



# MARTIAL ARTS/SELF DEFENSE INSTRUCTOR Insurance Program and Enrollment Form

This brochure is valid for effective dates from 1/1/21 through 12/31/21

## PROGRAM DESCRIPTION

This program has been designed for U.S.-based martial arts and/or self defense instructors who work on an independent contractor basis training individuals in martial arts and/or self defense. This could include self defense instructors, law enforcement/security defense tactic instructors or martial arts instructors. Coverage provided under this program includes important commercial general liability protection for the instructor for liability claims arising out of their operations while training.

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

**This program does not provide coverage for the operation, ownership or maintenance of a martial arts and/or self defense facility. For information regarding coverage for a facility, please call us.**

## ELIGIBLE OPERATIONS

A U.S.-based instructor age 18 or older conducting private or group instruction in any of the following is eligible to enroll in this program.

- Self defense instruction
- Law enforcement/security defense tactic instruction
- Martial arts instruction of:
 

Aikido	Judo	Savate
Brazilian jiu jitsu	Jiu jitsu	Sayoc kali
Capoeira	Kali	Taekwondo
Chi kun	Karate	Tai chi
Dim mak	Kenjitsu	Tang soo do
Escrima	Krav maga	Thai boxing
Goju-ryu	Kung fu	
Haganah	Mixed martial arts	
Hapkido	or ultimate fighting	
Jeet kune do	Muay thai	

## INELIGIBLE OPERATIONS

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

- The sport of boxing (contact/sparring)
- Certified athletic trainers
- Coaching of organized competitive athletic teams
- Firearms training
- Instructors under the age of 18
- Military/paramilitary combat training
- Tournaments or competitions
- Your employment as an exempt or non-exempt employee of a school, college or university

## 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
- Communicable disease
- Cryogenic chambers/therapy
- Cycling (other than stationary)
- Employment-related practices
- Fireworks
- Instruction/activity being held on or in open water (e.g.: lakes, ponds, ocean)
- Medical, therapy or health care services
- Operation, ownership or management of any facility
- Physicals/stress testing
- Physical therapy, massage or salon services
- Sale or distribution of herbal, medicinal and/or nutritional products
- Use of projectile weapons including, but not limited to, firearms and tasers, and defense sprays
- Use of sharpened/bladed weapons
- Violation of statutes that govern e-mails, faxes, phone calls, or other methods of sending materials or information

## EASY WAYS TO ENROLL FOR COVERAGE



WEB Receive coverage immediately by purchasing online at [www.4RecSportsAndMore.com](http://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
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QUESTIONS Call 1-800-955-1991



### FOR SERVICE REQUESTS ONLY

E-MAIL [programs@relationinsurance.com](mailto:programs@relationinsurance.com)

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

## COVERAGES AND LIMITS

Coverages	Option 1	Option 2	Option 3	Option 4	Option 5
<b>Commercial General Liability (CGL)</b>	<b>Limits</b>	<b>Limits</b>	<b>Limits</b>	<b>Limits</b>	<b>Limits</b>
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	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
Legal Liability to Participants	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
Professional Liability	\$ 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)	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000
<b>Single Event Coverage</b> (not required if purchasing annual coverage)					
<b>Training Session only</b> - per instructor (training session must be 3 days or less)	\$ 127.00	\$ 183.00	\$ 433.00	\$ 683.00	\$ 933.00
<b>Annual Coverage</b>					
<b>Traditional Martial Arts Instructor</b> (per instructor)	\$ 370.00	\$ 548.00	\$ 798.00	\$ 1,048.00	\$ 1,298.00
<b>Self Defense/Law Enforcement Security Instructor</b> (per instructor)	\$ 577.00	\$ 858.00	\$ 1,108.00	\$ 1,358.00	\$ 1,608.00

\*Costs include premium and a \$15 risk purchasing group administration fee

Coverage provided under this program includes:

**Commercial General Liability with Broadening Endorsement** – coverage which protects the insured against liability claims for bodily injury and property damage arising out of premises, operations and products and completed operations.

