



SPORTS INSTRUCTOR

Insurance Program and Enrollment Form

This brochure is valid for effective dates from 1/1/23 through 12/31/23

PROGRAM DESCRIPTION

This insurance program has been specifically designed to meet the unique needs of a U.S.-based sports instructor directly supervising an individual or a group engaged in sports-related skills.

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

This program does not provide coverage for the operation, ownership or maintenance of a fitness, sports or dance facility. For information regarding coverage for a facility, please call us.

INELIGIBLE OPERATIONS

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

- Certified athletic trainers
- Coaching of organized competitive athletic teams
- Instructors under the age of 18
- Instructor's employment as an exempt or a non-exempt employee of a school, university or college
- Instruction of the following:

-Boxing	-Equestrian	-Rowing
-Canoeing	-Kayaking	-Scuba diving
-Cycling	-Lifeguarding	-Skiing
-Diving	-Martial arts*	-Surfing

*For Martial Arts Instructors, please contact us or visit us online for more information.

For information or applications for sports facilities and/or teams, leagues and associations, please visit our website or contact us.

ELIGIBLE OPERATIONS

A U.S.-based instructor age 18 or older conducting private or group instruction in any of the following sports is eligible to enroll in this program:

- | | |
|--|---|
| • Baseball | • Lacrosse |
| • Basketball | • Pickleball |
| • Baton twirling | • Racquetball |
| • Bowling | • Road running |
| • Cheerleading | • Soccer |
| • Cross country | • Softball |
| • Dance* | • Squash |
| • Fencing | • Swimming |
| • Figure skating | • Table tennis |
| • Football | • Tennis |
| • Golf | • Track and field |
| • Gymnastics
(only eligible for Option 1) | • Tumbling (floor only, no gymnastic apparatus) |
| • Hockey | • Volleyball |
| | • Wrestling |

* For instruction of dance only, please contact us or visit www.4RecSportsAndMore.com

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:	Overnight:
Academic HealthPlans, Inc. P.O. Box 25936 Overland Park, KS 66225	Academic HealthPlans, Inc. 9225 Indian Creek Parkway, Suite 700 Overland Park, KS 66210



QUESTIONS Call 1-800-955-1991 ext 5617

FOR SERVICE REQUESTS ONLY



E-MAIL programs@4recsportsandmore.com

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.

EXCLUSIONS

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

- Abuse, molestation, harassment or sexual conduct
- Amusement devices (e.g.: rides, slides, inflatables, bungees, climbing walls, dunk tanks)
- Communicable disease
- Cryogenic chambers/therapy
- Cycling (other than stationary)
- Employment-related practices
- Instruction/activity being held on or in open water (e.g.: lakes, ponds, ocean)
- Medical, therapy or health care services
- Operation, ownership or management of a commercial sports facility
- Physicals/stress testing
- Physical therapy, massage or salon services
- Sale or distribution of herbal medicinal and/or nutritional products
- Those operations listed as ineligible
- Violation of statutes that govern e-mails, faxes, phone calls or other methods of sending materials or information

COVERAGES AND LIMITS

Coverages	Option 1	Option 2	Option 3	Option 4	Option 5
Commercial General Liability (CGL)	Limits	Limits	Limits	Limits	Limits
Each Occurrence	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
General Aggregate (Other than Products-completed Operations)	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000
Products-completed Operations Aggregate	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
Personal and Advertising Injury	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
Legal Liability to Participants	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
Professional Liability	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
Damage to Premises Rented to You (Fire Legal Liability)	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000
Program A - Sports instruction conducted at locations that are NOT owned or operated by the instructor					
1 year cost	\$ 367.00	\$ 543.00	\$ 793.00	\$ 1,043.00	\$ 1,293.00
2 years cost	\$ 649.00	\$ 966.00	Not Available	Not Available	Not Available
Program B - Includes Program A locations and/or instruction conducted at the instructor's home or residence					
1 year cost	\$ 455.00	\$ 675.00	\$ 925.00	\$ 1,175.00	\$ 1,425.00
2 years cost	\$ 808.00	\$ 1,205.00	Not Available	Not Available	Not Available

*Cost includes premium and a \$15 risk purchasing group administration fee

Coverage provided under this program includes:

Commercial General Liability with Broadening Endorsement – coverage which protects the insured against liability claims for bodily injury and property damage arising out of premises, operations, products and completed operations and personal and advertising injury.

