



FITNESS INSTRUCTOR/PERSONAL TRAINER Insurance Program and Enrollment Form

This brochure is valid for effective dates from 1/1/20 through 12/31/20

PROGRAM DESCRIPTION

This insurance program has been specifically designed to meet the unique needs of a U.S.-based personal training, exercise, aerobic or yoga/pilates instructor directly supervising an individual or group engaged in fitness and exercise activities.

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 fitness, sports or dance facility. For information regarding coverage for a facility, please call us.

INELIGIBLE OPERATIONS

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

- Certified athletic trainers
- Coaching of organized competitive athletic teams
- Instructors under the age of 18
- Instruction of sports skill activities*
- Instructor's employment as an exempt or a non-exempt employee of a school, university or college

* Information and applications for sports instructor insurance are available online or by calling our office.

ELIGIBLE OPERATIONS

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

- Acrobatic/partner yoga
- Acro dance
- Aerial/anti-gravity/suspended yoga (certified instructors only)
- Aerobics
- Aquatic exercise
- Cardio kickboxing
- Children's fitness programs
- Dance
- Exercise
- Fitness bootcamp
- GYROTONIC®
- Hoop fitness
- Personal training
- Pilates
- Qigong
- Spinning
- Strength
- Tai Chi
- Tumbling (floor only, no gymnastic apparatus)
- Yoga
- ZUMBA®

EASY WAYS TO ENROLL FOR COVERAGE



WEB Receive coverage immediately by purchasing online 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

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.

EXCLUSIONS

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

- Abuse, molestation, harassment or sexual conduct
- Amusement devices (e.g.: rides, slides, inflatables, bungees, climbing walls, dunk tanks)
- Cryogenic chambers/therapy
- Cycling (other than stationary)
- Employment-related practices
- Instruction/activities held on or in open water (e.g.: lakes, ponds, ocean)
- Medical, therapy or health care services
- Operation, ownership or management of a fitness, dance or sports facility
- Physicals/stress testing
- Physical therapy, massage or salon services
- Sale or distribution of herbal medicinal and/or nutritional products
- Training programs for law enforcement, public safety and military personnel
- Those operations listed as ineligible
- Violation of statutes that govern e-mails, faxes, phone calls or other methods of sending materials or information

COVERAGES AND LIMITS

Coverages	Option 1	Option 2	Option 3	Option 4	Option 6
Commercial General Liability (CGL)	Limits	Limits	Limits	Limits	Limits
Each Occurrence	\$ 500,000	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 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	\$ 500,000	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 5,000,000
Personal and Advertising Injury	\$ 500,000	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 5,000,000
Legal Liability to Participants	\$ 500,000	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 5,000,000
Professional Liability	\$ 500,000	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 5,000,000
Damage to Premises Rented to You (Fire Legal Liability)	\$ 500,000	\$ 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
Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement	\$ 100,000	\$ 100,000	\$ 100,000	\$ 100,000	\$ 100,000
Costs:					
Certified Instructor - 1 year	\$ 175.00	\$ 194.00	\$ 284.00	\$ 534.00	\$ 1,034.00
Certified Instructor - 2 years	\$ 303.00	\$ 338.00	\$ 499.50	Not Available	Not Available
Non-Certified Instructor - 1 year	\$ 199.00	\$ 245.00	\$ 360.00	\$ 610.00	\$ 1,110.00
Non-Certified Instructor - 2 years	\$ 346.00	\$ 429.00	\$ 636.00	Not Available	Not Available

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

Refer to page 5 for \$4,000,000 CGL premium rates (option 5)

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, products and completed operations and personal and advertising injury.

Legal Liability to Participants – coverage which offers protection against bodily injury liability claims brought by persons participating in fitness/exercise activities under the direction of the insured.

Professional Liability – provides protection against wrongful acts (breach of duty, neglect, error, omission, misstatement or a misleading statement in the discharge of fitness/exercise activities) that occur under the operations of the insured.