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

**Professional Liability** – coverage which pays for wrongful acts (breach of duty, neglect, error, omission, misstatement or a misleading statement in the discharge of covered activities or operations) that occur as a result of your instruction.

## 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. When should I make my coverage effective?**

The effective date is the date you need your insurance to start. For many, this is the first day you begin instructing lessons. All coverages expire one year from the effective date.

**3. If I need to request another certificate of insurance for a training location that I am using, how do I do this?**

A written request is required from you, the individual instructor. The form may be acquired by contacting us.

**4. 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 -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.



# Enrollment Form Martial Arts/Self Defense Instructor

Valid for effective dates from 1/1/21 through 12/31/21

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 3 - 8) with payment

GENERAL INFORMATION	<input type="radio"/> I am a new account <span style="margin-left: 150px;"><input type="radio"/> I am renewing my coverage</span>
	Instructor's name (as it should appear on the policy): _____
	<span style="margin-right: 100px;">First name</span> <span>Last name</span>
	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: _____
(By listing an email address, you are giving us permission to contact you by email about your policy. Refer to page 6 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).
	<input type="radio"/> Start my coverage on this date: ____ / ____ / ____

BUSINESS INFORMATION	1. Are you age 18 or older? <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span>
	2. Do you use weapons as part of your instruction? <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span>
	If yes,
	are they sharpened/bladed? <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span>
	are the weapons replicas? <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span>
	do they contain ammunition? <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span>
	do you use tasers or defense sprays? <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span>
	3. Do you own or operate your own facility and/or have employees/volunteers? <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span>
	If yes, this program only provides coverage for your operations as an instructor. It does not extend to your employees or anyone performing instruction or training on your behalf, nor does it apply to the operation of a studio/facility.
	4. Do you teach any self-defense classes? <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span>
5. Type(s) of martial arts style(s) you teach? _____	
_____	

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

Please select one option based upon the desired coverage period, type of instructor and limit needed. Costs include premium and risk purchasing group fee.

Annual Coverage Option

Type of Instructor	Options	Limits of Liability (CGL)	Annual Cost
Martial Arts Instructor	Option 1	\$ 1,000,000	<input type="radio"/> \$ 370.00
	Option 2	\$ 2,000,000	<input type="radio"/> \$ 548.00
	Option 3	\$ 3,000,000	<input type="radio"/> \$ 798.00
	Option 4	\$ 4,000,000	<input type="radio"/> \$ 1,048.00
	Option 5	\$ 5,000,000	<input type="radio"/> \$ 1,298.00

Type of Instructor	Options	Limits of Liability (CGL)	Annual Cost
Self Defense/Law Enforcement/Security Instructor	Option 1	\$ 1,000,000	<input type="radio"/> \$ 577.00
	Option 2	\$ 2,000,000	<input type="radio"/> \$ 858.00
	Option 3	\$ 3,000,000	<input type="radio"/> \$ 1,108.00
	Option 4	\$ 4,000,000	<input type="radio"/> \$ 1,358.00
	Option 5	\$ 5,000,000	<input type="radio"/> \$ 1,608.00

Single Event Coverage Option: 1-3 day training session (days do not need to be consecutive)

Cost	Option 1 \$ 1,000,000 CGL	Option 2 \$ 2,000,000 CGL	Option 3 \$ 3,000,000 CGL	Option 4 \$ 4,000,000 CGL	Option 5 \$ 5,000,000 CGL
<b>Training Session only</b> - per instructor (training session must be 3 days or less)	<input type="radio"/> \$ 127.00	<input type="radio"/> \$ 183.00	<input type="radio"/> \$ 433.00	<input type="radio"/> \$ 683.00	<input type="radio"/> \$ 933.00

Should you have more than "1" single event, please provide event information, as requested below, for each event on a separate piece of paper and attach with this enrollment form. Separate policies will be issued for each event.

