



## PROGRAM DESCRIPTION

This insurance program has been specifically designed to meet the unique needs of U.S.-based owners and operators providing instructional academies and enrichment programs who have a total annual income (revenue before expenses) of \$500,000 or less. Liability coverage provided includes important protection for operations, including it's employees, for injuries to both guests and participants arising out of covered activities. This program can accommodate those organizations that have annual operations at facilities they own or manage, as well as those who have annual operations but do not own or lease a facility.

Optional coverages available under this program include liability for hired and non-owned auto liability (not available in Hawaii), independent contractors, coverage for equipment and contents and sexual abuse and sexual molestation liability.

## INELIGIBLE OPERATIONS

The following operations are not eligible for this program. (Please note, this is not a complete listing of ineligible operations.)

- Facilities open 24 hours
- Bowling centers
- Boxing/martial arts
- Gymnastic/parkour (unless reported and approved by us)
- Health club
- Ice rinks (owned and managed)
- Laser tag
- Nature camp programs
- Paintball/reball
- Skate parks
- Swimming pools (owned & managed)
- Trade school, college or university classes

NOTE: Ineligible programs may qualify for coverage under another program. Please contact our office for additional information.

## ELIGIBLE OPERATIONS/FACILITIES

- Academic instructional programs
- Annual camp/clinic operations
- Instructional cooking programs
- Music/art instruction
- Speed/agility training
- Sports training
- Youth enrichment programs

## COVERAGES AVAILABLE

- General Liability - \$1,000,000 to \$5,000,000 per occurrence limits available
- Legal Liability to Participants
- Professional Liability
- Medical Expense for Participants (excess)
- Non-owned and Hired Auto

## HOW TO OBTAIN A QUOTE

To request an insurance quotation through this program, please submit the appropriate applications along with the preliminary underwriting information listed below.

In some cases, requested coverages may not be offered or available due to underwriting criteria and/or carrier guidelines. It is important to carefully review the terms and conditions of any insurance quotations received. Please contact us if you have any questions.

## PRELIMINARY UNDERWRITING INFORMATION REQUIRED

- **Completed application (pages 2-10); (for brokers - pages 2-11)**
- **Copy of sample waivers and contracts**
- **Four years of company loss runs**
- **Brochure (if available)**
- **12 month income statement**

## EASY WAYS TO ENROLL FOR COVERAGE



FAX 1-913-327-0201



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



MAIL Regular: Overnight:

Relation Insurance Services P.O. Box 25936 Overland Park, KS 66225	Relation Insurance Services 9225 Indian Creek Parkway, Suite 700 Overland Park, KS 66210
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QUESTIONS Call 1-800-955-1991

**GENERAL INFORMATION**
 I am a new account       I am renewing my coverage

Insured/Business name (as it will appear on the policy): \_\_\_\_\_

DBA: \_\_\_\_\_

 Type of Entity:     Sole Proprietorship     Partnership     Limited Liability Co.     Corporation

 Other: (describe): \_\_\_\_\_

Contact person: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Tax ID No.: \_\_\_\_\_ Desired effective date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Days &amp; hours of operations: \_\_\_\_\_

Type of operation (describe): \_\_\_\_\_

 Select Liability Occurrence Limits needed:     \$1,000,000     \$2,000,000     \$3,000,000     \$4,000,000     \$5,000,000

## OPERATIONS

Number of staff (total): Employees \_\_\_\_\_ Coaches/Instructors \_\_\_\_\_ Independent Contractors\* \_\_\_\_\_ Volunteers \_\_\_\_\_

