



Relation™

HEALTH CLUB-LIMITED SERVICES PROGRAM

Insurance Program and Enrollment Form

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

Higher liability limits are available immediately online

PROGRAM DESCRIPTION

This program has been designed for U.S.-based owners and operators of health clubs offering programs and services that may include personal training, aerobics, yoga, pilates, free weights, resistance machines, cardio machines and a variety of exercise classes for members. Coverage provided includes important liability protection for the health club, including its employees, for liability claims arising out of the operations of the health club at a designated location. Note: coverage does not extend to independent contractors of the health club unless the optional coverage available with this program is purchased.

Optional coverages available under this program include liability for independent contractors, coverage for equipment and contents of the health club, medical payments for participants (members) of the health club and off-site operations.

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

INELIGIBLE OPERATIONS

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

- Unattended/unstaffed 24 hour key card/key pad/key code access operations or unattended/unstaffed operations *
- Annual sales more than \$500,000
- Childcare services/facilities
- Climbing walls
- CrossFit Affiliate Owners*
- Dance, gymnastics, cheer and martial arts schools/studios *
- Facilities outside of the U.S.
- Ice skating, roller skating or skating treadmills
- Medical, therapy or health care services
- Physical therapy
- Physicals or stress testing
- Salon services or indoor tanning
- Saunas or steam rooms
- Sports medicine
- Sports rehabilitation services/therapy
- Sports skills instructional facilities, academies, schools or programs
- Swimming pools, hot tubs, whirlpools, jacuzzis or cold plunge

*For information regarding eligibility for dance, gymnastics, cheer, martial arts schools/studios, CroffFit Affiliate Owners and 24 hour fitness facilities, please contact us.

ELIGIBLE OPERATIONS

U.S.-based health clubs with annual sales of \$500,000 or less qualify for this program

Note: Health clubs that offer programs and services that are not eligible for this program should contact us for other available insurance programs.

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
- Acupuncture
- All operations listed as ineligible
- Amusement devices (e.g.: rides, slides, inflatables, bungees, climbing walls, dunk tanks)
- Events, competitions, tournaments, camps/clinics conducted or sponsored by, or on behalf of the insured, unless reported and approved by us
- Asbestos
- The sport of boxing (contact/sparring)
- Cryogenic chambers/therapy
- Cycling (other than stationary)
- Employment-related practices
- Fungi or bacteria
- Instruction/activity held on or in open water (e.g.: lakes, ponds, ocean)
- Lead
- Massage therapy
- Nuclear energy liability
- Sale or distribution of herbal, medicinal and/or nutritional products
- Training programs for law enforcement, public safety and military personnel
- Transportation of participants/members
- The sport of wrestling

COVERAGES AND LIMITS

Select one of the following options that best fits your business needs.

On-site Coverage:

Applies to the instruction activities of you and your employees and the business operations at your insured premises only.

On-site and Off-site Coverage:

Applies to the instruction activities of you and your employees and the business operations at your insured premises and also extends to locations away from your insured premises (e.g.: training or class instruction at other locations).

Coverages	On-site Health Club Coverage		On-site and Off-site Health Club Coverage	
	Option 1	Option 2	Option 1	Option 2
Commercial General Liability Each Occurrence	\$ 1,000,000	\$ 2,000,000	\$ 1,000,000	\$ 2,000,000
General Aggregate (other than Products-completed Operations)	\$ 5,000,000 per owned location	\$ 5,000,000 per owned location	\$ 5,000,000 per owned location	\$ 5,000,000 per owned location
Products-completed Operations Aggregate	\$ 1,000,000	\$ 2,000,000	\$ 1,000,000	\$ 2,000,000
Personal and Advertising Injury	\$ 1,000,000	\$ 2,000,000	\$ 1,000,000	\$ 2,000,000
Damage to Premises Rented to You (Fire Legal Liability)	\$ 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
Hired Auto and Employers' Nonownership Liability (not provided while in Hawaii)	\$ 1,000,000	\$ 2,000,000	\$ 1,000,000	\$ 2,000,000
Professional Liability	\$ 1,000,000	\$ 2,000,000	\$ 1,000,000	\$ 2,000,000
Legal Liability to Participants	\$ 1,000,000	\$ 2,000,000	\$ 1,000,000	\$ 2,000,000
Rates (per \$1,000 of annual sales)	\$ 7.95	\$ 11.93	\$ 8.75	\$ 13.13
Minimum Premiums	\$ 1,000.00	\$ 1,500.00	\$ 1,100.00	\$ 1,650.00

