



# YOUTH SPORTS CAMP & SPORTS CLINIC

## Insurance Program and Enrollment Form

This brochure is valid for effective dates from 3/1/22 through 2/28/23

Higher liability limits are available immediately online at [www.4RecSportsandMore.com](http://www.4RecSportsandMore.com)

### PROGRAM DESCRIPTION

This program has been designed for U.S. - based youth sports camp operations (those attended by campers age 19 or under) or sports clinics that are held at premises not owned or maintained by the sport camp operator. Coverage provided under this program includes important liability protection for the camp or clinic operator, including employees and volunteers, for liability claims arising out of its operations. In addition, the program provides medical payments coverage to the camp or clinic participants. Coverage is provided on an annual basis, but only applies to those camp/clinic sessions that are specifically reported.

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

### INELIGIBLE OPERATIONS

Camps or clinics offering the following operations or instruction based on any of the following sport categories are not eligible for this insurance program. Please note, this is not a complete listing of ineligible sports. Please contact us for more information.

- After school/day care/latch key programs
- All star/bowl games\*
- Hunting and/or nature camps/programs
- Pop Warner Little Scholars Football or Cheer Camps/Clinics
- Pro-sport try-out and training camps
- Recruiting camps, showcases or combines\*
- Sports camp/clinic operators who own or maintain their own facility
- Weight loss camps/programs
- 100% virtual camps/operations
- Boxing
- Box lacrosse
- Broomball
- Cycling or BMX
- Diving
- Equestrian
- Martial arts styles consisting of: contact or sparring boxing, dim mak, haganah, kali/escrima, mixed martial arts, savate, sayoc kali, thai boxing/muay thai, ultimate fighting, extreme fighting, cage fighting, or wrestling
- Open water activities/events
- Skiing (snow or water)

\* Please contact us for programs that can provide coverage for these types of operations

### ELIGIBLE OPERATIONS

Sports operations conducted on a clinic, day camp or overnight camp basis for attendees age 19 and under that are focused on improving skills in one of the following sport categories are eligible for this insurance program. If your sport is not listed, please contact us to confirm eligibility.

- Day camps/clinics for youth with an accompanied adult are eligible for this program (e.g.: parents and me camps). Ratios cannot be more than 2 adults per child
- Classroom/lecture clinics for coaches or officials in any of the above mentioned sports are also eligible to enroll in this insurance program

#### Class 1 Sports:

- Baseball
- Basketball
- Drill team
- Golf
- Softball
- Squash
- Swimming
- Strength and conditioning
- Tennis
- Track & field
- Volleyball
- Water polo

#### Class 2 Sports:

- Cheerleading
- Deck/floor/street hockey
- Field hockey
- Football
- Gymnastics
- Ice hockey
- Inline hockey
- Lacrosse
- Roller hockey (quad)
- Soccer
- Water hockey
- Wrestling

### EASY WAYS TO ENROLL FOR COVERAGE



WEB For information and applications, visit us on-line 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



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

\* Higher liability limit options are available immediately online \*

Coverages	Option 1	Option 2
<b>Commercial General Liability (CGL):</b>	<b>Limits</b>	<b>Limits</b>
Each Occurrence	\$ 1,000,000	\$ 2,000,000
General Aggregate (other than Products-completed Operations) – per event/camp	\$ 5,000,000	\$ 5,000,000
Products-completed Operations Aggregate	\$ 1,000,000	\$ 2,000,000
Personal and Advertising Injury	\$ 1,000,000	\$ 2,000,000
Professional Liability	\$ 1,000,000	\$ 2,000,000
Hired Auto & Employer’s Nonownership Liability (not provided while in Hawaii)	\$ 1,000,000	\$ 2,000,000
Damage to Premises Rented to You (Fire Legal Liability)	\$ 1,000,000	\$ 1,000,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000
Medical Payments for Participants (excess) \$100 per claim deductible applies	\$ 25,000	\$ 250,000
Legal Liability to Participants (LLP)	\$ 1,000,000	\$ 2,000,000