**\*If you have independent contractors, please complete Independent Contractors section on Page 7**

1. Is a written emergency plan (weather, fire, medical) and evacuation procedure in place?       Yes     No
2. Are signed waivers required for all participants?       Yes     No
3. Do you keep signed waivers for at least 3 years?       Yes     No
4. Are all incident/injuries reported to the insurance company?       Yes     No
5. Is there at least one ADULT staff member onsite at all times during open hours?       Yes     No
6. Do individuals wear necessary safety equipment at all times while participating?       Yes     No     N/A
7. If you suspect an individual has a concussion, do you have an action plan that includes:
  - a. Immediately removing the individual from participating?       Yes     No
  - b. Keeping the individual out of all activities until they provide written clearance from a licensed physician?       Yes     No
8. Do you operate/run any teams or leagues?       Yes     No     N/A
9. Do you operate/run any camps or clinics?       Yes     No     N/A
10. Do you host birthday parties?       Yes     No
11. Do you offer any nursery/baby-sitting/child care services?       Yes     No

**If yes, please complete Nursery/Babysitting Services Section on page 5**

12. Does your staff include any physical therapists, athletic trainers, dieticians, massage therapists?       Yes     No
 

If yes, do they have their own insurance and provide you Additional Insured status on their policy?       Yes     No
13. Do you have any off-site events/activities/field trips?       Yes     No
 

If yes, describe: \_\_\_\_\_
14. Do you ever transport your members/participants?       Yes     No
 

If yes, transportation of athletes/member is excluded under this policy - do you acknowledge?       Yes     No
15. Do you own or lease/operate your own facility?       Yes     No

**If you own or lease, you must complete Facility Based Operations Section on page 3**

## ANNUAL INCOME

(REQUIRED -You must complete each line. If a line is not applicable, indicate "n/a")

### Annual Income (Revenue before Expenses)

- Membership fees \$ \_\_\_\_\_
- Travel leagues \$ \_\_\_\_\_
- Camps/clinics/youth training \$ \_\_\_\_\_
- Open Gym admissions (no direct instruction by staff) \$ \_\_\_\_\_
- Facility rental to others \$ \_\_\_\_\_ (Must secure proof of insurance from renters)
- Batting cages \$ \_\_\_\_\_ (Complete page 6)
- Pro shop/retail sales/equipment rental \$ \_\_\_\_\_
- Concession/Vending \$ \_\_\_\_\_ (Complete page 5)
- Liquor/Alcohol \$ \_\_\_\_\_ (Complete page 5)
- Birthday parties \$ \_\_\_\_\_ And how many? \_\_\_\_\_
- Hosted tournaments \$ \_\_\_\_\_ And how many? \_\_\_\_\_
- Other: \_\_\_\_\_ \$ \_\_\_\_\_
- TOTAL ANNUAL INCOME** \$ \_\_\_\_\_

COVERAGE WILL ONLY APPLY TO THOSE EXPOSURES REPORTED ABOVE.  
MAKE SURE TO COMPLETE ALL APPROPRIATE LINES

## FACILITY BASED OPERATIONS

If you own/lease more than "1" location, please copy and complete this section for each location.

Check here and skip questions if you do not own/lease a facility

Type of facility: \_\_\_\_\_  Indoor  Outdoor  Both

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Total Square Footage: \_\_\_\_\_ Type of Flooring: \_\_\_\_\_

1. Are the rules posted and enforced at all times?  Yes  No
2. Are signs clearly posted to identify exits and hazards?  Yes  No
3. Are restrooms checked/cleaned during operations?  Yes  No
4. Are parking lots well-lit and/or patrolled?  Yes  No
5. Are there any overnight camps, lock-ins, or events held at the facility?  Yes  No

**If yes, describe and complete OVERNIGHT Events/Attractions Section on page 5:** \_\_\_\_\_

6. Do you operate a batting cage?  Yes  No

**If yes, complete Batting Cage Section on page 6**

7. Do you sublease or rent space or fields to others?  Yes  No

If yes:

a. Does the contract include a Hold Harmless agreement?  Yes  No

b. Please provide copy of the contract  Included

8. Do you have any amusement devices, including inflatables?  Yes  No

If yes:

a. Describe: \_\_\_\_\_

b. Do you have padding underneath all the device(s)?  Yes  No  N/A

c. Are the devices used only during instructional classes?  Yes  No  N/A

If no, please describe the other times when the devices may be used: \_\_\_\_\_

**For inflatable Devices, please complete Inflatable Device Section on page 9**

## INSTRUCTIONAL OR ENRICHMENT SPORT/ACTIVITY

**Enter number of participants (Total participants over a course of year)**

Please note: Coverage applies only to those reported sports and age groups marked below

