



USASF CHEER GYM

Insurance Program and Enrollment Form

This brochure is valid for effective dates
from 11/1/09 through 10/31/11

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 consists of premises liability as well as cheer activities, instruction, practice, meets, competitions and camps/clinics that are hosted and supervised by the insured for those students who are registered members of their gym at the reported locations or at various off-site locations while the insured's operations and activities are being held. In addition, coverage is provided for birthday and/or social parties held at the cheer gym, for the use of trampolines, Tumble Traks, Air Traks, as well as for participation in special events where the insured's participants are representing the gym, parades in which the insured participates, picnics, award banquets and ceremonies and incidental fund-raising activities involving the sale of products, coupons, raffle tickets and services such as: car washes, bake sales and coin drops hosted and supervised by the insured.

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

INELIGIBLE OPERATIONS

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

Contact Menard, Gates & Mathis 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 Menard, Gates & Mathis. The cost of this program includes premium and USASF program fee.

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.

TO ENROLL FOR COVERAGE

Submit this enrollment form, with payment,
to Menard, Gates & Mathis.



E-MAIL lkulbeth@mgm-ins.com



FAX 1-901-888-3263



MAIL Menard, Gates & Mathis
6401 Poplar Avenue, Suite 250
Memphis, TN 38119



QUESTIONS Call 1-901-761-3100

COVERAGES AND LIMITS

Coverages	Option 1	Option 2
Each Occurrence	\$ 1,000,000	\$ 1,000,000
General Aggregate (Other than Products-completed Operations)	\$ 3,000,000 (per location)	\$ 3,000,000 (per location)
Products-completed Operations Aggregate	\$ 1,000,000	\$ 1,000,000
Personal and Advertising Injury	\$ 1,000,000	\$ 1,000,000
Damage to Premises Rented to You	\$ 300,000	\$ 300,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000
Hired Auto and Employers' Nonownership Liability (not provided while in Hawaii)	\$ 1,000,000	\$ 1,000,000
Professional Liability	\$ 1,000,000	\$ 1,000,000
Legal Liability to Participants	\$ 1,000,000	\$ 1,000,000
Medical Payments for Participants (excess)	\$ 25,000 \$100 per claim deductible applies	\$ 150,000 \$250 per claim deductible applies
Annual Cost (per student/member)		
USASF Member Non-certified Gym Plan All Ages	\$ 16.00	\$ 17.23
USASF Member Certified Gym Plan All Ages*	\$ 13.00	\$ 14.04
*To verify that you are a certified gym please contact Amy Clark at 1-330-482-5999 ext. 3		
Annual Minimum Cost	\$ 530.00	\$ 530.00

• Contact Menard, Gates & Mathis at 1-901-761-3100 if higher limits are needed •

Coverage provided under this program includes:

Commercial General Liability – 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 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
- Climbing walls - exceeding ten (10) feet in height with no safety harness system, unless reviewed and approved by MGM
- Communicable diseases
- Employment-related practices
- Fungi or bacteria
- Gym operations that provide instruction using gymnastics apparatus (bars, beam, vault, etc.)
- Lead
- Nuclear energy liability
- 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 Menard, Gates & Mathis's USASF 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	\$ 1.00
Option 2 - \$1,000,000 CGL with \$150,000 Excess Medical	\$ 1.19
Weekly or Overnight Camp – per camp (camp/clinic lasting 3-7 consecutive days)	
Option 1 - \$1,000,000 CGL with \$ 25,000 Excess Medical	\$ 3.00
Option 2 - \$1,000,000 CGL with \$150,000 Excess Medical	\$ 3.58
Subsidiary Activities – per activity	
Option 1 - \$1,000,000 CGL with \$ 25,000 Excess Medical	\$ 9.00
Option 2 - \$1,000,000 CGL with \$150,000 Excess Medical	\$ 10.08

Sexual and/or Physical Abuse Coverage

This coverage pays for "sexual and/or physical abuse" arising out of the insured's business description to any person caused by one of your employee(s), or arising out of the insured's failure to properly supervise. "Sexual and/or physical abuse" means sexual or physical injury or abuse, including assault and battery, negligent or deliberate touching.

Coverage Conditions:

1. Coverage is contingent upon review and approval from Menard, Gates & Mathis.
2. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your cheer gym with Menard, Gates & Mathis's USASF Cheer Gyms RPG Insurance Program.
3. State surcharges apply to applicants in: New Jersey (.9%), West Virginia (.55%), and Kentucky (1.5%).
4. This coverage will be issued as a separate policy.

Cost (per operating location)	
\$ 1,000,000 Limit of Coverage	\$ 350.00
\$ 2,000,000 Limit of Coverage	\$ 500.00

OPTIONAL COVERAGES AVAILABLE CONTINUED

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 Menard, Gates & Mathis to have your insured value amended to avoid a co-insurance penalty.