* Visit us online for Higher Liability Limits *

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. 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

COVERAGES AND LIMITS CONTINUED

Damage to Premises Rented to You – This coverage is solely for the premises, and the contents of such premises, rented to you if the damage is caused by fire, lightning, explosion, smoke and leaks from sprinklers. Damage that is caused by something other than fire, lightning, explosion, smoke and leaks from sprinklers only applies to the premises, including the contents of such premises, rented to you for a period of 7 or fewer consecutive days.

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.

Hired Auto and Employers' Nonownership Liability (not provided while in Hawaii) – coverage which protects the insured against liability claims arising out of the maintenance or use of motor vehicles hired or borrowed by the insured on a short-term basis, as well as coverage for those autos your organization does not own, lease, hire, rent or borrow that are used in conjunction with your operations. Coverage does not extend to the transporting of participants or to those vehicles that are rented, hired or borrowed on a long-term basis.

OPTIONAL COVERAGES AVAILABLE

Liability for Independent Contractors (non-employees)

This coverage option allows you to purchase liability for those independent contractor (non-employees) instructors or trainers while conducting instruction activities on behalf of your health club operations. Coverage can apply to your reported location(s) only or can also be extended to include any off-site operations you may have.

Coverage Conditions:

1. You must have commercial general liability coverage for your facility with our Health Club-Limited Services RPG Insurance Program and coverage must follow the same limit option purchased for your location(s).
2. Coverage will be effective the day after we receive the request with premium and will expire on the expiration date of your Health Club-Limited Services RPG Insurance Program.
3. A U.S.-based instructor age 18 or older conducting private or group instruction on your behalf for any of the following is eligible for this coverage.

<ul style="list-style-type: none"> • Acro dance • Acrobatic/partner yoga • Aerobics • Aerial/anti-gravity/suspended yoga (certified instructors only) 	<ul style="list-style-type: none"> • Cardio kickboxing • Children's fitness programs • Dance • Exercise 	<ul style="list-style-type: none"> • Fitness bootcamp • GYROTONIC® • Hoop fitness • Personal training • Pilates 	<ul style="list-style-type: none"> • Spinning • Tai chi • Yoga • ZUMBA® • Tumbling (floor only, no gymnastic apparatus)
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4. Ineligible instructors or those offering the following operations that are not eligible for this coverage are:

<ul style="list-style-type: none"> • Certified athletic trainers • Coaching of organized competitive athletic teams • Instructors under the age of 18 	<ul style="list-style-type: none"> • Instruction of sport skills activities • Instructor's employment as an exempt or non-exempt employee of a school, university or college
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5. This coverage is 100% fully earned at inception.

Rates (per instructor)	Option 1 \$1,000,000 CGL Limit	Option 2 \$2,000,000 CGL Limit
On-site coverage only	\$ 155.00	\$ 232.50
On-site and off-site coverage	\$ 170.00	\$ 255.00

OPTIONAL COVERAGES AVAILABLE CONTINUED

Equipment and Contents Coverage (Inland Marine)

This provides coverage for direct loss or damage to your supplies and equipment, furnishings, improvements and betterments, signs and non-structural glass due to fire, theft, vandalism or other covered causes (subject to actual policy terms and conditions). You must insure the full replacement cost of all of your equipment and contents to avoid a co-insurance penalty at the time of loss. Should you add additional equipment or contents to your inventory, please contact us to have your insured value amended to avoid a co-insurance penalty.