Sport/Activity	Annual Youth (19 and under) Participants	Annual Adult (20 and over) Participants
<input type="radio"/> Art Class/Instruction	_____	_____
<input type="radio"/> Baseball	_____	_____
<input type="radio"/> Basketball	_____	_____
<input type="radio"/> Batting Cages	_____	_____
<input type="radio"/> Cooking Class/Instruction	_____	_____
<input type="radio"/> Fencing	_____	_____
<input type="radio"/> Field/Floor Hockey	_____	_____
<input type="radio"/> Fitness	_____	_____
<input type="radio"/> Football - Flag	_____	_____
<input type="radio"/> Football -Tackle (Youth)/Flex Football™	_____	Not Eligible
<input type="radio"/> Golf	_____	_____
<input type="radio"/> Ice Hockey	_____	Not Eligible
<ul style="list-style-type: none"> <li>• *USA Hockey members ineligible, unless for camp/clinic operations that are reported and approved</li> <li>• Non-owned facility only</li> </ul>		
<input type="radio"/> Lacrosse	_____	Not Eligible
<input type="radio"/> Music Instruction	_____	_____
<input type="radio"/> Speed & Conditioning	_____	_____
<input type="radio"/> Soccer	_____	Not Eligible
<input type="radio"/> Softball	_____	_____
<input type="radio"/> Swimming	_____	_____
*Non-owned facility only		
<input type="radio"/> Tennis	_____	_____
<input type="radio"/> Ultimate Frisbee	_____	_____
<input type="radio"/> Volleyball	_____	_____
<input type="radio"/> Wrestling	_____	Not Eligible
<input type="radio"/> Youth Enrichment Class	_____	Not Eligible
<input type="radio"/> Other: _____	_____	_____
<input type="radio"/> Other: _____	_____	_____

Sports/activities not covered/ineligible:

Adult water hockey (age 20 & over); Box lacrosse; Boxing; Bubble soccer; Cheerleading (age 20 & over); Diving; Dodgeball; Equestrian; Go-karts or other motorized racing; Gymnastics/parkour (unless reported and approved by us); Hunting or shooting programs/activities; Iron man/Tough man events; Ice skating/roller skating/skating treadmills; Inline hockey/roller hockey; Marathons; Martial arts; Paintball/reball; Rugby; Skateparks/skateboarding/BMX; Skiing (snow or water; Sky diving or surfing; Sports parachuting; Triathlon; Unicycling

## HIRED AUTO & EMPLOYERS' NON-OWNERSHIP LIABILITY COVERAGE

Coverage is contingent upon underwriting review and approval of the following questions

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

1. Are all drivers (employees and volunteers) over the age of 18?  Yes  No
2. Do you obtain MVRs (motor vehicle record) for employees and volunteers who drive on your behalf?  Yes  No
3. Do all drivers (employees and volunteers) carry personal automobile liability insurance?  Yes  No

## CONCESSION / VENDING / SNACK BAR EXPOSURES

Check here and skip questions if services not offered

1. Are all cooking surfaces properly fire protected?  Yes  No
2. What type of Automatic Extinguishing System (AES) is in place? \_\_\_\_\_
3. Do you have a contract for servicing and maintaining the automatic extinguishing system?  Yes  No
4. How often is this system serviced & maintained?  Monthly  Quarterly  Semi-Annually  Annually
5. How often are filters cleaned? \_\_\_\_\_ By whom? \_\_\_\_\_
6. How often are hoods/duct cleaned? \_\_\_\_\_ By whom? \_\_\_\_\_