Type of Instructor:  Martial Arts Instructor  Self Defense/Law Enforcement/Security Instructor

Name of event/activity: \_\_\_\_\_

Type of event/activity: \_\_\_\_\_

Date(s) of event/activity: \_\_\_\_\_

Location of event/activity: \_\_\_\_\_

Venue name                      Street address                      City                      State                      Zip

Limit requested: \$ \_\_\_\_\_

Premium calculation: \$ \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_  
Rate from above                      # of Events                      Premium Due

**COSTS ARE 100% NON-REFUNDABLE/NON-TRANSFERRABLE ONCE COVERAGE BEGINS. COVERAGE IS CONTINGENT UPON RECEIPT OF PAYMENT AND A FULLY COMPLETED ENROLLMENT FORM.**

**NO COVERAGE WILL BE DEEMED IN EFFECT UNTIL THE ACCURATE PAYMENT IS RECEIVED BY THE COMPANY OR THEIR REPRESENTATIVE. CANCELLATIONS/CHANGES CAN ONLY BE MADE BY THE NAMED INSURED.**

Once your enrollment form is approved, you will receive a Certificate of Insurance as evidence that coverage is bound. **Complete this section if you require additional certificates listing a facility, property owner or similar third-party as an additional insured on your policy. Provide a separate request for each additional certificate needed.**

**Note: Please request all additional insureds needed for this policy term. Additional insureds from the expiring policy term will not be automatically renewed.**

1. When is this certificate needed? : \_\_\_\_ / \_\_\_\_ / \_\_\_\_
2. What is the additional insured's relationship to you?  Owner/manager/lessor of premises (facility or venue)  
 Sponsor  Co-promoter  Other (please identify/explain): \_\_\_\_\_  
 NOTE: The certificate holder will automatically be an Additional Insured for an Owner/manager/lessor, Sponsor or Co-Promoter relationship
3. Certificate holder/additional insured name: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Does the certificate holder/additional insured require any special wording or endorsements?  Yes  No  
 If yes, check all that apply:  CG2026  Primary  Waiver of subrogation  
 Other (please explain): \_\_\_\_\_

**NOTE: If you are not sure, please attach a copy of the insurance requirements/instructions you've received. The most common delay in certificate processing is caused by providing partial or incorrect name and/or instructions. Please check your request carefully before submitting.**

The following exclusions are contained in the commercial general liability coverage provided by this program. Abuse, molestation or sexual conduct; Aircraft/hot air balloon; Airport; Amusement devices (The ownership, operation, maintenance or use of: any mechanical or non-mechanical ride, slide or water slide, any inflatable recreational device, any bungee operation or equipment, any vertical device or equipment used for climbing-either permanently affixed or temporarily erected, or dunk tank. Amusement devices do not include any video or computer games or any device that is specifically designed for the training or instruction of the activity for which you are enrolled); Animals (injury or death to, or injury, death or property damage caused by any animal owned, rented or hired by you); Asbestos; Commercial general liability standard exclusions (CG0001 04/13 edition); Communicable disease; Cryogenic chambers/therapy; Cycling (other than stationary); Employment-related practices; Fireworks; Fungi or bacteria; Haunted attractions; Instruction/activity being held on or in open water (e.g.: lakes, ponds, ocean) Lead; Medical, therapy or health care services; Nuclear energy liability; Operation, ownership or management of any facility; Performers (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 operations for which you are enrolled); Physicals/stress testing; Physical therapy, massage or salon services; Rodeos; Saddle animals; Sale or distribution of herbal, medicinal and/or nutritional products; Snowmobile; Use of projectile weapons including, but not limited to, firearms and tasers, and defense sprays; Use of sharpened/ bladed weapons; Violation of statutes that govern e-mails, faxes, phone calls, or other methods of sending materials or information; Those operations listed as ineligible: The sport of boxing (contact/sparring); Certified athletic trainers; Coaching of organized competitive athletic teams; Firearms training; Instructors under the age of 18; Military/paramilitary combat training; Tournaments or competitions; Your operations related, in whole or in part, to your employment as an exempt or non-exempt employee of a public or private school, college or university.