Additional coverages automatically included in the coverage form are

- Business Income with Extra Expense – Actual Loss Sustained (up to \$50,000)
- Money and Securities Coverage - \$10,000 any one occurrence
- Valuable Papers and Records Coverage - \$10,000 at premises / \$2,500 away from premises
- Account Receivable Coverage - \$10,000 at premises / \$2,500 away from premises
- Employee Dishonesty - \$5,000 any one occurrence
- Forgery or Alteration - \$10,000 for any loss
- Robbery or Safe Burglary of Other Property - \$10,000 inside premises / \$10,000 outside the premises

Coverage Conditions:

1. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your health club with our Health Club-Limited Services RPG Insurance Program.
2. Coverage will be effective the day after we receive the proper completed enrollment form with premium and will expire on the expiration date of your Health Club-Limited Services RPG Insurance Program.
3. Receipt of purchase is required at the time of loss to show verification of purchase for improvements or betterments.

Rates			
Total Value per Location	Rate	Deductible	Minimum Premium
\$ 1 - \$ 10,000	\$. 03	\$ 250	\$ 100.00
\$ 10,001 - \$100,000	\$.026	\$ 1,000	\$ 100.00
\$ 100,001 +	\$.026	\$ 2,500	\$ 100.00

Medical Payments for Participants Coverage

This coverage pays the medical and dental expenses incurred by a “participant” when an accidental injury occurs while participating in fitness or exercise activities at the insured’s owned/operated locations. “Participant” means any person practicing, instructing or participating in any physical exercises or games, sports or athletic contests. Participant does not include any compensated member of your staff, including employees or independent contractors. The coverage is provided on an excess basis, responding after all other medical coverage available to the participant has been exhausted. If no other medical coverage exists, the coverage becomes primary. A \$100 corridor deductible applies to each claim, and the benefit period is two years from the date of the accident.

Coverage Conditions:

1. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your location(s) with our Health-Club Limited Services RPG Insurance Program.
2. This coverage does not extend to off-site operations.

Limit	Deductible	Rate	Minimum Premium
\$5,000 (per claim)	\$100 (corridor deductible)	\$10.00 (per participant)	\$1,000.00

OPTIONAL COVERAGES AVAILABLE CONTINUED

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

This program includes two options for coverage for claims arising out of sexual abuse or sexual molestation:

- Option 1: \$1,000,000 of liability coverage for sums the insured becomes legally obligated to pay as damages because of loss arising out of any actual or threatened sexual abuse or sexual molestation. Limit is a part of, and not in addition to, the general liability limit section.
- Option 2: \$100,000 of coverage for reimbursement of defense costs only resulting from claims arising out of abuse, molestation, harassment or sexual conduct.

Coverage Conditions:

1. Coverage is contingent upon completion, as well as review and approval from us, of the underwriting questions found on page 10.
2. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for health club with our Health Club Limited Services RPG Insurance Program.
3. Only one option may be purchased.
4. This coverage is 100% fully earned at inception.

Rates		
Options	Rates	
Option 1 - \$1,000,000 Sexual Abuse or Sexual Molestation Liability	On-site - \$1.59 (per \$1,000 of annual sales)	On-site and Off-site - \$1.75 (per \$1,000 of annual sales)
	(\$150.00 minimum premium)	
Option 2 - \$100,000 Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement	\$100.00 (Flat rate)	

FREQUENTLY ASKED QUESTIONS

1. Does this policy provide coverage for the owner(s) of the health club and any of its employees?

Yes, this program provides commercial general liability as well as legal liability to participants and professional liability for the insured's owned/operated location(s) and any employees of the named insured while working on their behalf.

2. Is coverage under this policy extended to independent contractors (non-employees) working on behalf of the health club?

Independent contractors (non-employees) are covered only if the optional coverage available with this program is purchased. If this optional coverage is not purchased, as a health club owner, you need to require that all independent contractors (non-employees) working at your location(s) obtain professional liability coverage and name your business as an additional insured to their instructor policy and submit proof of this coverage to you.

3. Does coverage extend to off-site health club operations?


Coverage only extends to off-site operations if that coverage option is chosen. Otherwise, coverage is limited to the premises address of the health club location(s).

4. I have been asked by my landlord 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 the policy limits have not been exhausted) under your policy with no responsibility for premium payments.

