



SPORTS INSTRUCTOR

Insurance Program and Enrollment Form

This brochure is valid for effective dates from 1/1/17 through 12/31/17

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

*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
- Racquetball
- Baton twirling
- Road running
- Bowling
- Soccer
- Cheerleading
- Softball
- Cross country
- Swimming
- Dance*
- Table tennis
- Fencing
- Tennis
- Figure skating
- Track and field
- Football
- Tumbling (floor only, no gymnastic apparatus)
- Golf
- Volleyball
- Gymnastics
(only eligible for Options 1 & 2)
- Wrestling
- Hockey

* For instruction of dance only, please contact us or visit www.ascensionins.com/programs

FOUR EASY WAYS TO ENROLL FOR COVERAGE



WEB Receive coverage immediately by purchasing online at www.ascensionins.com/programs

OR

Submit this enrollment form, with payment, to us.



E-MAIL programs@ascensionins.com



FAX 1-913-327-0201



MAIL	Regular:	Overnight:
	Ascension Benefits & Insurance Solutions P.O. Box 25936 Overland Park, KS 66225	Ascension Benefits & Insurance Solutions 9225 Indian Creek Parkway, Suite 700 Overland Park, KS 66210



QUESTIONS Call 1-800-955-1991

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)
- 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 6
Commercial General Liability (CGL)	Limits	Limits	Limits	Limits	Limits
Each Occurrence	\$ 500,000	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 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	\$ 500,000	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 5,000,000
Personal and Advertising Injury	\$ 500,000	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 5,000,000
Legal Liability to Participants	\$ 500,000	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 5,000,000
Professional Liability	\$ 500,000	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 5,000,000
Damage to Premises Rented to You (Fire Legal Liability)	\$ 300,000	\$ 300,000	\$ 300,000	\$ 300,000	\$ 300,000
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 premium	\$ 305.00	\$ 345.00	\$ 518.00	\$ 768.00	\$ 1,268.00
2 years premium	\$ 548.00	\$ 622.00	\$ 933.00	Not Available	Not Available
Program B - Includes Program A locations and/or instruction conducted at the instructor's home or residence					
1 year premium	\$ 412.00	\$ 431.00	\$ 647.00	\$ 897.00	\$ 1,397.00
2 years premium	\$ 740.00	\$ 778.00	\$ 1,167.00	Not Available	Not Available

Refer to page 5 for \$4,000,000 CGL premium rates (option 5)

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 e-mail, 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. I need \$4,000,000 in CGL coverage. Is this option available?

Yes. Please refer to page 5 for rates.

6. 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: Ascension Benefits & Insurance Solutions, P.O. Box 25936, Overland Park, KS 66225 or e-mail programs@ascensionins.com.

PREMIUM CALCULATION

Please check the appropriate program and option:

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

Options	Limits of Liability (CGL)	1 - Year Premium	2 - Years Premium
Option 1	\$ 500,000	<input type="radio"/> \$ 305.00	<input type="radio"/> \$ 548.00
Option 2	\$ 1,000,000	<input type="radio"/> \$ 345.00	<input type="radio"/> \$ 622.00
Option 3	\$ 2,000,000	<input type="radio"/> \$ 518.00	<input type="radio"/> \$ 933.00
Option 4	\$ 3,000,000	<input type="radio"/> \$ 768.00	Not Available
Option 5	\$ 4,000,000	<input type="radio"/> \$1,018.00	Not Available
Option 6	\$ 5,000,000	<input type="radio"/> \$1,268.00	Not Available

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

Options	Limits of Liability (CGL)	1 - Year Premium	2 - Years Premium
Option 1	\$ 500,000	<input type="radio"/> \$ 412.00	<input type="radio"/> \$ 740.00
Option 2	\$ 1,000,000	<input type="radio"/> \$ 431.00	<input type="radio"/> \$ 778.00
Option 3	\$ 2,000,000	<input type="radio"/> \$ 647.00	<input type="radio"/> \$1,167.00
Option 4	\$ 3,000,000	<input type="radio"/> \$ 897.00	Not Available
Option 5	\$ 4,000,000	<input type="radio"/> \$1,147.00	Not Available
Option 6	\$ 5,000,000	<input type="radio"/> \$1,397.00	Not Available

NOTE: Only Option 1 & Option 2 are available for gymnastic instructors.

TOTAL COST SUMMARY

Program Premium (from above)	\$
Risk Purchasing Group Membership Fee (required)	\$ 15.00
Total Cost Due	\$

DOCUMENT DELIVERY

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. If you have an insurance agent, all documents will be delivered to your agent only. 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: _____

AGENTS ONLY

TO BE COMPLETED ONLY IF LICENSED INSURANCE AGENT IS SUBMITTING THIS FORM

Agency name: _____ Agency mailing address: _____
 City: _____ State: _____ Zip: _____
 Agent/contact name: _____
 Agency telephone: (_____) _____ Agency fax: (_____) _____
 Agent/contact e-mail address: _____ Tax I.D.: _____

PAYMENT INFORMATION

- Check: Please make check payable to Ascension Benefits & Insurance Solutions.
 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 Ascension Benefits & Insurance Solutions to charge my payment to my credit card in the amount of \$ _____
- Print name (as on card): _____
Cardholder signature: _____

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.

Indicate the type of certificate that you are requesting: Additional insured OR Evidence of coverage

Certificate holder/entity name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Relationship to you: Owner/lessor of premises Sponsor Co-promoter

Date certificate needed by: _____/_____/_____

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): _____

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.

**FOR OFFICE
USE ONLY**

UW Rec:____/____/____ Status: N R Broker: Y N Comm:____% OPS Rec:____/____/____
GL Exp Policy #:____/CP #:____ Exp Dates:____/____/____ to ____/____/____
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 ____/____/____
Insured #:____

READ AND SIGN

COVERAGE EXCLUSIONS

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); 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 of organized competitive athletic teams, Instruction of the following sports: 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

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 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.

**COSTS ARE 100% 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.**