Legal Liability to Participants – coverage which offers protection against bodily injury liability claims brought by persons participating in sports activities under the direction of the insured.

Professional Liability – provides protection against wrongful acts (breach of duty, neglect, error, omission, misstatement or a misleading statement in the discharge of sports activities) that occur under the operations of the insured.

FREQUENTLY ASKED QUESTIONS

1. Can I apply for coverage over the phone?

Unfortunately, we are not able to accept your enrollment information over the phone at this time. You can apply for coverage online or by completing an enrollment form and submitting it to us via fax or mail.

2. What is a general aggregate?

This is the maximum amount to be paid out in any policy period for all losses.

3. What are certificate requests? How do I complete this section on the enrollment form?

A certificate is a document prepared by us providing you evidence of insurance. You will automatically receive a certificate providing proof of coverage once coverage is bound. You only need to complete the certificate request section if you have been asked to provide another certificate, to an entity such as the facility where you work.

4. I have been asked by the facility that I instruct at to add them as an “additional insured” to my policy. What does this mean and how do I do that?

An additional insured is an entity which has an insurable interest for claims arising out of your negligence as the named insured. Such possible entities are a landlord or sponsor. By providing an entity additional insured status they now are entitled to defense and indemnity (if policy limits have not been exhausted) under your policy with no responsibility for premium payments.

You can add an entity as an additional insured under the certificate request section of the enrollment form. Please remember to provide their complete name, address and relationship to you. All requests must be in writing.

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

No. 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 member—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., Box 25936, Overland Park, KS 66225 or programs@4recsportsandmore.com

6. 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.

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 4 - 9) with payment**

GENERAL INFORMATION	<input type="radio"/> I am a new account <input type="radio"/> I am renewing my coverage
	Instructor's name (as it should appear on the policy): _____ <div style="display: flex; justify-content: space-between; font-size: small;"> First name Last name </div>
	Doing business as (DBA): _____ <small>(additional name(s) under which the named insured operates)</small>
	Mailing address: _____
	City: _____ State: _____ Zip: _____
	Phone: (____) _____ Cell: (____) _____ Fax: (____) _____
	E-mail: _____ Website: _____ <small>(By listing an email address, you are giving us permission to contact you by email about your policy. Refer to page 6 of the application for Electronic Disclosure and Consent)</small>