Abuse, Molestation, Harassment, or Sexual Conduct Defense Cost Reimbursement – Although claims arising out of abuse, molestation, harassment or sexual conduct are excluded under this policy, this coverage (subject to the specific terms of this endorsement) reimburses you for up to \$100,000 for defense costs resulting from abuse or molestation claims.

FREQUENTLY ASKED QUESTIONS

1. Can I apply for coverage over the phone?

Unfortunately, we are not able to accept your enrollment information over the phone at this time. You can apply for coverage online or by completing an enrollment form and submitting it to us via fax or mail.

2. What is a general aggregate?

This is the maximum amount to be paid out in any policy period for all losses.

3. What types of fitness certifications are acceptable to obtain the premium discount?

An acceptable certification or accreditation program is one that establishes standards and guidelines for the delivery of quality and professional fitness services as well as the development of ethic statements for fitness professionals. An individual will take a series of classes with testing at the end to become a certified professional in a fitness program. Normally to maintain certification yearly continuing education classes are required. A few examples of acceptable certifications are: AFAA, ACE, NAFTA, NASM, NESTA, ISSA, Cooper Institute, Yoga Alliance and Stott Pilates (SPX).

4. What are certificate requests? How do I complete this section on the enrollment form?

A certificate is a document prepared by us providing you evidence of insurance. You will automatically receive a certificate providing proof of coverage once coverage is bound. You only need to complete the certificate request section if you have been asked to provide another certificate, to an entity such as the facility where you work.

5. I have been asked by the facility that I instruct at 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 in writing.

6. I need \$4,000,000 in CGL coverage. Is this option available?

Yes. Please refer to page 5 for rates.

7. Will I receive a policy after I submit the enrollment form?

No. 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 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.

 **Relation™ Enrollment Form - Fitness Instructor/Personal Trainer Insurance**
Valid for effective dates from 1/1/20 through 12/31/20

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 4 - 9) with payment**

GENERAL INFORMATION

I am a new account I am renewing my coverage

Instructor's name (as it should appear on the policy): _____
First name Last name

Doing business as (DBA): _____
(additional name(s) under which the named insured operates)

Mailing address: _____

City: _____ State: _____ Zip: _____

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 7 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 instructor (check all that apply):

<input type="radio"/> Acro dance	<input type="radio"/> Aquatic exercise	<input type="radio"/> GYROTONIC®	<input type="radio"/> Strength
<input type="radio"/> Acrobatic/partner yoga	<input type="radio"/> Cardio kickboxing	<input type="radio"/> Hoop fitness	<input type="radio"/> Tai chi
<input type="radio"/> Aerobics	<input type="radio"/> Children's fitness programs	<input type="radio"/> Personal training	<input type="radio"/> Tumbling (floor only, no gymnastic apparatus)
<input type="radio"/> Aerial/anti-gravity/suspended yoga (certified instructor only)	<input type="radio"/> Dance	<input type="radio"/> Pilates	<input type="radio"/> ZUMBA®
	<input type="radio"/> Exercise	<input type="radio"/> Qigong	<input type="radio"/> Yoga
	<input type="radio"/> Fitness bootcamp	<input type="radio"/> Spinning	

Other (subject to approval): _____

2. Are you age 18 or older? Yes No

3. Do you own or operate your own fitness or dance studio and/or have employees/volunteers? Yes No

(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 provide instruction of sports skills? Yes No

(Sports skills instructors should apply for coverage through our Sports Instructor Insurance Program.)

Coverage is not provided for an instructor's employment as an exempt or non-exempt employee of a school, university or college; for the coaching of organized competitive athletic teams; for activities of a certified athletic trainer; for instructors under the age of 18; and for instruction of sports skill activities.

