USASF CHEER GYM

Insurance Program and Enrollment Form

This brochure is valid for effective dates from 11/1/18 through 10/31/19

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

PROGRAM DESCRIPTION

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

For eligible USASF Cheer Gyms covered operations consist of operations and activities at your locations involving registered members/participants of your USASF Cheer Gym for cheer and dance programs and/or activity(s) under 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 that are under your direct supervision, or organized by you. 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. 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. USASF Sanctioned meets, competitions, or events hosted by you under your direct supervision or organized by you.

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

ELIGIBLE OPERATIONS

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

INELIGIBLE OPERATIONS

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

Contact us for other insurance programs specifically designed for the operations mentioned above.

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

TO ENROLL FOR COVERAGE

Submit this enrollment form, with payment, to Insight Risk Management

E-MAIL bmcfadden@irmllc.com OR mroberts@irmllc.com

FAX 1-901-278-2635

MAIL Insight Risk Management
7200 Goodlett Farms Parkway
Cordova, TN 38016

QUESTIONS **Call 1-901-278-5375**

COVERAGES AND LIMITS				
Coverages	**Option 1**	**Option 2**	**Option 3**	**Option 4**
Each Occurrence	$ 1,000,000	$ 1,000,000	$ 2,000,000	$ 2,000,000
General Aggregate (Other than Products-completed Operations)	$ 5,000,000 (per location)	$ 5,000,000 (per location)	$ 5,000,000 (per location)	$ 5,000,000 (per location)
Products-completed Operations Aggregate	$ 1,000,000	$ 1,000,000	$ 2,000,000	$ 2,000,000
Personal and Advertising Injury	$ 1,000,000	$ 1,000,000	$ 2,000,000	$ 2,000,000
Damage to Premises Rented to You (Fire Legal Liability)	$ 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
Hired Auto and Employers' Nonownership Liability (not provided while in Hawaii)	$ 1,000,000	$ 1,000,000	$ 2,000,000	$ 2,000,000
Professional Liability	$ 1,000,000	$ 1,000,000	$ 2,000,000	$ 2,000,000
Legal Liability to Participants	$ 1,000,000	$ 1,000,000	$ 2,000,000	$ 2,000,000
Medical Payments for Participants (excess)	$ 25,000 $100.00 per claim deductible applies	$ 150,000 $250.00 per claim deductible applies	$ 25,000 $100.00 per claim deductible applies	$ 150,000 $250.00 per claim deductible applies
Brain Injury limit/Aggregate limit	1,000,000 / $ 1,000,000		1,000,000 / $ 1,000,000	
Loss Adjustment Expense limit/Aggregate limit	1,000,000 / $ 1,000,000		1,000,000 / $ 1,000,000	
Annual Cost (per student/member)				
USASF Member Non-certified Gym Plan All Ages	$ 23.00	$ 24.55	$ 32.00	$ 33.55
USASF Member Certified Gym Plan All Ages*	$ 19.00	$ 20.40	$ 26.70	$ 28.10
***To verify that you are a certified gym please contact your regional director at http://usasf.net/regional-directors/** USASF Member Gym attending Non-USASF sanctioned events	$ 34.00**	N/A	N/A	N/A
Annual Minimum Cost	$ 530.00	$ 530.00	$ 780.00	$ 780.00
** USASF Member Gyms attending Non-USASF sanctioned events - annual minimum cost	$ 780.00	N/A	N/A	N/A

• Contact us at 1-901-278-5375 if higher limits are needed •

Coverage provided under this program includes:

Commercial General Liability w/Broadening Endorsement – coverage which protects the insured against liability claims for bodily injury and property damage arising out of premises, operations, products and completed operations, and personal and advertising injury. Additional coverages added with broadening endorsement are:

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

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

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

Medical Payments for Participants – coverage which pays the medical and dental expenses incurred by a "participant" when an accidental injury occurs while participating in your covered cheer operations. "Participant" means any person practicing, instructing or participating in any physical exercises or games, sports or athletic contests. Participant does not include any compensated member of your staff, including employees or independent contractors. The coverage is provided on an excess basis, responding after all other medical coverage available to the participant has been exhausted. If no other medical coverage exists, the coverage becomes primary. Subject to the limit selected, a $100 or $250 deductible applies to each claim, and the benefit period is two years from the date of the accident.

