



BANDS AND PERFORMING GROUPS Insurance Program and Enrollment Form

This brochure is valid for effective dates from 4/1/18 through 3/31/19

PROGRAM DESCRIPTION

This program has been designed for U.S.-based performing groups who work on an independent contractor basis entertaining at events and performances. Coverages provided include important protection for the performing group for liability claims arising out of their operations.

The following criteria must be met to be eligible for coverage under this program:

- All groups must have a least one member or representative who is at least 18 years of age
- Annual gross income from the performing group activities cannot exceed \$500,000
- No more than 30 members in a performing group

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

INELIGIBLE OPERATIONS/MUSIC GENRES

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

- Acrobatic/aerialist performers
- Actors or actresses
- Bands and groups with music genres of alternative, grunge, hip hop, punk, rap and techno/DJ
- Circus performers
- Cosmetologists/Beauticians
- Escape artists
- Exotic dancers/strippers
- Henna/Mehndi artists
- Historical battle re-enactment groups
- Hypnotists
- Instruction of other individuals for a fee
- Jousters
- Mascots (college, high school, professional)
- Models
- Performers putting on an athletic exhibition
- Performers using weapons (live ammunition or sharpened blades)
- Permanent tattoo and/or body piercing artists
- Production/entertainment companies
- Public speakers
- Pyrotechnicians
- School accredited/sponsored programs, bands and/or performing groups
- Strength performers
- Stunt performers
- Touring bands and/or groups

ELIGIBLE OPERATIONS/MUSIC GENRES

Operations:

- Balloon artists
- Belly dancers
- Caricature sketching artists
- Celebrity look-alikes
- Choral group*
- Clowns
- Comedians
- Conductors
- Contortionists
- DJ's/ KJ's*
- Drum corp/bugle corp*
- Face/body painters (FDA approved/compliant paint only)
- Holiday characters
- Impersonators
- Impressionists
- Jugglers
- Magicians
- Mimes
- Musical ensemble (quartet, duo, instrumental)
- Musicians, singers or vocalists*
- Non-touring bands (tribute, wedding, garage)*
- Poets
- Puppeteers
- Story tellers
- Ventriloquists
- Western performers
- Yodelers

*Eligible/Approved Music Genres:

- Big band
- Bluegrass
- Blues
- Classical
- Country
- Ethnic/world
- Folk
- Jazz
- Oldies
- Pop/soft rock
- R&B
- Religious/gospel
- Swing

Other genres are subject to underwriting approval.

EASY WAYS TO ENROLL FOR COVERAGE



WEB For information and applications, visit us on-line at www.4RecSportsAndMore.com

OR

Submit this enrollment form, with payment, to us.



FAX 1-913-327-0201



MAIL Regular: Overnight:

Relation Insurance Services P.O. Box 25936 Overland Park, KS 66225	Relation Insurance Services 9225 Indian Creek Parkway, Suite 700 Overland Park, KS 66210
--	---



QUESTIONS Call 1-800-955-1991

FOR SERVICE REQUESTS ONLY



E-MAIL programs@relationinsurance.com

COVERAGE AND LIMITS

Coverages	Option 1	Option 2	Option 3	Option 4	Option 5
Commercial General Liability (CGL)	Limits	Limits	Limits	Limits	Limits
Each Occurrence	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
General Aggregate (Other than Products-completed Operations)	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000
Products-completed Operations Aggregate	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
Personal and Advertising Injury	Excluded	Excluded	Excluded	Excluded	Excluded
Legal Liability to Participants	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
Damage to Premises Rented to You (Fire Legal Liability)	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000
Medical Expense (other than participants)	Excluded	Excluded	Excluded	Excluded	Excluded
Medical Payments for Participants (\$0 deductible)	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000
Annual Rates (based on annual gross income)					
\$ 30,000 or less	\$ 530.00	\$ 788.00	\$ 1,038.00	\$ 1,288.00	\$ 1,538.00
\$ 30,001 - \$100,000	\$ 1,045.00	\$ 1,560.00	\$ 1,818.00	\$ 2,068.00	\$ 2,318.00
\$100,001 - \$200,000	\$ 1,560.00	\$ 2,333.00	\$ 2,719.00	\$ 2,969.00	\$ 3,219.00
\$200,001 - \$300,000	\$ 2,075.00	\$ 3,105.00	\$ 3,620.00	\$ 3,929.00	\$ 4,179.00
\$300,001 - \$400,000	\$ 2,590.00	\$ 3,878.00	\$ 4,521.00	\$ 4,908.00	\$ 5,191.00
\$400,001 - \$500,000	\$ 3,105.00	\$ 4,650.00	\$ 5,423.00	\$ 5,886.00	\$ 6,226.00
Single Event Coverage (per event) *Single event = 10 days or less	\$ 173.00	\$ 252.00	\$ 502.00	\$ 752.00	\$ 1,002.00