### Rates (per participant)

If multiple sports are in a single camp, then the highest sport class applies

Class 1 Sports	Option 1	Option 1 w/Brain Injury Excluded	Option 2	Option 2 w/Brain Injury Excluded
Per participant/per daily session	\$1.45	N/A	\$1.97	N/A
Per participant/per weekly session (camps 3-7 consecutive days)	\$4.33	N/A	\$5.99	N/A
Per participant/overnight camps (camps no more than 7 consecutive days) Note: Adult accompanied camps are not eligible for this option	\$5.75	N/A	\$7.95	N/A
Class 2 Sports	Option 1 with Limited Brain Injury Coverage*	Option 1 w/Brain Injury Excluded	Option 2 with Limited Brain Injury Coverage*	Option 2 w/Brain Injury Excluded
Per participant/per daily session	\$1.60	\$1.45	\$2.20	\$1.97
Per participant/per weekly session (camps 3-7 consecutive days)	\$4.78	\$4.33	\$6.66	\$5.99
Per participant/overnight camps (camps no more than 7 consecutive days) Note: Adult accompanied camps are not eligible for this option	\$6.34	\$5.75	\$8.83	\$7.95
<b>Minimum Premiums - All Classes (1 &amp; 2)</b>	\$ 240.00		\$ 360.00	

\*LIMITED BRAIN INJURY COVERAGE - “Brain injury” means concussion, chronic traumatic encephalopathy or any other injury to the brain and any symptoms, conditions, disorders and diseases, including death, resulting therefrom but only if such injury occurs as a result of specific events occurring during the policy period.

<b>Options 1 and 2</b> w/ \$1,000,000 Limited Brain Injury Coverage	Brain Injury limit / Aggregate limit	\$ 1,000,000 / \$ 1,000,000
	Loss Adjustment Expense limit / Aggregate limit	\$ 1,000,000 / \$ 1,000,000

## COVERAGES AND LIMITS CONTINUED

**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, products and completed operations and personal and advertising injury. Legal liability to participants and professional liability coverage are also provided as part of this program. No deductible applies to liability claims. 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

**Hired Auto and Employers' Nonownership Liability** - 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.

**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 camp operations. 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. A \$100 deductible applies to each claim and the benefit period is two years from the date of the accident.

## EXCLUSIONS

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

- Abuse, molestation, harrassment or sexual conduct
- Amusement devices (e.g.: rides, slides, inflatables, bungees, climbing walls, dunk tanks)
- Asbestos
- Communicable disease
- Cryogenic chambers/therapy
- Employment-related practices
- Fireworks
- Fungi or bacteria
- Lead
- Operation, maintenance or management of any facility or field other than being used for covered activities
- Nuclear energy
- Operations listed as ineligible
- Pollution
- Transportation of participants
- Use of haunted attractions

## FREQUENTLY ASKED QUESTIONS

### 1. 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 of the camp/clinic or when you begin setting up. If you are renewing coverage with us, use the expiration date of your coverage.

### 2. How do I calculate the premium? What is a minimum premium?

Premium is based on the actual or maximum number of campers expected times a rate. A minimum premium is the amount you must pay if your calculated premium is less than the minimum premium for the option you choose.

Example: A 2 day clinic, class 1 sport, that needs \$1,000,000 in coverage for 50 campers:

Step 1: Choose Option 1

Step 2: Take the daily session rate for Option 1, which is \$1.45 x 50 x 2 for a premium calculation of \$145.00.

Step 3: Since the premium calculation is below the \$240.00 minimum premium for Option 1, the total premium due for this clinic is \$240.00.

### 3. What if I have multiple camps or clinics scheduled and I am not sure how many participants will attend these camps or clinics? What do I report?

At the time of enrollment, please provide us a list of all your known camps or clinics. Use the maximum amount of campers that your camp/clinic can accommodate to calculate the premium due. TBD numbers will not be accepted.

### 4. What do I do if I add a camp or clinic after I submit my enrollment?

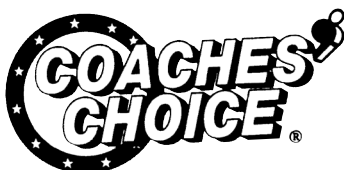
To provide coverage for a new camp/clinic not previously reported, you must inform us in writing of the new dates by completing a youth camp/clinic supplemental request form prior to the start date of the camp/clinic along with any additional premium due. Camps or clinics not reported to us prior to occurring will not be covered.

### 5. How do I report cancellations, changes or any additional camps after hours or on a weekend?

Since any changes to your coverage need to be reported prior to the scheduled start date or the first day of camp and be submitted in writing, please either fax or e-mail us the necessary change as soon as you can. If you do not have access to fax or e-mail, please leave us a voicemail message and follow up with written confirmation as quickly as possible.

