL PREMIUM SUMMARY**

Program Premium (from page 8)	\$
Non-registered Member and/or Birthday/Social Party Premium (from page 8) - Optional Coverage	\$
Sexual Abuse/Sexual Molestation Premium: (from page 9) - Optional Coverage <input type="radio"/> \$100,000 Defense Reimbursement Only OR <input type="radio"/> \$1,000,000 Liability Limit	\$
Equipment and Contents Premium (from page 10) - Optional Coverage	\$
<b>Total Premium Due</b> (add all lines above)	\$

**CERTIFICATE REQUESTS**

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.

Note: Additional insureds are not automatically provided/issued per previous policy terms. You will need to request Additional Insureds that are needed for this policy term below.

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  
 Franchisor       Lessor of equipment and contents  
 Other (please identify/explain): \_\_\_\_\_

Other than being named on the certificate as an additional insured or certificate holder, does the person or organization require any special wording or endorsements?  Yes  No

If yes, check all that apply (**Check your request carefully before submitting. The most common delay in certificate processing is caused by providing a partial or incorrect name and/or instructions.**)

- Form CG2026       Primary endorsement       Waiver of subrogation  
 Other (please explain): \_\_\_\_\_

Date certificate needed by: \_\_\_\_/\_\_\_\_/\_\_\_\_

If applicable:

For specific event:

Date(s) of event/activity: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of event/activity: \_\_\_\_\_

Name of event/activity: \_\_\_\_\_

Location of event/activity: \_\_\_\_\_

For equipment and contents/loss payee:

Type of equipment (please describe): \_\_\_\_\_

Limit: \_\_\_\_\_

**FOR OFFICE 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 Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
 IM Policy #: \_\_\_\_ IM Prem: \_\_\_\_ IM Eff Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
 D&O Policy #: \_\_\_\_ D&O Prem: \_\_\_\_ Insured #: \_\_\_\_

The following exclusions are contained in the commercial general liability coverage provided by this program. Abuse, molestation, harassment or sexual conduct; 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 unless reviewed and approved by us, 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 designated 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); Any adult-themed parties/meetings/trips, including, but not limited to parties/meetings, trips during which demonstration of products and/or services used in the adult entertainment industry takes place; Asbestos; Babysitting and/or childcare services; Commercial general liability standard exclusions (CG0001 04/13 edition); Cryogenic chambers/therapy; Cycling (other than stationary); Employment-related practices; Fireworks; Fungi or bacteria; Gymnastic classes/programs (unless reported, approved and appropriate premium paid); Haunted attractions; Instruction/activity being held on or in open water (e.g.: lakes, ponds, ocean); Lead; Massage therapy; Medical, therapy or health care services; Martial arts style consisting of: boxing (contact/sparring), dim mak, haganah, kali/escrima, mixed martial arts, savate, sayoc kali, thai boxing/muay thai, training programs for law enforcement, public safety and military personnel, ultimate fighting/extreme fighting/cage fighting and wrestling; Nuclear energy liability; Operations related, in whole or in part, to performance as an exotic dancer or any similar occupation in the adult entertainment industry; Parkour/free-running/tricking/urban gymnastics/extreme tumbling or any similar type activities/programs unless reviewed, approved and appropriate premium paid; Performers (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 operations for which you are enrolled); Rodeos; Saddle animals; Salon services or indoor tanning; Snowmobile; Sports/rehabilitation services/therapy; Swimming pools, saunas, steam rooms, Jacuzzis, hot tubs, whirlpools or spas (unless reviewed, approved and appropriate premium paid); Transportation of athletes/participants; The sale or distribution of herbal, medicinal and/or nutritional products; Violation of statutes that govern e-mails, faxes, phone calls or other methods of sending materials or information; Those operations listed as ineligible: Acrobatic and circus skills training, Ballroom rental facilities, Banquet and reception halls, Cabarets, Dance halls, Discotheques, Nightclubs, Production companies, Professional dance companies, Professional touring companies, Trampoline parks/facilities.

**Applicable in AL, AR, DC, LA, MD, NM, 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 FL and OK** Any person 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)\*. \*Applies in FL Only.

**Applicable in KS** 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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 KY, NY, OH and 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\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA 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 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 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.

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 or agent signature:** \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Applicant Business Name (from page 6): \_\_\_\_\_

**COSTS ARE 20% FULLY EARNED AND NON-REFUNDABLE ONCE COVERAGE BEGINS\*  
 COVERAGE IS CONTINGENT UPON RECEIPT OF PAYMENT. NO COVERAGE WILL BE DEEMED IN EFFECT  
 UNTIL THE ACCURATE PAYMENT IS RECEIVED BY THE COMPANY OR THEIR REPRESENTATIVE.**

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

**Step 1: Calculate Final Cost**

Total Premium Due (from page 11)	\$ _____
Risk Purchasing Administration Fee (REQUIRED to be able to process enrollment)	\$ 15.00
<b>TOTAL COST DUE</b>	<b>\$ _____</b>

**Step 2: 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 + \$15 RPG fee is due 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 + \$15 RPG fee is due 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 balance/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.**

**Step 3: Making your Payment:**

- Check:** Please make check payable to Relation Insurance Services.  
Enclosed is check # \_\_\_\_\_ for \$ \_\_\_\_\_
- Credit Card:** If you are making your payment by credit/debit card, please complete the following:
  - VISA       MASTERCARD       AMERICAN EXPRESS

Card number: \_\_\_\_\_

CSC # (card security) code: \_\_\_\_\_ Expiration date: \_\_\_\_\_

I authorize Relation Insurance Services to charge my payment to my credit card in the amount of \$ \_\_\_\_\_

Print name (as on card) \_\_\_\_\_

**Cardholder signature:** \_\_\_\_\_