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

Commercial General Liability with Broadening Endorsement – coverage that protects the insured against liability claims for bodily injury and property damage arising out of their operations. Additional or broadening coverages added with the broadening endorsement are:

- Expected or intended injury resulting from the use of reasonable force to protect persons or property
- Non-owned watercraft – extended to 58 feet
- Supplementary payments - \$2,500 bail bonds, \$500 a day loss of earnings
- Knowledge or Notice of Occurrence
- Waiver of right of recovery
- Bodily injury definition expanded to include mental anguish, mental injury, shock, fright, humiliation, emotional distress or death resulting from bodily injury, sickness or disease.
- Damage to Premises Rented to You – the term fire is replaced with fire, lightning, explosion, smoke and leaks from sprinklers
- Additional coverages:
 - Emergency Real Estate Consultant Fee - \$25,000
 - Identify Theft Exposure (for directors or officers) - \$25,000
 - Key Individual Replacement Cost - \$50,000
 - Lease Cancellation Moving Expense - \$2,500
 - Temporary Meeting Place - \$25,000
 - Terrorism Travel Reimbursement (for directors or officers)- \$25,000
 - Workplace Violence Counseling - \$25,000

Legal Liability to Participants – coverage that offers protection against bodily injury liability claims brought by persons participating in covered activities.

Medical Payments for Participants – coverage that pays the medical and dental expenses incurred by a participant when an accidental injury occurs while participating in your covered activities. This coverage is primary. Participant means: any person involved in audience participation or an interactive component of an insured's performance or entertainment activity. Participant does not include the named insured or a spectator.

This brochure is for illustrative purposes only and is not a contract of insurance. You must refer to the actual policy for complete information regarding coverages terms, conditions and exclusions as they may change from one coverage period to the next. You may request a copy of the full policy by submitting a written request to us.

EXCLUSIONS

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

- Abuse, molestation, harassment or sexual conduct
- All operations listed as ineligible
- Amusement devices (e.g.: rides, slides, inflatables, bungees, climbing walls, dunk tanks)
- Animals (injury or death to any animal or injury, death or property damage caused by your animal- see FAQ on page 4 for limited small animals coverage)
- Asbestos
- Body surfing and/or mosh pits
- Employment-related practices
- Events hosted/organized by the performing group
- Fireworks (exclusion does not apply to flashboxes)
- Full body art/painting
- Fungi or bacteria
- Haunted attractions
- Historical battle reenactments
- Hot wax impressions
- Lead
- Nuclear energy
- Ownership of an owned facility for performances
- Personal and advertising injury
- Throwing of object(s) into the audience during a performance
- Use of any substance to paint or apply on the face or body that is not classified as non-toxic and/or manufactured using only FDA compliant ingredients
- Violation of statutes that govern e-mails, faxes, phone calls or other methods of sending materials or information

OPTIONAL COVERAGE AVAILABLE

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 7.
2. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your group with our Bands and Performing Groups RPG Insurance Program.
3. Only one option may be purchased.

