



USASF CHEER GYM

Insurance Program and Enrollment Form

This brochure is valid for effective dates from 11/1/17 through 10/31/18

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 mroberts@irmllc.com OR lkulbeth@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 | \$ 1,000,000 | \$ 1,000,000 |
| Medical Payments for Participants (excess) | \$ 25,000 \$100.00 per claim deductible applies | \$ 150,000 \$250.00 per claim deductible applies | \$ 25,000 \$100.00 per claim deductible applies | \$ 150,000 \$250.00 per claim deductible applies |
| Annual Cost (per student/member) | | | | |
| USASF Member Non-certified Gym Plan All Ages | \$ 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.)

Hired Auto and Employers' Nonownership Liability (not provided while in Hawaii) – coverage which protects the insured against liability claims arising out of the maintenance or use of motor vehicles hired or borrowed by the insured on a short-term basis, as well as coverage for those autos your organization does not own, lease, hire, rent or borrow that are used in conjunction with your operations. Coverage does not extend to the transporting of participants or to those vehicles that are rented, hired or borrowed on a long-term basis.

EXCLUSIONS

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

- Abuse, molestation, harassment or sexual conduct
- All operations listed as ineligible
- Amusement devices (e.g.: rides, inflatables, bungees or dunk tanks)
- Asbestos
- 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

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 |

Subsidiary 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 |
| | Non-registered Member Activity(s) | \$ 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 - \$5,000 any one occurrence
- Valuable Papers and Records Coverage - \$10,000 at premises / \$2,500 away from premises
- Account Receivable Coverage - \$10,000 at premises / \$2,500 away from premises

Coverage Conditions:

1. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your 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.

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

FREQUENTLY ASKED QUESTIONS

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

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

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

Independent contractors (non-employees) are not covered under this program. 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.





Enrollment Form - USASF Cheer Gyms

Valid for effective dates from
11/1/17 through 10/31/18

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. A risk purchasing group (RPG) provides group purchasing power for similar risks resulting in potential advantageous coverage terms, competitive rates, risk management bulletins, and rewards for favorable group loss experience. An RPG administration fee may be charged. The submission of this enrollment form and/or the acceptance of payment does not guarantee coverage. Certain operations are not eligible for coverage by this program. We reserve the right to decline any request for coverage.

TO AVOID PROCESSING DELAYS, PLEASE:

1. Complete all sections (print legibly)
2. Sign and date where required
3. Remit completed enrollment form (pages 6 - 14) with payment

| | | |
|----------------------------|--|--|
| GENERAL INFORMATION | <input type="radio"/> I am a new account <input type="radio"/> I am renewing my coverage | |
| | USASF membership number: _____ | |
| | Name insured (as it should appear on the policy): _____ (the legal name of the business or organization; typically the name that would appear on any contracts or agreements) | |
| | Doing business as (DBA): _____ (additional name(s) under which the named insured operates) | |
| | Mailing address: _____ | |
| | City: _____ State: _____ Zip: _____ | |
| | Contact name: _____ Phone: (____) _____ | |
| | Cell: (____) _____ Fax: (____) _____ | |
| | E-mail: _____ Website: _____ | |

| | | | | |
|------------------|---|----------------|-----------|-----------|
| LOCATIONS | List operating locations if different from mailing address. | | | |
| | Location 1: | _____ | _____ | _____ |
| | | Street Address | City | State Zip |
| | Location 2: | _____ | _____ | _____ |
| | Street Address | City | State Zip | |

| | |
|--------------|---|
| DATES | Coverage will begin the day after the completed enrollment form and premium are received and approved by 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 | 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? <input type="radio"/> Yes <input type="radio"/> No |
| | 3. Please list and describe any liability or medical claims that have been paid under your insurance coverage for the past three (3) years, including the amount paid. (If you have loss information, please provide a copy.) _____ _____ |

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

- 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.: Tumbler 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

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: _____

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. | | | | | \$ | \$ |

Subsidiary Activities

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

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

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

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

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)

| | |
|---|-----------------|
| <u>Supplies & Inventory</u> (office supplies, items held for sale) | \$ _____ |
| <u>Equipment & Contents</u> (athletic equipment, electronics, furniture, non-structural glass, phone/fax system, office contents, etc.) | \$ _____ |
| <u>Improvements & Betterments</u> (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. | \$ _____ |
| <u>Signs</u> (indoor or outdoor) | \$ _____ |
| <u>Misc. Equipment</u> - 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 | |
|---|--|
| <input type="radio"/> My total replacement value is between \$1 - \$10,000 (\$250 deductible will apply) | |
| $$.03 \times \$ \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}} \qquad \qquad \qquad \$ \underline{\hspace{2cm}}$ <div style="display: flex; justify-content: space-between; font-size: small;"> Total Replacement Value Equipment and Contents Cost (\$100.00 minimum cost applies) </div> | |
| <input type="radio"/> My total replacement value is over \$10,000 (\$1,000 deductible applies to values from \$10,001 - \$100,000 and a \$2,500 deductible applies to values over \$100,000) | |
| $$.026 \times \$ \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}} \qquad \qquad \qquad \$ \underline{\hspace{2cm}}$ <div style="display: flex; justify-content: space-between; font-size: small;"> Total Replacement Value Equipment and Contents Cost (\$100.00 minimum cost applies) </div> | |