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

COVERAGES AND LIMITS CONTINUED

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.

"Brain injury" means concussion, chronic traumatic encephalopathy or any other injury to the brain and any symptoms, conditions, disorders and diseases, including death, resulting therefrom but only if such injury occurs as a result of specific events occurring during the policy period.

OPTIONAL COVERAGES AVAILABLE

Subsidiary Activities Coverage

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

Coverage Conditions:

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

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

Day Camp/Clinic - per day/per camp/clinic	
Option 1 - $1,000,000 CGL with $ 25,000 Excess Medical	$ 1.50
Option 2 - $1,000,000 CGL with $150,000 Excess Medical	$ 1.79
Option 3 - $2,000,000 CGL with $ 25,000 Excess Medical	$ 1.88
Option 4 - $2,000,000 CGL with $150,000 Excess Medical	$ 2.17
Weekly or Overnight Camp – per camp (camp/clinic lasting 3-7 consecutive days)	
Option 1 - $1,000,000 CGL with $ 25,000 Excess Medical	$ 4.50
Option 2 - $1,000,000 CGL with $150,000 Excess Medical	$ 5.37
Option 3 - $2,000,000 CGL with $ 25,000 Excess Medical	$ 5.63
Option 4 - $2,000,000 CGL with $150,000 Excess Medical	$ 6.50
FUNdamentals Program – per activity	
Option 1 - $1,000,000 CGL with $ 25,000 Excess Medical	$ 13.00
Option 2 - $1,000,000 CGL with $150,000 Excess Medical	$ 14.55
Option 3 - $2,000,000 CGL with $ 25,000 Excess Medical	$ 17.50
Option 4 - $2,000,000 CGL with $150,000 Excess Medical	$ 19.05
Additional Sports Activities – per activity	
Option 1 - $1,000,000 CGL with $ 25,000 Excess Medical	$ 13.00
Option 2 - $1,000,000 CGL with $150,000 Excess Medical	$ 14.55
Option 3 - $2,000,000 CGL with $ 25,000 Excess Medical	$ 17.50
Option 4 - $2,000,000 CGL with $150,000 Excess Medical	$ 19.05

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. This limit is part of, not in addition to the general liability limit selected.

Option 2: $100,000 of coverage for reimbursement of defense costs only resulting from claims arising out of abuse, molestation, harassment or sexual conduct.

Coverage Conditions:

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

Options	Age Group/Activity Type	**Rate** (per participant)
Option 1 - $1,000,000 Sexual Abuse or Sexual Molestation Liability ($150.00 minimum premium applies)	Attend Non-sanctioned USASF events	$ 5.20
	Non-certified	$ 3.60
	Certified	$ 3.08
	FUNdamentals Program	$ 1.80
	Additional Sports Activities	$ 1.80
	Day Camp/Clinic	$ 0.15
	Weekly Camp/Clinic	$ 0.45
Option 2 - $100,000 Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement	Flat Rate Per School/Club	$ 100.00

Equipment and Contents Coverage (Inland Marine)

This provides coverage for direct loss or damage to your supplies and equipment, furnishings, improvements and betterments, signs and non-structural glass due to fire, theft, vandalism or other covered causes (subject to actual policy terms and conditions). You must insure the full replacement cost of all of your equipment and contents to avoid a co-insurance penalty at the time of loss. Should you add additional equipment or contents to your inventory, please contact 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 - $10,000 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
- Employee Dishonesty - $5,000 any one occurrence
- Forgery or Alteration - $10,000 any one occurrence
- Robbery or Safe Burglary of Other Property - $10,000 inside premises/$10,000 outside premises

Coverage Conditions:

1. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your cheer gym with us for USASF's Cheer Gyms 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 your USASF Cheer Gyms RPG Insurance Program.
3. Receipt of purchase is required at the time of loss to show verification of purchase for any improvements or betterments.