Rates		
Options	Annual Gross Income	Rate
Option 1 - \$1,000,000 Sexual Abuse or Sexual Molestation Liability	\$30,000 or less	\$ 150.00
	\$30,001 - \$100,000	\$ 206.00
	\$100,001 - \$200,000	\$ 309.00
	\$200,001 - \$300,000	\$ 412.00
	\$300,001 - \$400,000	\$ 515.00
	\$400,001 - \$500,000	\$ 618.00
	Single Event	\$ 150.00
Option 2 - \$100,000 Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement	\$1.00 - \$500,000	\$ 100.00
	Single Event	\$ 100.00

FREQUENTLY ASKED QUESTIONS

1. What name should be listed on enrollment form?

For coverage to extend to all members of the group, it is important to provide the full and/or legal name of the group. If performing under a stage or another name, include that name on the "doing business as" line.

2. 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.

3. When should I make our coverage effective?

The effective date is the date you need your insurance to start. If you are renewing coverage with us, use the expiration date of your coverage. Coverage will be in effect for one year.

4. I have been asked by the facility/event where I will be working to add them as an additional insured to my policy. What does this mean and how do I do that?

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

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

5. What does annual gross income mean?

Annual gross income is the total revenue received before any deductions or allowances, as for cost of goods sold, taxes, etc.

6. If I need to request another certificate of insurance, how do I do this?

A written request from the insured is required. A certificate request form will be sent with your coverage documents that can be mailed, faxed or e-mailed to us. Please allow adequate time for processing.

7. What if my act involves an animal and it injures someone?

This program only provides coverage for claims arising out of smaller animals you use in your operation, such as: rabbits, doves, mice, hamsters, non-venomous/non-constrictor snakes and dogs weighing less than 15 pounds. No coverage exists for claims arising from all others animals, and no coverage is provided for the actual death or injury to any animal.

8. Will I receive a policy after submitting the enrollment form?

You will receive a certificate of insurance as proof of coverage. Coverage is offered exclusively through Sports, Leisure and Entertainment Risk Purchasing Group (RPG). The RPG receives a master policy from the company. Submission of this enrollment form confirms your desire to receive coverage through the RPG. Each member receives their own certificate of insurance as their evidence of coverage. The limits of insurance apply individually to each insured member organization-there are no shared limits of liability with any other members. A copy of the RPG master policy can be requested in writing to: Relation Insurance Services, P.O. Box 25936, Overland Park, KS 66225 or programs@relationinsurance.com.



Relation™ Enrollment Form - Bands and Performing Groups

Valid for effective dates from 4/1/18 through 3/31/19

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 5-11) with payment

GENERAL INFORMATION

I am a new account I am renewing my coverage

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 9 of the application for Electronic Disclosure and Consent)

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

1. Type of entertainers/performers/bands (check all that apply)

<input type="radio"/> Balloon artists	<input type="radio"/> Contortionists	<input type="radio"/> Mimes
<input type="radio"/> Band (tribute, wedding, garage)	<input type="radio"/> DJ's or KJ's	<input type="radio"/> Musical ensemble (quartet, duo, instrumental)
<input type="radio"/> Belly dancers	<input type="radio"/> Drum corp	<input type="radio"/> Poets
<input type="radio"/> Bugle corp (instrumental)	<input type="radio"/> Face/body painters	<input type="radio"/> Puppeteers
<input type="radio"/> Caricature sketching artists	<input type="radio"/> Holiday characters	<input type="radio"/> Story tellers
<input type="radio"/> Celebrity look-alikes	<input type="radio"/> Impersonators	<input type="radio"/> Ventriloquists
<input type="radio"/> Choral group	<input type="radio"/> Impressionists	<input type="radio"/> Western performers
<input type="radio"/> Clowns	<input type="radio"/> Jugglers	<input type="radio"/> Yodelers
<input type="radio"/> Comedians	<input type="radio"/> Magicians	
<input type="radio"/> Conductors		
<input type="radio"/> Other - subject to approval (please describe): _____		

2. If applicable, the type of music genres performed and the % of each

Big band _____%	Ethnic/world _____%	Pop/soft rock _____%
Bluegrass _____%	Folk _____%	R&B _____%
Blues _____%	Jazz _____%	Religious/gospel _____%
Classical _____%	Oldies _____%	Swing _____%
Country _____%	Other (please describe): _____ %	