### 6. Will I receive a policy after I submit 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 insurance 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 certificate of insurance—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](mailto:programs@relationinsurance.com).





# Enrollment Form - Youth Sports Camp & Sports Clinic Insurance

Valid for effective dates from 3/1/22 through 2/28/23

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 - 13) 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 10 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. Are any of your camp/clinic attendees age 20 or over?  Yes  No  
 If yes, do you allow more than two parents or adults to accompany youth participants in camp activities?  Yes  No  
 If you allow parent or adult participation, do you offer any "adult-only" instruction or competitions?  Yes  No

2. Are you an after school, day care or latch key program?  Yes  No

3. Do you own or maintain the facility(s) where the camps/clinics take place?  Yes  No

4. Are you a weight loss camp/program?  Yes  No

5. Does any of your camps/clinics include an all star game or bowl game?  Yes  No

6. Are any of your camps/clinics a professional try-out or training camp?  Yes  No

7. Are any of your camps/clinics a recruiting event, showcase or combine?  Yes  No

8. Are any of your camps/clinics held on the property of a private home or residence?  Yes  No

9. Does your program include any trips away from the main location?  Yes  No  
 If yes, please submit additional details. Trips made away from the main location must be reported prior to occurring, and approved by us.

The exposures/activities listed above are not covered by this program and any resulting claims will be denied. If you wish to cover any of these activities, please contact us to determine if other coverage options are available.

10. Are any of your camps/clinics by invitation only?  Yes  No
11. Is this a Pop Warner Little Scholars football or cheer camp/clinic?  Yes  No
12. If you suspect an athlete has a concussion, do you have an action plan that includes:
- a. Immediately removing the athlete from play or practice  Yes  No
- b. Keeping the athlete out of play or practice until they provide written clearance from a licensed physician?  Yes  No
13. Does your operation involve football?  Yes  No

If yes,

Do you maintain a system for your football activities that includes communication (in written or electronic form) of education materials to participants, parents and coaches about the nature of risk of concussions, including but not limited to information such as: focusing on prevention and preparedness to keep athletes safe; understanding concussions and potential consequences of the injury; recognizing concussion symptoms and how to respond; and learning about steps for returning to play after a suspected concussion?  Yes  No

**Note:** The Center for Disease Control and Prevention offers free information, as well as a free online concussion training course for coaches on their website: [www.cdc.gov/concussion/HeadsUp/youth.html](http://www.cdc.gov/concussion/HeadsUp/youth.html).

### RATES AND MINIMUM PREMIUMS

Class 1 Sports				
Type of Camp Sessions	\$1,000,000 CGL and \$25,000 MPP		\$2,000,000 CGL and \$250,000 MPP	
	Option 1	Option 1 w/Brain Injury Excluded	Option 2	Option 2 w/Brain Injury Excluded
<b>Daily</b> (no overnight exposures) = • 2 consecutive days or less; OR • Multiple non-consecutive days	\$1.45 Per Day/Per Commuter Camper	N/A	\$1.97 Per Day/Per Commuter Camper	N/A
<b>Weekly</b> (no overnight exposures) = • 3-7 consecutive days	\$4.33 Per Week/Per Commuter Camper	N/A	\$5.99 Per Week/Per Commuter Camper	N/A
<b>Overnight/Resident</b> = • 1-7 consecutive days Note: Adult accompanied camps are not eligible for this option	\$5.75 Per Resident Camper	N/A	\$7.95 Per Resident Camper	N/A
<b>MINIMUM PREMIUMS:</b>	\$240.00		\$360.00	

Class 2 Sports				
Type of Camp Sessions	\$1,000,000 CGL and \$25,000 MPP		\$2,000,000 CGL and \$250,000 MPP	
	Option 1 with Limited Brain Injury Coverage	Option 1 w/Brain Injury Excluded	Option 2 with Limited Brain Injury Coverage	Option 2 w/Brain Injury Excluded
<b>Daily</b> (no overnight exposures) = • 2 consecutive days or less; OR • Multiple non-consecutive days	\$1.60 Per Day/Per Commuter Camper	\$1.45	\$2.20 Per Day/Per Commuter Camper	\$1.97
<b>Weekly</b> (no overnight exposures) = • 3-7 consecutive days	\$4.78 Per Week/Per Commuter Camper	\$4.33	\$6.66 Per Week/Per Commuter Camper	\$5.99
<b>Overnight/Resident</b> = • 1-7 consecutive days Note: Adult accompanied camps are not eligible for this option	\$6.34 Per Resident Camper	\$5.75	\$8.83 Per Resident Camper	\$7.95
<b>MINIMUM PREMIUMS:</b>	\$240.00		\$360.00	