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

EXCLUSIONS

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

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

FREQUENTLY ASKED QUESTIONS

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

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

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

   Independent contractors (non-employees) are not covered under this program. We, however, do offer an insurance program specifically designed for independent contractors that directly supervise an individual or group engaged in sport activities. Within this coverage, the independent contractor instructor can list your cheer gym as an additional insured while instructing at your gym or as a part of your operations. Contact us at 1-901-278-5375 for more information.

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

   This insurance program does not provide coverage for the transportation of students. Should the transportation of students be necessary for your operation, we suggest that you contact us at 1-901-278-5375.

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

   A copy of the RPG master policy can be requested in writing to: Insight Risk Management, 7200 Goodlett Farms Parkway, Cordova, TN 38016.

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

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

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

   This provides coverage for direct loss or damage to your supplies and equipment, furnishings, improvements and betterments, signs and non-structural glass due to fire, theft, vandalism or other covered causes. You must insure the full replacement cost of all of your equipment and contents to avoid a co-insurance penalty at the time of loss.

U. S. ALL STAR
USASF
FEDERATION
FOR CHEER & DANCE TEAMS

Enrollment Form - USASF Cheer Gyms

Valid for effective dates from
11/1/18 through 10/31/19

Insuring the world's fun!

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 - 15) with payment

GENERAL INFORMATION

❍ I am a new account ❍ I am renewing my coverage

USASF membership number: _____

Full legal name of business: _____

Note: This is the name that will appear on your Certificate of Insurance. If your company is a Sole Proprietorship, then this will be your personal name or DBA.

Applicant is a: ❍ Sole Proprietorship ❍ Limited Liability Co. ❍ Corporation ❍ Partnership
❍ Other (describe): _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Contact name: _____ Phone: (_____) _____

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

E-mail: _____ Website: _____

(By listing an email address, you are giving us permission to contact you by email about your policy. Refer to page 14 of the application for Electronic Disclosure and Consent)

LOCATIONS

List operating locations if different from mailing address.

Location 1: _____
Street Address City State Zip

Location 2: _____
Street Address City State Zip

DATES

Coverage will begin the day after the completed enrollment form and premium are received and approved by 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

FOR NEW ACCOUNTS ONLY, please complete the following:

1. What is the name of your current insurance carrier(s) and the expiration date(s) of coverage?
   Name(s): _____ Expiration date(s): _____
2. Is your current carrier non-renewing your coverage? ❍ Yes ❍ No
3. Please list and describe any liability or medical claims that have been paid under your insurance coverage for the past three (3) years, including the amount paid. (If you have loss information, please provide a copy.)
   _____
   _____

BUSINESS INFORMATION CONTINUED

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

1. Do you attend or participate in any competitions or events that are not sanctioned by USASF? If so, you must choose the $34 Option I rate on the next page. ❍ Yes ❍ No

2. Do you have activities that occur away from the facility location/premises other than competitions, demonstrations, exhibitions, parades or fundraising activities? ❍ Yes ❍ No
   If yes, please describe: _____
   (Activities held off-site must be reported prior to occurring and approved by us except for competitions, demonstrations, exhibitions, parades or fundraising activities.)

3. Do you have camps or clinics? ❍ Yes ❍ No
   If yes: a. Do non-members attend? ❍ Yes ❍ No
   (Non-member campers are excluded unless you purchase the optional subsidiary 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)
   c. Describe any activities that occur away from your facility:_____
   (Activities held off-site are subject to approval.)

4. 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.)

5. Do you have climbing devices? ❍ Yes ❍ No
   If yes: a. List maximum height of climbing device:_____ Describe the device:_____
   b. Is a safety harness required? ❍ Yes ❍ No
   (If over 10 feet, please include pictures of the device with this submission for review. Prior approval is required for climbing walls exceeding 10 feet with no safety harness.)

6. Do you have dance programs or classes and/or drama and theater programs or classes that are separate from your cheer program? ❍ Yes ❍ No
   (The following type of dance operations are not eligible for coverage under this program: ballroom rental facilities, banquet and reception halls, cabarets, dance halls, discotheques, nightclubs, production companies, professional dance companies and professional touring companies.)