## LIQUOR

Check here and skip questions if services not offered

1. Are alcoholic beverages sold?  Yes  No  N/A
2. License holder: \_\_\_\_\_ Liquor license# : \_\_\_\_\_
3. Have you ever been fined or had your liquor license revoked or suspended?  Yes  No
4. If yes, please explain: \_\_\_\_\_
5. Do all servers receive alcohol awareness training?  Yes  No  
If yes, please describe training: \_\_\_\_\_
6. Are patrons allowed to carry alcoholic beverages onto the premises?  Yes  No  
If no, do you have signs posted stating same?  Yes  No
7. Do you stop serving at least one hour prior to closing?  Yes  No

## NURSERY/BABYSITTING

Check here and skip questions if services not offered

1. Are parents required to sign children in and out of the nursery?  Yes  No
2. Are waivers signed by parent/guardian?  Yes  No
3. Are staff members CPR and first aid trained?  Yes  No
4. Are parents to remain in the facility while children are in your care?  Yes  No
5. Does your employment application ask the staff applicant if they've ever been convicted of a crime?  Yes  No
6. Is the nursery staff trained in policies applicable to the prevention of child/sexual abuse?  Yes  No
7. Do the procedures require that known or suspected abuse incidents must be reported to law enforcement?  Yes  No

## OVERNIGHT EVENTS/ACTIVITIES

Check here and skip questions if services not offered

1. What type of events/activities have overnight events/activities? (check all that apply)  
 Parent's night out  Overnight Camps/clinic  Other: \_\_\_\_\_
2. Typical age group attending: \_\_\_\_\_
3. Typical hours of the event/activity: \_\_\_\_\_ A.M./P.M. to \_\_\_\_\_ A.M./P.M.
4. Are all the supervisors over the age of 21?  Yes  No
5. Do you have any parents/volunteers to assist with supervision?  Yes  No  
If yes, do you run background checks on all of these individuals?  Yes  No
6. Do you have at least 2 employees on-site during the event/activity?  Yes  No
7. Describe the type of activities that take place during the event/activity: \_\_\_\_\_
8. Do you require separate waivers to be signed by all participants and/or their parents and/or guardian?  Yes  No
9. Do these overnight events/activities take place at your facility?  Yes  No  
If no, please explain: \_\_\_\_\_

## BATTING CAGE OPERATIONS

Check here and skip questions if services not offered

How many batting cages do you have? \_\_\_\_\_

The following guidelines have been established as minimum requirements for batting cage operations:

### FAST PITCH BATTING CAGE OPERATIONS

1. Patrons must be required to wear batting helmets.
2. Patrons must be at least 4'6" (54 inches) tall or a height specified by the manufacturer.
3. Patrons younger than 8 years old must be accompanied by a parent or guardian (present, but NOT inside the cage).
4. Occupancy must be limited to one (1) person per cage.
5. Attraction rules, including height requirements, operating instruction and assumption of risk must be posted in plain sight.
6. Batting cages must be completely self-contained or closed.
7. Patrons must not be allowed to alter settings on the pitching machines. Any adjustments must be made by an employee.
8. Accuracy and maintenance checks must be performed on a regular basis.
9. Maximum ball speed of any machine must not exceed 80 miles an hour.
10. Children under the age of 12 must not be allowed access to the cages with ball speeds in excess of 65 MPH.
11. There must be a light or other indicator to show when final ball is pitched.

### SOFTBALL/SLOW PITCH BATTING CAGES

1. Patrons must be at least 4'0" (48 inches) tall or a height specified by the manufacturer.
2. Patrons younger than 8 years old must be accompanied by a parent or guardian (present, but NOT inside the cage).
3. Occupancy must be limited to one (1) person per cage.
4. Attraction rules, including height requirements, operating instruction and assumption of risk must be posted in plain sight.
5. Batting cages must be completely self-contained or closed.
6. Patrons must not be allowed to alter settings on the pitching machines. Any adjustments must be made by an employee.
7. Accuracy and maintenance checks must be performed on a regular basis.
8. There must be a light or other indicator to show when final ball is pitched.