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

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

 **Relation™ Enrollment Form - Health Club-Limited Services 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 6 - 15) with payment

We can offer limits above \$2,000,000. Quotes available immediately for higher limits online

GENERAL INFORMATION	<input type="radio"/> I am a new account <input type="radio"/> I am renewing my coverage
	Full legal name of business: _____
	<small>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.</small>
	Applicant is a: <input type="radio"/> Sole Proprietorship <input type="radio"/> Limited Liability Co. <input type="radio"/> Corporation <input type="radio"/> Partnership <input type="radio"/> Other (describe): _____
	Mailing address: _____
	City: _____ State: _____ Zip: _____
	Contact name: _____ Phone: (_____) _____
	Cell: (_____) _____ Fax: (_____) _____
	E-mail: _____ Website: _____
	<small>(By listing an email address, you are giving us permission to contact you by email about your policy. Refer to page 13 of the application for Electronic Disclosure and Consent)</small>

LOCATIONS	Please list locations you own or operate on a 24 hour basis, if different than the mailing location above. <small>(Note: Temporary leased spaces or mobile program sites should not be listed here, only your owned/operated location sites. You can add temporary/mobile locations on the certificate request section if evidence of coverage or additional insured status is needed)</small>
	Location 1: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: 0.8em;"> Street Address City State Zip </div>
	Location 2: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: 0.8em;"> Street Address City State Zip </div>

DATES	Annual 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 employee(s) or a company representative on site during all open hours? <input type="radio"/> Yes <input type="radio"/> No
	2. Do you have locations outside of the U.S.? <input type="radio"/> Yes <input type="radio"/> No
	3. Is your health club a dance, gymnastics, cheer or martial arts school/studio? <input type="radio"/> Yes <input type="radio"/> No

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

4. Does your health club have any of the following features or services?

- Childcare services Yes No
- Climbing walls Yes No
- CrossFit licensed services Yes No
- Ice skating, roller skating or skating treadmills Yes No
- Medical, therapy or health care services Yes No
- Physical therapy, physicals or stress testing Yes No
- Salon services or indoor tanning Yes No
- Sports medicine Yes No
- Sports rehabilitation services/therapy Yes No
- Sports skills instructional programs Yes No
- Swimming pools, saunas, steam rooms, hot tubs, whirlpools, jacuzzis or cold plunge Yes No

The exposures/activities listed above are not eligible under this program. If you have answered yes to any of the questions, please contact our office to determine if other coverage/program options are available, or visit us online to review additional fitness insurance programs available.

5. Are all individuals (including instructors and trainers) working in your health club your employees? Yes No

If no, please list all individuals who are independent contractors (non-employees) working at your health club. If additional space is needed, please attach a separate list to this enrollment form.

Name(s) of Independent Contractor(s) at Your Health Club	Does This Individual Carry Their Own Professional Liability Insurance?
	<input type="radio"/> Yes, their limit of coverage is \$ _____ <input type="radio"/> No, purchasing the optional coverage available with this program
	<input type="radio"/> Yes, their limit of coverage is \$ _____ <input type="radio"/> No, purchasing the optional coverage available with this program
	<input type="radio"/> Yes, their limit of coverage is \$ _____ <input type="radio"/> No, purchasing the optional coverage available with this program
	<input type="radio"/> Yes, their limit of coverage is \$ _____ <input type="radio"/> No, purchasing the optional coverage available with this program
	<input type="radio"/> Yes, their limit of coverage is \$ _____ <input type="radio"/> No, purchasing the optional coverage available with this program

6. FOR NEW ACCOUNTS ONLY

Do you have current coverage in place? Yes No

If no, please check/explain:

- New business operation Other, please explain: _____

If yes:

a) Name(s) of current carrier(s): _____ Expiration date(s): _____

b) Is your current carrier non-renewing your coverage? Yes No

If yes, why? _____

c) In the past 4 years, have you had any losses? Yes No

If yes, please provide current loss runs with at least 4 years of loss history, including your current year. In addition, please describe any liability or medical claims over \$5,000 that have been paid under your insurance coverage for those years.