7. Do you have inflatable devices that are not used for cheerleading training or instruction? ❍ Yes ❍ No
   Only those inflatable devices that are designed for gymnastics/cheer training are covered by this program
   (e.g.: Tumbl Track & Air Track, etc.) Other inflatable recreation devices (e.g.: bounce houses, slides, obstacle courses, etc.) are excluded unless pre-approved by us. Please contact us for additional information and the supplemental questionnaire to complete.

8. Do you have a swimming pool, sauna, steam room, jacuzzi, hot tub, whirlpool or spa? ❍ Yes ❍ No
   (Please contact us for additional information on coverages available for this type of exposure and a questionnaire to complete. If approved, an additional premium charge of $650.00 applies, per pool)

9. If you suspect an athlete has a concussion, do you have an action plan that includes:
   a. Immediately removing the athlete from play or practice? ❍ Yes ❍ No
   b. Keeping the athlete out of play or practice until they provide written clearance from a licensed physician? ❍ Yes ❍ No

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 ❍ Mortgagee ❍ Franchisor

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

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

If applicable:

RE: Date(s) of event/activity: _____ / _____ / _____ to _____ / _____ / _____

Hours of event/activity: _____A.M./P.M. to _____A.M./P.M.

Type of event/activity: _____

Name of event/activity: _____

Location of event/activity: _____

For Loss Payee:

Type of equipment (please describe): _____ Replacement cost limit: _____

PROGRAM COST CALCULATION

The cost due is determined by applying the appropriate option and rate for your cheer gym to the greatest number of students/registered members that your program could have annually. **If you choose the Certified Gym Plan Rate you must include verification from your regional director that your gym is a Certified Gym. Contact information is http://usasf.net/regional-directors/. If verification is not included we will not be able to process your application.**

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

❍ **Option 1 - $1,000,000 CGL with $25,000 Excess Medical**
- USASF Member Non-certified Gym Plan All Ages - $23.00 per student
- USASF Member Certified Gym Plan All Ages - $19.00 per student
- USASF Member Gym attending non-USASF sanctioned events - $34.00 per student with $780.00 minimum cost.

❍ **Option 2 - $1,000,000 CGL with $150,000 Excess Medical**
- USASF Member Non-certified Gym Plan All Ages - $24.55 per student
- USASF Member Certified Gym Plan All Ages - $20.40 per student

❍ **Option 3 - $2,000,000 CGL with $25,000 Excess Medical**
- USASF Member Non-certified Gym Plan All Ages - $32.00 per student
- USASF Member Certified Gym Plan All Ages - $26.70 per student

❍ **Option 4 - $2,000,000 CGL with $150,000 Excess Medical**
- USASF Member Non-certified Gym Plan All Ages - $33.55 per student
- USASF Member Certified Gym Plan All Ages - $28.10 per student

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

OPTIONAL COVERAGES COST CALCULATION

Subsidiary Activities

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

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

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

	Type of Activity	Number of Participants	X	Rate	=	Annual Cost
❍	Day Camps or Clinics		X	❍ Option 1 - $ 1.50 ❍ Option 2 - $ 1.79 ❍ Option 3 - $ 1.88 ❍ Option 4 - $ 2.17	=	$
❍	Overnight or Weekly Camps (3-7 consecutive days)		X	❍ Option 1 - $ 4.50 ❍ Option 2 - $ 5.37 ❍ Option 3 - $ 5.63 ❍ Option 4 - $ 6.50	=	$
❍	Dance Programs and/or Classes (additional sports activities)		X	❍ Option 1 - $ 13.00 ❍ Option 2 - $ 14.55 ❍ Option 3 - $ 17.50 ❍ Option 4 - $ 19.05	=	$
❍	FUNdamentals Program		X	❍ Option 1 - $ 13.00 ❍ Option 2 - $ 14.55 ❍ Option 3 - $ 17.50 ❍ Option 4 - $ 19.05	=	$
❍	Trial Classes and/or Open Gym (additional sports activities)		X	❍ Option 1 - $ 13.00 ❍ Option 2 - $ 14.55 ❍ Option 3 - $ 17.50 ❍ Option 4 - $ 19.05	=	$
❍	Yoga and/or Exercise Classes (additional sports activities)		X	❍ Option 1 - $ 13.00 ❍ Option 2 - $ 14.55 ❍ Option 3 - $ 17.50 ❍ Option 4 - $ 19.05	=	$
❍	Other (please describe) _____ _____ Note: This is a subject to approval by K&K (additional sports activities)		X	❍ Option 1 - $ 13.00 ❍ Option 2 - $ 14.55 ❍ Option 3 - $ 17.50 ❍ Option 4 - $ 19.05	=	$
Total Subsidiary Activities Cost (add all lines above)						$