3. Type of venues where group performs and the % at each (check all that apply):

<input type="radio"/> Auditoriums _____%	<input type="radio"/> Nightclubs _____%	<input type="radio"/> Reception halls _____%
<input type="radio"/> Bars _____%	<input type="radio"/> Outdoor venues _____%	<input type="radio"/> Schools/universities _____%
<input type="radio"/> Other (please describe): _____ %		

4. Do you own or operate your own facility? Yes No
 (If yes, this program only provides coverage for your operations as a band or performing group. It does not extend to the operation of the facility.)
5. Are any of the events where the group performs part of a promoted tour? Yes No
6. Does your annual gross income exceed \$500,000? Yes No
7. Do you have more than 30 members in the performing group? Yes No
8. Is at least one member or representative of the group 18 or older? Yes No
9. Do you conduct/perform operations outside the U.S.? Yes No

If yes,

- How many times per year do you perform outside of the U.S.? _____
- What is the maximum number of days you will spend outside the U.S. for performances? _____

Note: Coverage applies only if your responsibility to pay damages is determined in a suit brought in the U.S.

10. Do your performances include any of the following: Yes No
- Animals* (see FAQ on pg 4)
 - Athletic activity
 - Body surfing/mosh pits
 - Circus act
 - Fireworks/pyrotechnics
 - Full body art/painting
 - Hot wax impressions
 - Hypnotism
 - Stunts and/or strength acts
 - Throwing of object(s) into the audience during a performance
 - Weapons (live ammunition/sharpened blades)
 - Use of any substance to paint or apply on the face or is not classified as non-toxic and/or manufactured using only FDA compliant ingredients
 - Permanent tattoos or body piercing

Note: The exposures/activities listed above are not covered by this program and any resulting claims will be denied.

Please check the option you are seeking

Annual Coverage

Annual Gross Income	Option 1 \$1,000,000 CGL Limit	Option 2 \$2,000,000 CGL Limit	Option 3 \$3,000,000 CGL Limit	Option 4 \$4,000,000 CGL Limit	Option 5 \$5,000,000 CGL Limit
\$ 30,000 or less	<input type="radio"/> \$ 530.00	<input type="radio"/> \$ 788.00	<input type="radio"/> \$1,038.00	<input type="radio"/> \$1,288.00	<input type="radio"/> \$1,538.00
\$ 30,001 - \$100,000	<input type="radio"/> \$1,045.00	<input type="radio"/> \$1,560.00	<input type="radio"/> \$1,818.00	<input type="radio"/> \$2,068.00	<input type="radio"/> \$2,318.00
\$100,001 - \$200,000	<input type="radio"/> \$1,560.00	<input type="radio"/> \$2,333.00	<input type="radio"/> \$2,719.00	<input type="radio"/> \$2,969.00	<input type="radio"/> \$3,219.00
\$200,001 - \$300,000	<input type="radio"/> \$2,075.00	<input type="radio"/> \$3,105.00	<input type="radio"/> \$3,620.00	<input type="radio"/> \$3,929.00	<input type="radio"/> \$4,179.00
\$300,001 - \$400,000	<input type="radio"/> \$2,590.00	<input type="radio"/> \$3,878.00	<input type="radio"/> \$4,521.00	<input type="radio"/> \$4,908.00	<input type="radio"/> \$5,191.00
\$400,001 - \$500,000	<input type="radio"/> \$3,105.00	<input type="radio"/> \$4,650.00	<input type="radio"/> \$5,423.00	<input type="radio"/> \$5,886.00	<input type="radio"/> \$6,226.00

Single Event Coverage (10 days or less)

Single Event/Show	Option 1 \$1,000,000 CGL Limit	Option 2 \$2,000,000 CGL Limit	Option 3 \$3,000,000 CGL Limit	Option 4 \$4,000,000 CGL Limit	Option 5 \$5,000,000 CGL Limit
	<input type="radio"/> \$ 173.00	<input type="radio"/> \$ 252.00	<input type="radio"/> \$ 502.00	<input type="radio"/> \$ 752.00	<input type="radio"/> \$ 1,002.00

Event name: _____ Event date(s): ____/____/____ to ____/____/____

Event location: _____

COSTS ARE 100% 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.