Select an option and calculate premium.

Check if a higher liability (CGL) limit is needed and to obtain a quote. Limit requested: \$ _____
 Quoted Premium Due: \$ _____ (Office Use Only)

On-site Health Club Coverage		On-site and Off-site Health Club Coverage	
Coverage only applies to the operations of the health club at their own insured location(s).		Coverage applies to the operations of the health club at their own insured location(s) and also extends to their operations conducted at locations owned/operated by others.	
<input type="radio"/> Option 1 \$1,000,000 CGL Limit Rate = \$.00795 Minimum Premium = \$1,000.00	<input type="radio"/> Option 2 \$2,000,000 CGL Limit Rate = \$.01193 Minimum Premium = \$1,500.00	<input type="radio"/> Option 1 \$1,000,000 CGL Limit Rate = \$.00875 Minimum Premium = \$1,100.00	<input type="radio"/> Option 2 \$2,000,000 CGL Limit Rate = \$.01313 Minimum Premium = \$1,650.00

Annual Sales	X	Rate	=	Premium
\$	X	\$	=	\$
Minimum Premium Please enter minimum premium from above.				\$
Program Premium If the total calculated premium is less than the minimum premium, the premium due is the minimum premium.				\$ (A)

Liability for Independent Contractors (non-employees) Coverage

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

Premium is determined by applying the appropriate rate to the total number of independent contractors (non-employees) which you are seeking coverage for. Coverage for these instructors only applies while conducting activities on behalf of your health club. You must choose the same limit option that was selected for your health club above.

Name of Instructor	Type of Coverage Needed
1.	<input type="radio"/> On-Site Only <input type="radio"/> On-Site & Off-Site
2.	<input type="radio"/> On-Site Only <input type="radio"/> On-Site & Off-Site
3.	<input type="radio"/> On-Site Only <input type="radio"/> On-Site & Off-Site

On-site Coverage Only

Option 1 \$1,000,000 CGL Limit	<input type="radio"/> \$155.00 x _____ = \$ _____ (B)
	# of Instructors Liability Premium
Option 2 \$2,000,000 CGL Limit	<input type="radio"/> \$232.50 x _____ = \$ _____ (B)
	# of Instructors Liability Premium
Higher Limit Option \$ _____	<input type="radio"/> \$ _____ x _____ = \$ _____ (B)
	# of Instructors Liability Premium

On-site and Off-site Coverage

Option 1 \$1,000,000 CGL Limit	<input type="radio"/> \$170.00 x _____ = \$ _____ (B)
	# of Instructors Liability Premium
Option 2 \$2,000,000 CGL Limit	<input type="radio"/> \$255.00 x _____ = \$ _____ (B)
	# of Instructors Liability Premium
Higher Limit Option \$ _____	<input type="radio"/> \$ _____ x _____ = \$ _____ (B)
	# of Instructors Liability Premium

Equipment and Contents Coverage (Inland Marine)

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

TO AVOID A CO-INSURANCE PENALTY, YOU MUST INSURE 100% OF THE REPLACEMENT COST OF YOUR EQUIPMENT AND CONTENTS FOR ALL OF YOUR LOCATIONS.

Step 1: Fill in the values to determine your total replacement cost amount for ALL locations

Individually list any items with values over \$5,000

	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____

Provide values for categories below

(DO NOT include those values already shown above)

Supplies & Inventory (office supplies, items held for sale) \$ _____

Equipment & Contents (athletic equipment, electronics, furniture, non-structural glass, phone/fax system, office contents, etc.) \$ _____

Improvements & Betterments (items you have installed or altered at your expense, such as flooring, mirrors, ceiling tile, window treatments, lighting, shelving, etc.) \$ _____

Signs (indoor or outdoor) \$ _____

Misc. Equipment – please describe _____ \$ _____

Total replacement value for all location(s) (add all lines above) \$ _____

Step 2: Complete ONLY if your replacement cost value is over \$100,000

1. Please describe the building type your equipment is stored in (e.g.: frame or fire resistive warehouse)

2. Do you have a security system in place: Yes No
a. If yes, please describe: _____
3. Is any other operations, besides your own, or equipment of others stored in the same facility in which you store your equipment? Yes No
a. If yes, please describe: _____
4. Please attach a complete inventory list with values of each item