OPTIONAL COVERAGES PREMIUM CALCULATION CONTINUED

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

Coverage is contingent upon underwriting review and approval of the following questionnaire.

1. Does your organization currently have employees, volunteers or require the presence of at least two adults when minors are present? ❍ Yes ❍ No
2. Have any claims, allegations or charges of abuse, molestation or sexual misconduct been made against you or your organization or anyone working on behalf of your organization? ❍ Yes ❍ No
   a. Are you aware of any occurrences that could lead to a claim? ❍ Yes ❍ No
   If yes to 2. or 2.a., please explain:_____
3. Do you, your organization or sanctioning/governing body have written procedures in place regarding the prevention and mitigation of abuse, molestation or sexual misconduct? ❍ Yes ❍ No
   a. Do the procedures require that known or suspected abuse incidents must be 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.) ❍ Yes ❍ No
   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 ❍)**	**Volunteers/ Independent contractors (Check Here if No Volunteers/Independent contractors ❍)**
Are written applications required?	❍ Yes ❍ No	❍ Yes ❍ No
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?	❍ Yes ❍ No	❍ Yes ❍ No
If yes and applicant checks yes, do you reject the applicant?	❍ Yes ❍ No	❍ Yes ❍ No
Are background checks provided by a third party vendor/ service?	❍ Yes ❍ No	❍ Yes ❍ No
If yes, do you reject an applicant with any history of physical violence or sex related offenses?	❍ Yes ❍ No	❍ Yes ❍ No

Please explain any "No" responses to questions asked in #4:_____

Options	Activity Type	Rate (per participant)	X	Total # of Participants (see pg 8)	=	Premium
❍ **Option 1 - $1,000,000** Sexual Abuse or Sexual Molestation Liability	Attend Non-sanctioned Events Member	$ 5.20	X		=	$
	Non-certified Member	$ 3.60	X		=	$
	Certified Member	$ 3.08	X		=	$
	FUNdamental Program	$ 1.80	X		=	$
	Additional Sports Activities	$ 1.80	X		=	$
	Day Camp/Clinic	$ 0.15	X		=	$
	Weekly Camp/Clinic	$ 0.45	X		=	$
	TOTAL Sexual Abuse/Sexual Molestation Liability Premium (add all lines above, $150.00 minimum premium applies)					$

❍ **Option 2 - $100,000** - Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement	$100.00

Equipment and Contents Coverage

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

Step 1: Fill in the values to determine your total replacement cost amount for ALL locations

Individually list any items with values over $5,000	**Value**
_____	$_____
_____	$_____
_____	$_____

Provide values for categories below
(DO NOT include those values already shown above)

Supplies & Inventory (office supplies, items held for sale)	$_____
Equipment & Contents (athletic equipment, electronics, furniture, non-structural glass, phone/fax system, office contents, etc.)	$_____
Improvements & Betterments (items you have installed or altered at your expense, such as flooring, mirrors, ceiling tile, window treatments, lighting, shelving, etc.) - Receipt of purchase is required at the time of loss to show verification of purchase.	$_____
Signs (indoor or outdoor)	$_____
Misc. Equipment - please describe: _____ _____	$_____
Total replacement value for all location(s) (add all lines above)	**$**_____

Step 2: 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 cost

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

Equipment and Contents Annual Cost

❍ **My total replacement value is between $1 - $10,000** ($250 deductible will apply)

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

❍ **My total replacement value is over $10,000**
($1,000 deductible applies to values from $10,001 - $100,000 and a $2,500 deductible applies to values over $100,000)

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

TOTAL COST SUMMARY

Please complete with premium total for each coverage selected or indicate coverage is not needed.		Coverage Not Needed
Program Cost	$	
Subsidiary Activities Cost	$	❍
Equipment and Contents Cost	$	❍
Sexual Abuse/Sexual Molestation Premium (optional coverage): ❍ $100,000 Defense Reimbursement Only OR ❍ $1,000,000 Liability Limit	$	❍
Subtotal Due (add all lines above)	$ A	
Annual Risk Purchasing Group Administration Fee (Required)	$ 15.00 B	
Total Cost Due (add lines A + B)	$	

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.