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

BUSINESS INFORMATION	1. Type of instructor (check all that apply):																														
	<table style="width: 100%; border: none;"> <tr> <td><input type="radio"/> Baseball</td> <td><input type="radio"/> Cross country</td> <td><input type="radio"/> Golf</td> <td><input type="radio"/> Racquetball</td> <td><input type="radio"/> Table tennis</td> </tr> <tr> <td><input type="radio"/> Basketball</td> <td><input type="radio"/> Dance</td> <td><input type="radio"/> Gymnastics <small>(Option 1 only)</small></td> <td><input type="radio"/> Road running</td> <td><input type="radio"/> Tennis</td> </tr> <tr> <td><input type="radio"/> Baton twirling</td> <td><input type="radio"/> Fencing</td> <td><input type="radio"/> Hockey</td> <td><input type="radio"/> Soccer</td> <td><input type="radio"/> Track and field</td> </tr> <tr> <td><input type="radio"/> Bowling</td> <td><input type="radio"/> Figure skating</td> <td><input type="radio"/> Lacrosse</td> <td><input type="radio"/> Softball</td> <td><input type="radio"/> Tumbling (floor only)</td> </tr> <tr> <td><input type="radio"/> Cheerleading</td> <td><input type="radio"/> Football</td> <td><input type="radio"/> Pickleball</td> <td><input type="radio"/> Squash</td> <td><input type="radio"/> Volleyball</td> </tr> <tr> <td></td> <td></td> <td><input type="radio"/> Swimming</td> <td><input type="radio"/> Wrestling</td> <td></td> </tr> </table>	<input type="radio"/> Baseball	<input type="radio"/> Cross country	<input type="radio"/> Golf	<input type="radio"/> Racquetball	<input type="radio"/> Table tennis	<input type="radio"/> Basketball	<input type="radio"/> Dance	<input type="radio"/> Gymnastics <small>(Option 1 only)</small>	<input type="radio"/> Road running	<input type="radio"/> Tennis	<input type="radio"/> Baton twirling	<input type="radio"/> Fencing	<input type="radio"/> Hockey	<input type="radio"/> Soccer	<input type="radio"/> Track and field	<input type="radio"/> Bowling	<input type="radio"/> Figure skating	<input type="radio"/> Lacrosse	<input type="radio"/> Softball	<input type="radio"/> Tumbling (floor only)	<input type="radio"/> Cheerleading	<input type="radio"/> Football	<input type="radio"/> Pickleball	<input type="radio"/> Squash	<input type="radio"/> Volleyball			<input type="radio"/> Swimming	<input type="radio"/> Wrestling	
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If you don't see your sport listed, please contact us.																															
2. Are you age 18 or older? <input type="radio"/> Yes <input type="radio"/> No																															
3. Do you instruct at your home/residence premises? <input type="radio"/> Yes <input type="radio"/> No																															
4. Do you own/operate your own facility and/or have employees/volunteers? <input type="radio"/> Yes <input type="radio"/> No If yes, this program only provides coverage for your operations as an instructor. It does not extend to your employees or anyone performing instruction or training on your behalf, nor does it apply to the operation of a facility.																															

Coverage is not provided for an instructor's employment as an exempt or non-exempt employee of a school, university or college; for the coaching of organized competitive athletic teams; for activities of a certified athletic trainer, and for instructors under the age of 18.

Academic HealthPlans, Inc. • P.O. Box 25936 • Overland Park, KS 66225 • 1-800-955-1991, ext 5617
E-mail = programs@4recsportsandmore.com • Fax 1-913-754-5617 • www.4RecSportsAndMore.com
 CA # 0H64806, TX # 1554208, FL # L074590

Please check the appropriate program and option:

Program A - Sports instruction conducted at locations that are NOT owned or operated by the instructor

Options	Limit of Liability (CGL)	1 – Year Cost	2 - Years Cost
Option 1	\$ 1,000,000	<input type="radio"/> \$ 367.00	<input type="radio"/> \$ 649.00
Option 2	\$ 2,000,000	<input type="radio"/> \$ 543.00	<input type="radio"/> \$ 966.00
Option 3	\$ 3,000,000	<input type="radio"/> \$ 793.00	Not Available
Option 4	\$ 4,000,000	<input type="radio"/> \$1,043.00	Not Available
Option 5	\$ 5,000,000	<input type="radio"/> \$1,293.00	Not Available

Program B - Includes Program A locations and/or instruction conducted at the instructor’s home or residence

Options	Limit of Liability (CGL)	1 – Year Cost	2 - Years Cost
Option 1	\$ 1,000,000	<input type="radio"/> \$ 455.00	<input type="radio"/> \$ 808.00
Option 2	\$ 2,000,000	<input type="radio"/> \$ 675.00	<input type="radio"/> \$1,205.00
Option 3	\$ 3,000,000	<input type="radio"/> \$ 925.00	Not Available
Option 4	\$ 4,000,000	<input type="radio"/> \$1,175.00	Not Available
Option 5	\$ 5,000,000	<input type="radio"/> \$1,425.00	Not Available

NOTE: Only Option 1 is available for gymnastic instructors.

Once your enrollment form is approved, you will receive a Certificate of Insurance as evidence that coverage is bound. **Complete this section if you require additional certificates listing a facility, property owner or similar third-party as an additional insured on your policy. Provide a separate request for each additional certificate needed.**

Note: Please request all additional insureds needed for this policy term. Additional insureds from the expiring policy term will not be automatically renewed.