Step 3: Calculate premium

(If total calculated premium is less than the minimum premium, the total premium due is the minimum premium)

Equipment and Contents Premium

My total replacement value is between \$1 – \$10,000
(\$250 deductible will apply)

\$.03 x \$ _____	= \$ _____		\$ _____ (C)	
Total Replacement Value			Equipment and Contents Premium (\$100.00 minimum premium applies)	

My total replacement value is over \$10,000
(A \$1,000 deductible applies to values from \$10,001 - \$100,000 and a \$2,500 deductible applies to values over \$100,000)

\$.026 x \$ _____	= \$ _____		\$ _____ (C)	
Total Replacement Value			Equipment and Contents Premium (\$100.00 minimum premium applies)	

OPTIONAL COVERAGES PREMIUM CALCULATION CONTINUED

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

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

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

1. Does your organization currently have employees, volunteers or independent contractors? Yes No
The term "Volunteers" means someone, including parent volunteers, who exerts control over or supervises participants.
2. Have any claims, allegations or charges of abuse, molestation or sexual misconduct been made against you or your organization or anyone working on behalf of your organization? Yes No
If yes, please explain: _____
3. Are you aware of any occurrences that could lead to a claim? Yes No
If yes please explain: _____
4. Do you, your organization or sanctioning/governing body have written procedures in place regarding the prevention and mitigation of abuse, molestation or sexual misconduct? Yes No
If yes:
 - a. Do the procedures require that known or suspected abuse incidents must be reported to law enforcement? Yes No
 - b. Are written procedures provided or available to each employee, volunteer, independent contractor or sanctioning/governing body member? Yes No
 - c. Does your written plan include reasonable procedures to limit one-on-one interactions between a minor and an adult (who is not the minor's legal guardian) to those that are observable by another adult and within an interruptible distance, except under emergency circumstances? Yes No
5. Please complete the following questions regarding employee, volunteer, or independent contractor screening controls used by your organization.
 Check here and skip the chart below if you have no employees, volunteers, or independent contractors

Please Complete All Questions <small>The term "Volunteers/Independent contractors" in the following questions means someone who exerts control over or supervises participants.</small>	Employees (Check Here if No Employees <input type="radio"/>)	Volunteers/Independent contractors (Check Here if No Volunteers/Independent contractors <input type="radio"/>)
Are employee/volunteer applications required? If yes, does the application include questions about whether the individual has ever been convicted for any crime involving physical violence or sex related offenses? If yes and applicant checks yes, do you reject the applicant?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No
Are background checks provided by a third party vendor/service? If yes, do you reject an applicant with any history of physical violence or sex related offenses?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No

Please explain any "No" responses to questions asked in #5: _____

6. Calculate premium

Rates					
<input type="radio"/> Option 1 - \$1,000,000 Sexual Abuse or Sexual Molestation Liability (Choose the same option as purchased on page 8.)					
Type of Coverage	Rate	X	Annual Sales	=	Premium
On-site Only	.00159	X		=	\$
On-site and Off-site	.00175	X		=	\$
Option 1 Total Premium Insert premium total from above or \$150.00 minimum premium. The higher amount applies.					(D)
<input type="radio"/> Option 2 - \$100,000 Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement					\$100.00 (D)

Medical Payments for Participants Coverage

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

Premium is determined by applying the rate to your total peak membership count for all owned/operated locations. If the total calculated premium is less than the minimum premium, the total premium due is the minimum premium.