FOR K&K USE ONLY

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

COVERAGE EXCLUSIONS

The following exclusions are contained in the commercial general liability coverage provided by this program. Abuse, molestation, harassment or sexual conduct (unless reviewed and approved by us); Aircraft/hot air balloon; Airport; Amusement devices (the ownership, operation, maintenance or use of: any mechanical or non-mechanical ride, slide, or water slide, any inflatable recreational device, any bungee operation or equipment or dunk tank. Amusement devices do not include any video or computer games or any device that is specifically designed for the training or instruction of the activity for which you are enrolled.); Animals (injury or death to, or injury, death or property damage caused by any animal owned, rented or hired by you); Asbestos; Climbing walls exceeding ten (10) feet in height with no safety harness system (unless reviewed and approved by us); Childcare/babysitting services; Commercial general liability standard exclusions (CG0001 04/13 edition); Communicable diseases; Employment-related practices; Fireworks; Fungi or bacteria; Haunted attractions; Lead; Nuclear energy liability; Parkour, urban/extreme gymnastics, tricking, free-running and/or similar type activities/programs; Performer (Injury or death to any performer or entertainer during any activity, event or exhibition including but not limited to any stunt, concert, show or theatrical event. This exclusion does not apply to participants in any activity, event or exhibtion that are part of the designated operation for which you are enrolled); Pollution; Rodeos; Saddle animals; Snowmobile; Swimming pools, saunas, steam rooms, jacuzzis, hot tubs, whirlpools or spas (unless reviewed and approved by us); Transportation of athletes/participants; Those operations listed as ineligible: Gym operations that provide instruction using gymnastics apparatus (bars, beam, vault, etc), Competition and event organizers, College or university cheer squads

READ AND SIGN BELOW

GENERAL FRAUD STATEMENT

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.

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 signature: _____ Date: _____

Printed name: _____ Title: _____

Applicant business name (from page 6): _____

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IMPORTANT INFORMATION. PLEASE READ AND SIGN.

Electronic Disclosure and Consent

PLEASE READ AND COMPLETE #9 BELOW.

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.

Insight Risk Management (Insight), 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 Insight, 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 logging onto this website, or by mailing a written notice to: Insight Risk Management; 7200 Goodlett Farms Parkway, Cordova, TN 38016.

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 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 https://irmllc.com/privacy-statement/.

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. Please select preferred method for document delivery. Providing an email address in this application will be deemed consent to us to deliver documents and communication to you electronically.

❍ E-mail to: _____ attn: _____

❍ Fax to: _____ attn: _____

❍ Mail to: _____ attn: _____

_____

PAYMENT PLAN OPTIONS

Step 1: 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

Step 2: Select future installment option: Check one.

❍ Please mail me an invoice for any future balance/installments

❍ If paying by credit card, please automatically charge my credit card provided below for any outstanding balances or installments.

Step 3: Making your Payment:

❍ **Pay by credit card:**
- **Fax** 901-278-2635

OR
- **Mail** See below for mailing address

❍ **Pay by check:** (Payable to: K&K Insurance Group)
- **Mail** Insight Risk Management
  7200 Goodlett Farms Parkway
  Cordova, TN 38016

❍ VISA ❍ MASTERCARD ❍ DISCOVER ❍ AMERICAN EXPRESS

Card number:_____

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

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

Print name (as on card) _____

Cardholder signature:_____

Cardholder phone number: (_____)_____

For your security, we cannot accept credit card payments via e-mail. Please fax or mail only.

FATCA Notice: Please go to Aon.com/FATCA to obtain appropriate W-9.