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

Check here and skip this section if you do not want this coverage option

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/Independent contractors" in the following questions means someone who exerts control over or supervises participants.</small>	Employees (Check Here if No Employees <input type="radio"/>)	Volunteers/Independent contractors* (Check Here if No Volunteers/Independent contractors <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: _____

Rates (based on annual gross income/single event) - Choose one option		
Options	Annual Gross Income	Rate
<input type="radio"/> Option 1 - \$1,000,000 Sexual Abuse or Sexual Molestation Liability	\$30,000 or less	<input type="radio"/> \$ 150.00
	\$30,001 - \$100,000	<input type="radio"/> \$ 206.00
	\$100,001 - \$200,000	<input type="radio"/> \$ 309.00
	\$200,001 - \$300,000	<input type="radio"/> \$ 412.00
	\$300,001 - \$400,000	<input type="radio"/> \$ 515.00
	\$400,001 - \$500,000	<input type="radio"/> \$ 618.00
	Single Event	<input type="radio"/> \$ 150.00
<input type="radio"/> Option 2 - \$100,000 Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement	\$1.00 - \$500,000	<input type="radio"/> \$ 100.00
	Single Event	<input type="radio"/> \$ 100.00

OPTIONAL COVERAGES PREMIUM CALCULATION

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.

Check the type of certificate you are requesting: Additional insured Evidence of coverage

Certificate holder information:

Entity name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Relationship to named insured:

Owner/lessor of premises Sponsor Co-promoter

Other (please identify/explain): _____

Other than being named on the certificate as an additional insured or certificate holder, does the person or organization require any special wording or endorsements? Yes No

If yes, check all that apply (**Check your request carefully before submitting. The most common delay in certificate processing is caused by providing a partial or incorrect name and/or instructions.**)

Form CG2026 Primary endorsement Waiver of subrogation

Other (please explain): _____

Date certificate needed by: _____ / _____ / _____

If applicable:

For Specific event: Date(s) of event/activity: _____ / _____ / _____ to _____ / _____ / _____

Type of event/activity _____

Name of event/activity: _____

Location of event/activity: _____

COVERAGE EXCLUSIONS

The following exclusions are contained in the commercial general liability coverage provided by this program. Abuse, molestation, harassment or sexual conduct; Aircraft/hot air balloon; Airport; Amusement devices (The ownership, operation, maintenance or use of: any mechanical or non-mechanical ride, slide, or water slide, any inflatable recreational device, any bungee operation or equipment, any vertical device or equipment used for climbing-either permanently affixed or temporarily erected, or dunk tank. Amusement devices do not include any video or computer games); Animals (injury or death to, or injury, death or property damage caused by any animal owned, rented or hired by you. However, rabbits, doves, mice, hamsters, non-venomous/non-constricting snakes and dogs weighing less than 15 lbs. are covered for the liability arising out of the insured's operations that include the use of these animals); Asbestos; Body surfing and/or mosh pits; Commercial general liability standard exclusions (CG0001 04/13 edition); Employment-related practices; Events hosted/organized by the performing group; Fireworks (However, this exclusion does not apply to flashboxes. As used in this environment, flashboxes means a device used to create a visual effect along with an explosive noise and is induced electronically in a cylinder with no projectile, wadding or wrapping); Full body art/painting; Fungi or bacteria; Groups with more than 30 members; Groups without one member who is at least 18 years old; Haunted attractions; Historical battle reenactments; Hot wax impressions; Lead; Nuclear energy liability; Ownership of an owned facility for performances; Personal and advertising injury; 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.); Rodeos; Saddle animals; Snowmobile; Throwing of object(s) into the audience during a performance; Use of any substance to paint or apply on the face or body that is not classified as non-toxic and/or manufactured using only FDA compliant ingredients; Violation of statutes that govern e-mails, faxes, phone calls or other methods of sending materials or information; Those operations listed as ineligible: Acrobatic/aerialist performers, Actors or actresses; Bands and groups with music genres of alternative, grunge, hip hop, punk and rap, Circus performers, Cosmetologists/beauticians, Escape artists, Exotic dancers/strippers, Henna/Mehndi artists, Historical battle re-enactment groups, Hypnotists, Instruction of other individuals for a fee, Jousters, Mascots (college, high school, professional); Models; Performers putting on an athletic exhibition, Performers using weapons (live ammunition or sharpened blades), Permanent tattoo and/or body piercing artists; Production/entertainment companies; Public speakers; Pyrotechnicians, School accredited/sponsored programs, bands and/or performing groups; Strength performers, Stunt performers, Touring bands and/or groups