\$10.00 x $\frac{\text{_____}}{\text{Number of members}}$ = \$ _____
(based on total peak membership)

Medical Payments for Participants Premium = \$ _____ (E)
(\$1,000.00 minimum premium applies)

TOTAL COST SUMMARY	Program Premium (Required Coverage)	\$	(A)
	Liability for Independent Contractors Premium (Optional Coverage)	\$	(B)
	Equipment and Contents Premium (Optional Coverage)	\$	(C)
	Sexual Abuse/Sexual Molestation Premium: (Optional Coverage) <input type="radio"/> \$100,000 Defense Reimbursement Only OR <input type="radio"/> \$1,000,000 Liability Limit	\$	(D)
	Medical Payments for Participants Premium: (Optional Coverage)	\$	(E)
	Subtotal Due (add lines A thru E)	\$	(F)
	Risk Purchasing Group Administration Fee (REQUIRED to process enrollment)	\$ 15.00	(G)
	Total Cost Due (add lines F & G)	\$	

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

**COVERAGE IS CONTINGENT UPON RECEIPT OF PAYMENT AND A FULLY COMPLETED ENROLLMENT.
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.

* See page 3 and 4. Liability for Independent Contractors and Sexual Abuse/Sexual Molestation options are 100% fully earned at inception.

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. This certificate is for: General Liability Coverage

All locations

Specific location(s): _____

Equipment & Contents/Inland Marine Coverage (if applicable)

3. What is the additional insured's relationship to you? Owner/manager/lessor of premises (facility or venue)

Sponsor Co-promoter Lessor of equipment/contents (liability) Loss Payee (equipment/contents)

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.

6. For Loss Payee: Type of equipment (please describe): _____ Replacement cost value: _____

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, harassment or sexual conduct; Acupuncture; 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 the 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, including, but not limited to parties/meetings, trips during which demonstration of products and/or services used in the adult entertainment industry takes place; Asbestos; The sport of boxing (contact/sparring); Commercial general liability standard exclusions (CG0001 04/13 edition); Cryogenic chambers/therapy; Cycling (other than stationary); Employment-related practices; Events, competitions, tournaments, camps/clinics conducted or sponsored by, or on behalf of the insured, unless reported and approved by us; Fireworks; Fitness/Exercise operations related, in whole or in part, to performance as an exotic dancer or any similar occupation in the adult entertainment industry; Fungi or bacteria; Haunted attractions; Instruction/activity held on or in open water; Lead; Massage therapy; Nuclear energy liability; Performers; Rodeos; Saddle animals; Sale or distribution of medicinal, herbal and/or nutritional products; Snowmobile; Training programs for law enforcement, public safety and military personnel; Transportation of participants/members; Violation of statutes that govern e-mails, faxes, phone calls, or other methods of sending materials or information; The sport of wrestling; Those operations listed as ineligible: Unattended/unstaffed 24 hour key card/key pad/key code access operations or unattended/unstaffed operations; Childcare services/facilities; Climbing walls; CrossFit Affiliate Owners; Dance, gymnastics, cheer & martial arts schools/studios; Facilities outside of the U.S.; Ice skating, roller skating or skating treadmills; Medical, therapy or health care services; Physical therapy; Physicals or stress testing; Salon services or indoor tanning; Saunas or steam rooms; Sports medicine; Sports rehabilitation services/therapy; Sports skills instruction facilities, academies, schools or programs; Swimming pools, hot tubs, whirlpools, jacuzzis or cold plunge.

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, 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.
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 6): _____

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 PLAN OPTIONS

Step 1: Select Payment Plan: Check one.

- 100% Plan** - 100% of the total premium is due to bind coverage
- 30% / 70% Plan**
- 30% of the total premium + \$15 RPG fee is due to bind coverage
 - The balance of the premium (70%) will be due within 30 days of the effective date
- 25% + 3 Plan**
- 25% of the total premium + \$15 RPG fee is due to bind coverage
 - The balance of the premium will be due in (3) consecutive monthly installments

Step 2: Select future installment option: Check one.

- Please mail me an invoice for any future balance/installments
- If paying by credit card, please automatically charge my credit card provided below for any outstanding balances or installments.

Step 3: Making your Payment:

- Pay by check:** (Relation Insurance Services)

- | | | |
|---------------|--|--|
| • Mail | <u>Regular Mail</u> | <u>Overnight Mail</u> |
| | 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** 1-913-327-0201
- OR**
- **Mail** See above for mailing address

- 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: (_____) _____

For your security, we cannot accept credit card payments via e-mail. Please fax or mail only.