**I acknowledge and warrant that the above guidelines are followed at all times**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Note: Any deviation from these guidelines must be documented and submitted to us along with the application for consideration and receive written approval for the exception from us.**

## ABUSE & MOLESTATION

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

1. Identify current hiring practices for paid and volunteer staff:
- a) Are employment/volunteer applications required for positions?  Yes  No
  - b) Is prior employment verified for each applicant and recorded in applicant's file?  Yes  No
  - c) Are references obtained?  Yes  No
  - d) Are references checked?  Yes  No
  - e) Are criminal records checked?  Yes  No
  - f) Does your employment/volunteer application include questions regarding prior criminal convictions? (If allowed by State/Local laws)  Yes  No
  - g) Do you advise every applicant that criminal background checks will be performed?  Yes  No

Please explain any "No" responses to those questions asked above \_\_\_\_\_

2. Identify staff status (check all that apply):  Employees  Volunteers  Parent-volunteers  Independent contractors
3. Do you always have a staff member over the age of 21 onsite during open hours?  Yes  No
4. Do you discuss the importance of providing a safe environment for the children in your care?  Yes  No
5. Does your orientation include how to recognize the signs of an abused child?  Yes  No
6. Do you have written procedures to follow if a child, member, or employee reports an incident of sexual or physical abuse or molestation?  Yes  No
7. Do you have periodic refresher courses to ensure that your entire staff can recognize the signs of sexual or physical abuse and knows what procedures to follow?  Yes  No
8. Have you ever had an incident which resulted in an allegation of sexual abuse at your facility?  Yes  No
9. Has a claim ever been made against your facility?  Yes  No  
If yes, please explain in detail, including the amount of damages paid to the victim: \_\_\_\_\_  
\_\_\_\_\_
10. What has been done to prevent such occurrences from happening in the future? \_\_\_\_\_

## INDEPENDENT CONTRACTORS

Do you wish to cover your Independent Contractors?  Yes  No

If no: Do you require all independent contractors or subcontracted services to carry their own insurance and name you as an additional insured under their policy?  Yes  No

If yes: Please list below:

Name(s) of Independent Contractor(s) at Your Studio/Facility
1.
2.
3.

**If additional space is needed, please attach a separate list to the enrollment form**



## INLAND MARINE - EQUIPMENT AND CONTENTS

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

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

### 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) \$ \_\_\_\_\_

Equipments & 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.) Receipt of purchase is required at the time of loss to show verification of purchase. \$ \_\_\_\_\_

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: Check/complete if you have a:

**Loss Payee Request**

**Lenders' Loss Payee Request** - (contract required, please attach copy)

RE (please identify equipment): \_\_\_\_\_ Value of equipment: \$ \_\_\_\_\_

Entity name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

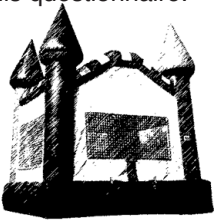
Relation Insurance Services - Specialty Risk, Inc. • P.O. Box 25936 • Overland Park, KS 66225 • 1-800-955-1991  
E-mail = [programs@relationinsurance.com](mailto:programs@relationinsurance.com) • Fax 1-913-327-0201 • [www.4RecSportsAndMore.com](http://www.4RecSportsAndMore.com)  
CA #0H18178, TX #1657333



## INFLATABLE AMUSEMENT DEVICE

Check here if you do not own any inflatable amusement devices

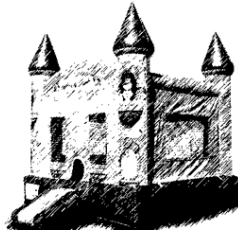
Coverage is contingent upon underwriting review and approval of the following questionnaire. Please indicate the type and how many of each unit(s) you use in the operation. If basic design is not shown below, a photograph **MUST** accompany this questionnaire.