Coverage Conditions:

1. This coverage is not available in New Jersey.
2. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your cheer gym with Menard, Gates and Mathis's USASF Cheer Gyms RPG Insurance Program
3. 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.
4. 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. How soon does coverage start? When will we receive proof of coverage?

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

2. 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.

3. 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. Menard, Gates & Mathis, however, does 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 Menard, Gates & Mathis at 1-901-761-3100 for more information.

4. 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 Menard, Gates & Mathis at 1-901-761-3100.

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

A copy of the RPG master policy can be requested in writing to: Menards, Gates & Mathis, 6401 Poplar Avenue, Suite 250, Memphis, TN 38119.

6. 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.

7. I have been asked by my landlord or sponsor to add them as an "additional insured" to my policy. What does this mean?

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

You may add an entity as an additional insured under the certificate request section of the enrollment form. Please make sure to check the box in the certificate request area noted "additional insured", and provide their entire name, address and relationship to you.

8. 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

11/1/09 through 10/31/11

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. The submission of this enrollment form and/or acceptance of payment does not guarantee coverage. Certain operations are not eligible for coverage by this program. Menard, Gates & Mathis and K&K 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 5 - 12) 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 Menard, Gates & Mathis, 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)

- Activities that occur away from the facility location/premises other than competitions, demonstrations, exhibitions or parades
 If yes, please describe: _____
 (Activities held off-site except for competitions, demonstrations, exhibitions or parades must be reported prior to occurring and approved by K&K.)

 - Camps or clinics
 Do non-members attend? Yes No
 (Non-member campers are excluded from coverage under this policy, unless you purchase the optional subsidiary activity coverage available.)

 Describe the type of camps or clinics you may have: _____
 (Coverage can only be extended for those types of programs that coverage has been purchased for under this program.)

 - Climbing devices
 List maximum height of climbing device: _____ Is a safety harness required? Yes No

 Describe the device: _____
 (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.)

 - Dance programs or classes
 (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.)

 - Inflatable devices not used for cheerleading training or instruction
 (This program contains an exclusion for amusement devices. Amusement devices do not include any video, or computer games or any device that is specifically designed for the training or instruction of the activity for which you are enrolled.)
- NOTE: AIR TRAKS AND TUMBLE TRAKS ARE NOT EXCLUDED**
- Swimming pool, sauna, steam room, jacuzzi, hot tub, whirlpool or spa
 (Please contact Menard, Gates & Mathis for additional information on coverages available for this type of exposure.)

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 Amy Clark that your gym is a Certified Gym. Amy's contact information is 1-330-482-5999 x 3. If verification is not included we will not be able to process your application.**

Cost Calculation (please check one option and complete calculation below)					
<input type="radio"/> Option 1 - \$1,000,000 CGL with \$25,000 Excess Medical • USASF Member Non-certified Gym Plan All Ages - \$16.00 per student • USASF Member Certified Gym Plan All Ages - \$13.00 per student					
<input type="radio"/> Option 2 - \$1,000,000 CGL with \$150,000 Excess Medical • USASF Member Non-certified Gym Plan All Ages - \$17.23 per student • USASF Member Certified Gym Plan All Ages - \$14.04 per student					
Type of Student	Rate	X	# of Students/Members	=	Annual Cost
Non-Certified Cheer Student	\$	X		=	\$
Certified Cheer Student	\$	X		=	\$
Program Minimum Cost					\$ 530.00
Program Cost The minimum cost of \$530 will apply if the annual cost does not exceed \$530.					

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

OPTIONAL COVERAGES COST CALCULATION

	Type of Activity	Number of Participants	X	Rate	=	Annual Cost
<input type="radio"/>	Day Camps or Clinics		X	Option 1 - \$ 1.00 or Option 2 - \$ 1.19	=	\$
<input type="radio"/>	Overnight or Weekly Camps (3-7 consecutive days)		X	Option 1 - \$ 3.00 or Option 2 - \$ 3.58	=	\$
<input type="radio"/>	Dance Programs and/or Classes		X	Option 1 - \$ 9.00 or Option 2 - \$ 10.08	=	\$
<input type="radio"/>	Trial Classes and/or Open Gym		X	Option 1 - \$ 9.00 or Option 2 - \$ 10.08	=	\$
<input type="radio"/>	Yoga and/or Exercise Classes		X	Option 1 - \$ 9.00 or Option 2 - \$ 10.08	=	\$
<input type="radio"/>	Other (please describe) _____ _____ Note: This is a subject to approval by K&K		X	Option 1 - \$ 9.00 or Option 2 - \$ 10.08	=	\$
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, 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: List physical addresses where equipment and contents are stored