**Electronic Disclosure and Consent & Warranty**  
**PLEASE READ, COMPLETE #9 BELOW, AND SIGN BELOW**

**Electronic Signature Disclosure and Consent**

The Electronic Signatures in Global and National Commerce Act (15 U.S.C. § 7001, et seq.) provides that a signature, contract or other record may not be denied legal effect, validity or enforceability solely because it is in electronic form or because an electronic signature was used in a transaction.

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 faxing, emailing 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 faxing, emailing or 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](http://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. Providing an email address in this application will be deemed consent to us to deliver documents and communication to you electronically.

If you **DO NOT** want to be emailed please check here and select your preferred method of document delivery.

Fax to: \_\_\_\_\_ attn: \_\_\_\_\_

Mail to: \_\_\_\_\_ attn: \_\_\_\_\_

IMPORTANT INFORMATION. PLEASE READ AND SIGN.

WARRANTY & DISCLOSURE

**Warranty and Disclosure 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, and should my figures exceed my estimates during the coverage term I will make arrangements to pay the additional premium. 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.

**Applicant Business name** (from page 3): \_\_\_\_\_

**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 PAGE AND COMPLETE AGENT WARRANTY SECTION**

**Enrollments cannot be accepted unless this section is completed**

**AGENTS:**

Please complete the information below.

Agency name: \_\_\_\_\_ Agent/contact name: \_\_\_\_\_

Agency complete mailing address: \_\_\_\_\_  
Address City State Zip

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 us, I will provide 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.

**Agent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicable in AL**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**Applicable in AR, LA, MD, 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 DC**

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Applicable in FL**

Any person who 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.

**Applicable in KY**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**Applicable in ME, TN, 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 NM**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**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 NY**

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Applicable in OH**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Applicable in OK**

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Applicable in 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.

**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.

**Applicable in VA**

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 benefits.

## PAYMENT OPTIONS

Submit a completed enrollment (including signed Warranty Statement) and payment to:

Applicant Business name: \_\_\_\_\_ Effective date: \_\_\_\_\_

### **PAY BY ACH (Bank Account):**

• **E-mail** programs@relationinsurance.com

or

• **Fax** 1-913-327-0201

I (we) authorize Relation Insurance Services to initiate a single electronic debit from the account shown below:

Name on Bank Account: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Draft Amount : \$ \_\_\_\_\_  Checking, or  Savings

Bank Account Routing/Transit Number\* \_\_\_\_\_ Bank Account Number\* \_\_\_\_\_

\*See below for an explanation of where to locate these two sets of numbers on your bank check.

\_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature(s) - (Not required if authorization by phone)

\_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature(s) - (Not required if authorization by phone)

### **EXPLANATION OF CHECK NUMBERS**

1. Bank Routing/Transit Number - This is a nine digit number separated by a bar and a colon |: 123456789 |:
2. Account Number - This number may appear as the second, first or third series of numbers. Please read carefully.
3. Check Number - Matches number in the upper right corner of check. NOT REQUIRED FOR ACH.

YOUR NAME 1234 Main Street Anywhere, OH 00000 123  
DATE \_\_\_\_\_  
PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ DOLLARS  
|:044072324| |:000123456789| |:123|

1. ROUTING NUMBER 2. ACCOUNT NUMBER 3. CHECK NUMBER

### **PAY BY CHECK:** (Payable to Relation Insurance Services)

• **Mail**

Regular Mail

Relation Insurance Services  
P.O. Box 25936  
Overland Park, KS 66225

Overnight Mail

Relation Insurance Services  
9225 Indian Creek Parkway, Suite 700  
Overland Park, KS 66210

### **PAY BY CREDIT CARD:**

• **Fax only** 1-913-327-0201

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: \_\_\_\_\_

Cardholder phone number: (\_\_\_\_) \_\_\_\_\_