PROGRAM COST

Please check the appropriate program and option:

I am a Certified instructor (certificate information must be provided)

Certification organization: _____ Certification number: _____ Expiration date: _____
 Certification organization: _____ Certification number: _____ Expiration date: _____
 Certification organization: _____ Certification number: _____ Expiration date: _____
 Certification organization: _____ Certification number: _____ Expiration date: _____
 Certification organization: _____ Certification number: _____ Expiration date: _____
 Certification organization: _____ Certification number: _____ Expiration date: _____
 Certification organization: _____ Certification number: _____ Expiration date: _____

COST CERTIFIED	Options	Limits of Liability (CGL)	1 - Year Cost	2 - Years Cost
	Option 1	\$ 500,000	<input type="radio"/> \$ 175.00	<input type="radio"/> \$ 303.00
	Option 2	\$ 1,000,000	<input type="radio"/> \$ 194.00	<input type="radio"/> \$ 338.00
	Option 3	\$ 2,000,000	<input type="radio"/> \$ 284.00	<input type="radio"/> \$ 499.50
	Option 4	\$ 3,000,000	<input type="radio"/> \$ 534.00	Not Available
	Option 5	\$ 4,000,000	<input type="radio"/> \$ 784.00	Not Available
	Option 6	\$ 5,000,000	<input type="radio"/> \$1,034.00	Not Available

I am a Non-certified Instructor

COST NON-CERTIFIED	Options	Limits of Liability (CGL)	1 - Year Cost	2 - Years Cost
	Option 1	\$ 500,000	<input type="radio"/> \$ 199.00	<input type="radio"/> \$ 346.00
	Option 2	\$ 1,000,000	<input type="radio"/> \$ 245.00	<input type="radio"/> \$ 429.00
	Option 3	\$ 2,000,000	<input type="radio"/> \$ 360.00	<input type="radio"/> \$ 636.00
	Option 4	\$ 3,000,000	<input type="radio"/> \$ 610.00	Not Available
	Option 5	\$ 4,000,000	<input type="radio"/> \$ 860.00	Not Available
	Option 6	\$ 5,000,000	<input type="radio"/> \$1,110.00	Not Available

FOR OFFICE USE ONLY

UW Rec: ____/____/____ Status: N R Broker: Y N Comm: ____% OPS Rec: ____/____/____
 GL Exp Policy #: _____/CP #: _____ Exp Dates: ____/____/____ to ____/____/____
 GL Option: _____ Delivery: M F E Date: ____/____/____ Pay Plan: ____ Bill: AB AD CBG
 Opt Form: 2026 2011 8016 8018 876 2404 Comments: _____
 GL Policy #: _____/CP #: _____ GL Prem: _____ Eff Date: ____/____/____ to ____/____/____
 Insured #: _____

**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.

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

CERTIFICATE REQUESTS

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.

When is this certificate needed? : ____/____/____

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

Certificate holder/additional insured name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

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.

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 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); Any adult-themed parties/meetings/trips, included but not limited to parties/meetings/trips during which demonstration of products and/or services used in the adult entertainment industry takes place; Asbestos; Commercial general liability standard exclusions (CG0001 04/13 edition); Cryogenic chambers/therapy; Cycling (other than stationary); Employment-related practices; Fireworks; Fitness/exercise operations related in whole or part, to perform as an exotic dancer or any similar occupation in the adult entertainment industry; Fungi or bacteria; Haunted attractions; Instruction/activities held on or in open water; Lead; Medical, therapy or health care services; Nuclear energy liability; Operation, ownership or management of a fitness, dance or sports facility; Performers; Physicals/stress testing; Physical therapy, massage or salon services; Rodeos; Saddle animals; Sale or distribution of medicinal, herbal and/or nutritional products; Snowmobile; Training programs for law enforcement, public safety and military personnel; Violation of statutes that govern e-mails, faxes, phone calls or other methods of sending materials or information; Those operations listed as ineligible: Certified athletic trainers; Coaching of organized competitive athletic teams; Instructors under the age of 18; Instruction of sports skills activities; Instructor's employment as an exempt or non-exempt employee of a school, university or college.

Electronic Disclosure and Consent and 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, faxing, emailing or 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. 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 4): _____

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 off a felony.

Applicable 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: (____) _____