# CAMP INFORMATION

1. Please list all camp sessions individually below.

Type of Camp Sessions
<b>Daily</b> (no overnight exposures) = 2 consecutive days or less; OR Multiple non-consecutive days
<b>Weekly</b> (no overnight exposures) = 3-7 consecutive days (max 7 consecutive days)
<b>Overnight/Resident</b> (Note: Adult accompanied camps are not eligible for this coverage) = 1 – 7 consecutive days

2. Coverage only applies to those camp sessions specifically reported and each session must be individually listed.

3. Should you have more than 4 camps, please provide information on an additional sheet.

## **CAMP/SESSION #1**

Name of Camp: \_\_\_\_\_

Type of camp (list type(s) of sport(s)/activity(s): \_\_\_\_\_

Dates of camp: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours of operation: \_\_\_\_ A.M./P.M. to \_\_\_\_ A.M./P.M.

Camp days (circle all that apply): Mon Tues Wed Thurs Fri Sat Sun

Camp Location(s) \_\_\_\_\_

# of youth campers/participants (below age 19): \_\_\_\_\_ # of adult campers/participants: \_\_\_\_\_

Check all that apply:  Daily  Weekly  Overnight/Resident  Virtual

## **CAMP/SESSION #2**

Name of Camp: \_\_\_\_\_

Type of camp (list type(s) of sport(s)/activity(s): \_\_\_\_\_

Dates of camp: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours of operation: \_\_\_\_ A.M./P.M. to \_\_\_\_ A.M./P.M.

Camp days (circle all that apply): Mon Tues Wed Thurs Fri Sat Sun

Camp Location(s) \_\_\_\_\_

# of youth campers/participants (below age 19): \_\_\_\_\_ # of adult campers/participants: \_\_\_\_\_

Check all that apply:  Daily  Weekly  Overnight/Resident  Virtual

## **CAMP/SESSION #3**

Name of Camp: \_\_\_\_\_

Type of camp (list type(s) of sport(s)/activity(s): \_\_\_\_\_

Dates of camp: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours of operation: \_\_\_\_ A.M./P.M. to \_\_\_\_ A.M./P.M.

Camp days (circle all that apply): Mon Tues Wed Thurs Fri Sat Sun

Camp Location(s) \_\_\_\_\_

# of youth campers/participants (below age 19): \_\_\_\_\_ # of adult campers/participants: \_\_\_\_\_

Check all that apply:  Daily  Weekly  Overnight/Resident  Virtual

## **CAMP/SESSION #4**

Name of Camp: \_\_\_\_\_

Type of camp (list type(s) of sport(s)/activity(s): \_\_\_\_\_

Dates of camp: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours of operation: \_\_\_\_ A.M./P.M. to \_\_\_\_ A.M./P.M.

Camp days (circle all that apply): Mon Tues Wed Thurs Fri Sat Sun

Camp Location(s) \_\_\_\_\_

# of youth campers/participants (below age 19): \_\_\_\_\_ # of adult campers/participants: \_\_\_\_\_

Check all that apply:  Daily  Weekly  Overnight/Resident  Virtual

## COST CALCULATION

1. Use rates on page 6 to calculate premium. Premium is determined by applying the appropriate rate for the coverage option selected to the maximum amount of expected campers/participants. Day camps/clinics with an accompanied adult(s) need to count all participants in their program including the adults. TBD cannot be accepted.
2. If calculated premium is less than minimum (see chart on page 6), use the minimum premium.
3. The same limit option must be used for all camps.
4. If multiple sports are in a single camp, then the highest sport class applies
5. OPTIONAL LIMITS AVAILABLE – For liability limits of \$3,000,000, \$4,000,000 and \$5,000,000. Visit us online for an immediate quote or check here if a higher liability limit is needed.  
 Limit needed: \_\_\_\_\_
6. 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 accurate payment is received by the company or their representative.