1. When is this certificate needed? : ____/____/____
2. 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
3. Certificate holder/additional insured name: _____
Mailing address: _____
City: _____ State: _____ Zip: _____
4. 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 you are purchasing: 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, 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; Commercial general liability standard exclusions (CG0001 04/13 edition); Communicable disease; Cryogenic chambers/therapy; Cycling (other than stationary); Employment-related practices; Fireworks; Fungi or bacteria; Haunted attractions; Instruction/activity being held on or in open water; Lead; Medical, therapy or health care services; Nuclear energy liability; Operation, ownership or management of a commercial sports facility; Performers; Physicals/stress testing; Physical therapy, massage or salon services; Rodeos; Saddle animals; Sale or distribution of medicinal, herbal and/or nutritional products; Snowmobile; Violation of statutes that govern e-mails, faxes, phone calls or other methods of sending materials or information; Those operations listed as ineligible: Certified athletic trainers; Coaching on behalf of a college, school or any other organized competitive athletic team; Instruction of the following sports: Boxing, Canoeing, Cycling, Diving, Equestrian, Kayaking, Lifeguarding, Martial arts, Rowing, Scuba diving, Skiing, Surfing; Instructors under the age of 18; Instructor's employment as an exempt or non-exempt employee of a school, university or college.

**Electronic Disclosure and Consent and Warranty
PLEASE READ, COMPLETE #9 BELOW, AND SIGN ON PAGE 7**

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, 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: _____
- _____

READ AND SIGN.

IMPORTANT INFORMATION.

Warranty Statement: I understand that the insurance company, in determining whether to provide insurance coverage, will rely on the information contained in this form and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

I am aware that the insurance company expects accurate reporting for my premium calculation. I understand that my book and records may be examined or audited by the insurance company at any time during the coverage period and up to three years thereafter. Intentional misrepresentation or misreporting may jeopardize coverage. We reserve the right to decline/void any ineligible coverage.

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

Applicant name (from page 4): _____

Applicant or agent signature: _____ **Date:** _____

Printed name: _____ **Title:** _____

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

**AGENTS: YOU MUST CONTINUE TO NEXT SECTION AND COMPLETE AGENT WARRANTY SECTION
Enrollments cannot be accepted unless this section is completed**

AGENT INFORMATION

AGENTS:

Please complete the information below.

Agency name: _____ Agent/contact name: _____

Agency complete mailing address: _____

Agency telephone: (____) _____ Agency fax: (____) _____

Agent/contact e-mail address: _____ Tax I.D. _____

I represent and warrant as an insurance producer that I currently maintain, and will maintain, all individual, corporate or agency licenses or permits to conduct insurance business in the state coverage for this insured is being written. I further represent and warrant that I currently maintain errors and omissions insurance with a minimum limit of \$1,000,000 for myself, my officers, and employees. If requested by the company, I will provide them with reasonably satisfactory evidence of all of the above mentioned items.

I understand that agents do not have authority to issue binders or a certificate of insurance on behalf of this program and a fee may be separately charged, subject to state insurance regulations. Fees cannot be included in the payment remitted to us.

Agent signature: _____ **Date:** _____

Applicable in AL

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

Applicable in AR, LA, MD, RI and WV

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

Applicable in CO

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

Applicable in DC

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

Applicable in FL

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

Applicable in KY

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

Applicable in ME, TN, and WA

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

Applicable in NM

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

Applicable in NJ

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

Applicable in NY

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

Applicable in OH

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

Applicable in OK

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

Applicable in PA

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

Applicable in OR

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

Applicable in VA

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

FRAUD APPS (2019/11)

**COSTS ARE 100% NON-REFUNDABLE/NON-TRANSFERRABLE ONCE COVERAGE BEGINS.
COVERAGE IS CONTINGENT UPON RECEIPT OF PAYMENT AND A FULLY COMPLETED ENROLLMENT FORM.**

**NO COVERAGE WILL BE DEEMED IN EFFECT UNTIL THE ACCURATE PAYMENT IS RECEIVED
BY THE COMPANY OR THEIR REPRESENTATIVE.**

CANCELLATIONS/CHANGES CAN ONLY BE MADE BY THE NAMED INSURED.