P.O. boxes cannot be accepted

Location 1: _____

Address	City	State	Zip
---------	------	-------	-----

Location 2: _____

Address	City	State	Zip
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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 x \$ _____ Total Replacement Value	= \$ _____ Equipment and Contents Cost (\$100.00 minimum cost applies)
<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 x \$ _____ Total Replacement Value	= \$ _____ Equipment and Contents Cost (\$100.00 minimum cost applies)

Sexual and/or Physical Abuse Coverage

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

- | | |
|--|--|
| 1. Are all prospective employees required to complete a written application? | <input type="radio"/> Yes <input type="radio"/> No |
| 2. Does your employment application ask the applicant if they have ever been convicted of a crime? | <input type="radio"/> Yes <input type="radio"/> No |
| 3. Are references obtained and checked prior to hiring a staff member? | <input type="radio"/> Yes <input type="radio"/> No |
| 4. Do you have frequent discussions with your staff on the importance of providing a safe environment for the children in your care? | <input type="radio"/> Yes <input type="radio"/> No |
| 5. Do you have written procedures for responding to a reported abuse incident? | <input type="radio"/> Yes <input type="radio"/> No |
| 6. Is a copy of the written procedure provided to each member of your staff? | <input type="radio"/> Yes <input type="radio"/> No |
| 7. Is mandatory notification to local law enforcement included in your written procedures? | <input type="radio"/> Yes <input type="radio"/> No |
| 8. Is suspension of the accused employee part of your written procedure? | <input type="radio"/> Yes <input type="radio"/> No |
| 9. Has any member of your organization ever been involved in an incident which resulted in an allegation of abuse or molestation? | <input type="radio"/> Yes <input type="radio"/> No |

Options	Annual Cost Due	New Jersey Applicants Annual Cost Due	West VA Applicants Annual Cost Due	Kentucky Applicants Annual Cost Due
<input type="radio"/> Option 1 \$1,000,000 Limit	\$350.00 x _____ = \$ _____ # of Locations	\$353.15 x _____ = \$ _____ # of Locations	\$351.93 x _____ = \$ _____ # of Locations	\$355.25 x _____ = \$ _____ # of Locations
<input type="radio"/> Option 2 \$2,000,000 Limit	\$500.00 x _____ = \$ _____ # of Locations	\$504.50 x _____ = \$ _____ # of Locations	\$502.75 x _____ = \$ _____ # of Locations	\$507.50 x _____ = \$ _____ # of Locations

Program Cost	\$
Subsidiary Activities Cost	\$
Equipment and Contents Cost	\$
Sexual and/or Physical Abuse Cost	\$
Total Cost Due (add all lines above)	\$
Florida Applicants	
Florida applicants need to add a 1% state mandated Hurricane Catastrophe Fund assessment fee to the total cost due	
Total Cost Due (total cost due x 1.01)	\$

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. 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: _____

CERTIFICATE REQUESTS

Complete this section to request additional certificates. Provide separate requests for each additional certificate needed.

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: _____

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, VT or WA; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY, PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

COSTS ARE 20% FULLY EARNED AND NON-REFUNDABLE ONCE COVERAGE BEGINS

Select Payment Plan: Check one:

100% Plan

- 100% of the total cost is due to bind coverage

30% / 70% Plan

- 30% of the total cost is due to bind coverage
- Florida Applicants must also include the entire 1% state mandated Hurricane Catastrophe Fund assessment fee to bind coverage
- The balance of the cost (70%) will be due within 30 days of the effective date

25% + 3 Plan

- 25% of the total cost is due to bind coverage
- Florida Applicants must also include the entire 1% state mandated Hurricane Catastrophe Fund assessment fee to bind coverage
- The balance of the cost 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: If you are making your payment by credit/debit card, please complete the following:

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Card number: _____

Reference number (last 3 digits on back of card): _____ 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  _____

READ AND SIGN

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 K&K); 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 K&K); Commercial general liability standard exclusions (CG0001 12/04 edition); Communicable diseases; Employment-related practices; Fireworks; Fungi or bacteria; Haunted attractions; Lead; Nuclear energy liability; Performers; Rodeos; Saddle animals; Snowmobile; Swimming pools, saunas, steam rooms, jacuzzis, hot tubs, whirlpools or spas (unless reviewed and approved by K&K); 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

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): _____

FOR K&K USE ONLY

Rec: ____/____/____ Status: N R Broker: Y N Comm: _____%

Exp Policy #: _____ Exp Dates: ____/____/____ to ____/____/____

Cert #: _____ Insured #: _____

Option: _____ Cost: \$ _____ Pay Plan: 100 30/70 25/3 Bill: AB AD CBG

Eff/Exp: ____/____/____ to ____/____/____ Delivery: M F E Date: ____/____/____

Opt: A&M IM D&O EX WC Opt Form: 2026 2011 8016 8018 876

Policy #: _____ Cert #: _____ Comments: _____