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

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

1. Does your organization currently have employees, volunteers or require the presence of at least two adults when minors are present? Yes No
2. Have any claims, allegations or charges of abuse, molestation or sexual misconduct been made against you or your organization or anyone working on behalf of your organization? Yes No
 - a. Are you aware of any occurrences that could lead to a claim? Yes No
If yes to 2. or 2.a., please explain: _____
3. Do you, your organization or sanctioning/governing body have written procedures in place regarding the prevention and mitigation of abuse, molestation or sexual misconduct? Yes No
 - a. Do the procedures require that known or suspected abuse incidents must be reported to law enforcement? Yes No
 - b. Are written procedures provided or available to each employee, volunteer or sanctioning/governing body member? Yes No
 - c. Do the written procedures establish and require adherence to the "three person rule"? ("Three person rule" prohibits one adult from being alone with one youth. A second adult must be present, or there must be two or more youths with an adult.) If no, do the procedures establish if and when exceptions to the "three person rule" are permissible as part of your operations/activities? Yes No
4. Please complete the following questions regarding employee and volunteer screening controls used by your organization. Check here and skip the chart below if you have no employees or volunteers, but always require the presence of at least two adults whenever minors are present.

| Please Complete All Questions <small>The term "Volunteers" in the following questions means someone who exerts control over or supervises participants.</small> | Employees (Check Here if No Employees <input type="radio"/>) | Volunteers (Check Here if No Volunteers <input type="radio"/>) |
|---|--|--|
| Are written applications required? If yes, does the application include questions about whether the individual has ever been convicted for any crime involving physical violence or sex related offenses? If yes and applicant checks yes, do you reject the applicant? | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No |
| Are background checks provided by a third party vendor/service? If yes, do you reject an applicant with any history of physical violence or sex related offenses? | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No |

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

| Options | Activity Type | Rate (per participant) | X | Total # of Participants (see page 8) | = | Premium |
|---|-------------------------------------|---------------------------|---|--|---|----------|
| <input type="radio"/> Option 1 - \$1,000,000 Sexual Abuse or Sexual Molestation Liability | Attend Non-sanctioned Events Member | \$ 5.20 | X | | = | \$ |
| | Non-certified Member | \$ 3.60 | X | | = | \$ |
| | Certified Member | \$ 3.08 | X | | = | \$ |
| | Non-registered Member Activity(s) | \$ 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) | | | | | | \$ |
| <input type="radio"/> Option 2 - \$100,000 - Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement | | | | | | \$100.00 |

| | | | |
|---------------------------|---|----------|----------------------------|
| 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 | \$ | <input type="radio"/> |
| | Equipment and Contents Cost | \$ | <input type="radio"/> |
| | Sexual Abuse/Sexual Molestation Premium (optional coverage): <input type="radio"/> \$100,000 Defense Reimbursement Only OR <input type="radio"/> \$1,000,000 Liability Limit | \$ | <input type="radio"/> |
| | Total Cost Due-Subtotal (add all lines above) | \$ | A |
| | Annual Risk Purchasing Group Administration Fee (Required) | \$ 15.00 | B |
| | Total Cost Due (add lines A + B) | \$ | |

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

| | |
|----------------------------|--|
| COVERAGE EXCLUSIONS | <p>The following exclusions are contained in the commercial general liability coverage provided by this program. Abuse, molestation, harassment or sexual conduct (unless reviewed and approved by 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 exhibition 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</p> |
|----------------------------|--|

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

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

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.

Select Payment Plan: Check one:

- | | | |
|---|---|--|
| <p><input type="radio"/> 100% Plan</p> <ul style="list-style-type: none"> • 100% of the total premium is due to bind coverage | <p><input type="radio"/> 30% / 70% Plan</p> <ul style="list-style-type: none"> • 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 | <p><input type="radio"/> 25% + 3 Plan</p> <ul style="list-style-type: none"> • 25% of the total premium + \$15 RPG fee is due to bind coverage • The balance of the premium will be due in (3) consecutive monthly installments |
|---|---|--|
- Check here if you prefer to be mailed an invoice for any future balances/installments.**
If paying by credit card, any outstanding balances or installments will be charged to the same card number provided below, unless you have checked the box above.

Making your Payment:

- Check:** Please make check payable to K&K Insurance Group, Inc. Enclosed is check # _____ for \$ _____
- Credit Card: For your security, we cannot accept credit card payments via e-mail. Please fax or mail only.**
 VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Card number: _____

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

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

Print name (as on card): _____

Cardholder signature: _____

Cardholder phone number: (_____) _____

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

READ AND SIGN

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: _____

Named insured (from page 6): _____