TOTAL COST SUMMARY	Total Liability Premium (from page 6)	\$	
	Optional Coverage		
	Sexual Abuse/Sexual Molestation Premium: (from page 7) <input type="radio"/> \$100,000 Defense Reimbursement Only OR <input type="radio"/> \$1,000,000 Liability Limit	\$	
	Premium subtotal (add all lines above)	\$	(A)
	Risk Purchasing Group Administration Fee (Required)	\$ 15.00	(B)
Total Cost Due (add lines A + B)	\$		

Warranty, Compensation & Electronic Disclosure and Consent
PLEASE READ, COMPLETE #9 BELOW, AND SIGN ON PAGE 10

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.

Relation Insurance Services (Relation), 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 Relation, 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: Relation Insurance Services - Specialty Risk, Inc., P.O. Box 25936, Overland Park, KS 66225.
5. I understand that I have the right to obtain a paper copy of any electronic record provided to me pursuant to this transaction or any subsequent transaction involving my coverage by mailing a written request to the address provided in paragraph 4.
6. In order to access the electronic records provided, the following hardware and software are required: (a) a personal computer or other device through which Internet access is available, (b) an Internet connection, (c) an e-mail account with an Internet service provider, and (d) Adobe Acrobat Reader.
7. I understand that I have the right and option to withdraw my consent to the receipt of further electronic documents at any time, by mailing a written request to the address provided in paragraph 4. By withdrawing my consent to electronic delivery of documents I understand that I will receive a paper copy of future policy documentation.
8. Information relating to this transaction is subject to the terms of our privacy statement, a copy of which is provided at www.4RecSportsAndMore.com.
9. DOCUMENT DELIVERY. After this enrollment form is approved, you will receive a certificate of insurance showing evidence that coverage has been bound. When submitted through an insurance agent or broker, this coverage document will only be delivered to them. Additional certificate requests will be issued to the same person. 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.

<input type="radio"/> E-mail to: _____	<input type="radio"/> attn: _____
<input type="radio"/> Fax to: _____	<input type="radio"/> attn: _____
<input type="radio"/> Mail to: _____	<input type="radio"/> attn: _____
_____	_____

IMPORTANT INFORMATION. PLEASE READ AND SIGN.

READ AND SIGN.

IMPORTANT INFORMATION.

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

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

I further acknowledge that, I have reviewed all information provided with this enrollment form and understand the exclusions which apply, as well as the activities and operations for which coverage is not provided. The information I provided on this enrollment form becomes a part of the insurance contract.

Applicant name (from page 5): _____

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

Printed name: _____ **Title:** _____

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

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

AGENT INFORMATION

AGENTS:

Please complete the information below.

Agency name: _____ Agent/contact name: _____

Agency complete mailing address: _____

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

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

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

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

Agent signature: _____ **Date:** _____

Applicable in AL, 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.

Select Payment Method. Check one.

Check: Please make check payable to Relation Insurance Services.
Enclosed is check # _____ for \$ _____

Credit Card: If you are making your payment by credit/debit card, please complete the following:
 VISA MASTERCARD AMERICAN EXPRESS

Card number: _____

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

I authorize Relation Insurance Services to charge my payment to my credit card in the amount of \$ _____

Print name (as on card): _____

Cardholder signature: _____

Relation Insurance Services - Specialty Risk, Inc. • P.O. Box 25936 • Overland Park, KS 66225 • 1-800-955-1991
E-mail = programs@relationinsurance.com • Fax 1-913-327-0201 • www.4RecSportsAndMore.com
CA #0H18178, TX #1657333