Bounce House

# of units: \_\_\_\_\_

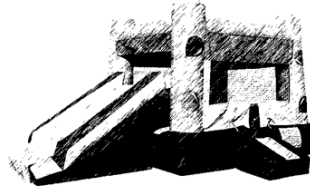
Model/serial #(s): \_\_\_\_\_



Bounce House with entry ramp

# of units: \_\_\_\_\_

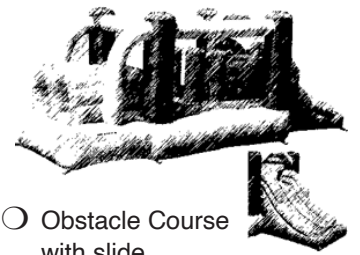
Model/serial #(s): \_\_\_\_\_



Bounce House with slide

# of units: \_\_\_\_\_

Model/serial #(s): \_\_\_\_\_



Obstacle Course with slide

# of units: \_\_\_\_\_

Model/serial #(s): \_\_\_\_\_

1. Do you have a copy of the maintenance and operations manual on site?  Yes  No
2. Is the inside jump surface of the device greater than 100 square feet (10' x 10')?  Yes  No  
If yes, please provide the square footage: \_\_\_\_\_
3. Does the device include any slide with a fall height greater than 8 ft.? (If yes, provide photo and provide fall height)  Yes  No
4. Are all employees responsible for operating the device trained with written documentation of such training maintained?  Yes  No
5. Is the inflatable amusement device ever loaned or rented to another party?  Yes  No
6. Is the inflatable amusement device used indoors at your premises only?  Yes  No
7. Do you inspect and document the inflatable amusement device before each use?  Yes  No
8. Is the inflatable amusement device supervised at all times during use?  Yes  No
9. Do you operate the inflatable device in compliance with ASTM?  Yes  No
10. Is signage addressing warnings and proper use of the device clearly displayed?  Yes  No
11. Is the inflatable device cleaned and sanitized on a regular schedule and records of the cleaning maintained?  Yes  No

### 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.

### REQUIRED TO QUOTE

- 1. Completed application (pages 2-10); for brokers - (pages 2-11)**
- 4. Brochure/marketing material (If applicable)**
- 2. Sample copies of waivers and contracts**
- 5. 12-month Income statement**
- 3. Four years of company loss runs**

**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 logging onto this website, or by mailing a written notice to: Relation Insurance Services - Specialty Risk, Inc., P.O. Box 25936, Overland Park, KS 66225.
5. I understand that I have the right to obtain a paper copy of any electronic record provided to me pursuant to this transaction or any subsequent transaction involving my coverage by mailing a written request to the address provided in paragraph 4.
6. In order to access the electronic records provided, the following hardware and software are required: (a) a personal computer or other device through which Internet access is available, (b) an Internet connection, (c) an e-mail account with an Internet service provider, and (d) Adobe Acrobat Reader.
7. I understand that I have the right and option to withdraw my consent to the receipt of further electronic documents at any time by mailing a written request to the address provided in paragraph 4. By withdrawing my consent to electronic delivery of documents I understand that I will receive a paper copy of future policy documentation.
8. Information relating to this transaction is subject to the terms of our privacy statement, a copy of which is provided at [www.4RecSportsAndMore.com](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. Please select preferred method for document delivery. Providing an email address in this application will be deemed consent to us to deliver documents and communication to you electronically.

E-mail to: \_\_\_\_\_ attn: \_\_\_\_\_  
 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 2): \_\_\_\_\_

**Applicant or agent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

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

**AGENTS: YOU MUST CONTINUE TO NEXT PAGE AND COMPLETE AGENT WARRANTY SECTION**

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

**AGENTS:**

Please complete the information below.

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

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

Agency telephone: (\_\_\_\_\_) \_\_\_\_\_ Agency fax: (\_\_\_\_\_) \_\_\_\_\_

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

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

I understand that agents do not have authority to issue binders or a certificate of insurance on behalf of this program.

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

**Applicable in AL**

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

**Applicable in AR, LA, MD, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in DC**

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

**Applicable in FL**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Applicable in KY**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Applicable in ME, TN, and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NM**

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

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in NY**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Applicable in OH**

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

**Applicable in OK**

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

**Applicable in PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in VA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of benefits.