**NOTE: Cancellations must be reported prior to the scheduled start date or the first day of the camp/clinic session, and confirmed in writing for a refund or credit to be considered. Refunds may be subject to a cancellation penalty. Cancellations/changes can only be made by the named insured.**

Camp/Session # (from page 7)	Coverage Option (1 or 2)	# of Days OR Weeks	X	Daily OR Weekly Rate (from page 6)	X	# of Campers	=	Premium
			X	\$	X		=	\$
			X	\$	X		=	\$
			X	\$	X		=	\$
			X	\$	X		=	\$
			X	\$	X		=	\$
			X	\$	X		=	\$
			X	\$	X		=	\$
			X	\$	X		=	\$
			X	\$	X		=	\$
			X	\$	X		=	\$
			X	\$	X		=	\$
			X	\$	X		=	\$
			X	\$	X		=	\$
<b>Calculated Premium</b> (add premium lines above)							\$	(A)
<b>Minimum Premium</b> (from page 6)							\$	(B)
• Option 1 minimum premium = \$240								
• Option 2 minimum premium = \$360								
<b>Program Premium Due</b> (greater amount from line A or B)							\$	

**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



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. Camp #: \_\_\_\_\_
2. When is this certificate needed? : \_\_\_\_/\_\_\_\_/\_\_\_\_
3. 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

4. Certificate holder/additional insured name: \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. 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 you are purchasing. 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 or any device that is specifically designed for the training or instruction of the activity for which you are enrolled.); Ancillary activities/trips held away from the reported camp/clinic location unless supervised, approved and on file with the company; 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; Employment-related practices; Fireworks; Fungi or bacteria; Haunted attractions; Lead; Nuclear energy liability; Operation, maintenance or management of any athletic facility or field, other than while being used for covered activities; Performers; Rodeos; Saddle animals; Snowmobile; Transportation of participants; Violation of statutes that govern e-mails, faxes, phone calls or other methods of sending materials or information; Those operations listed as ineligible: After school, day care and latch key programs; All star/bowl games; Hunting and/or nature camps/programs; Pro-sport try-out and training camps; Recruiting camps, showcases, or combines; Sports camp/clinic operators who own or maintain their own facility; 100% Virtual camps/operations; Weight loss camps/programs; Sports camps/clinics offering instruction of: Adventure races; Bandy; Biathlon; Bobsled; Body boarding; Boxing; Box lacrosse; BMX or stunt cycling; Broomball; Canoeing; Climbing; Cycling; Diving; Dodgeball; Equestrian; Hang gliding; Hammer throw; Highland games; Hostelling; Hurling; Inline (extreme, aggressive, freestyle) skating; Inline Stunt performing; Jai alai; Javelin; Karate; Kayaking; Kite surfing; Luge (street); Marathon; Martial arts styles consisting of: contact or sparring boxing, dim mak, haganah, kali/escrima, mixed martial arts, savate, sayoc kali, thai boxing, muay thai, ultimate fighting, extreme fighting, cage fighting, or wrestling; Modern pentathlon; Mountain biking and/or hiking; Mountain boarding; Open water activities/events; Open water fishing; Orienteering; Outrigging; Parachute; Parasailing; Polo (horse), Rafting; Rodeo; Roller derby; Rowing/Crew; Rugby; Sailing; Scuba diving; Shooting sports/events; Skateboarding; Skiing (snow or water); Sky diving; Sky surfing; Sled/Crew dog racing; Snorkeling; Snowboarding/snow surfing; Sports parachuting; Streetball; Surfing (including boogie boards); Tae Kwon Do; Trapeze; Takraw; Trampoline (unless reported, reviewed and approved by us); Triathlon; Unicycling; Wake boarding; Wind surfing; Wrestling (Roman/Greco); Yachting.

<b>TOTAL COST SUMMARY</b>	Program Premium (from page 8)	\$ (A)
	Risk Purchasing Group Administration Fee (required)	\$ 15.00 (B)
	<b>Total Cost Due</b> (add A + B)	<b>\$</b>

**Electronic Signature Disclosure and Consent and Warranty**  
**PLEASE READ, COMPLETE #9 BELOW, AND SIGN ON PAGE 11**

**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.**

**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.

**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.

**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.

FRAUD APPS (2019/11)

## 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 Overnight Mail

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

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: (\_\_\_\_) \_\_\_\_\_