



SHORT TERM SPECIAL EVENTS

Insurance Program and Enrollment Form

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

PROGRAM DESCRIPTION

This insurance program has been designed for organizers of short term special events that meet the following criteria:

- Total attendance is 12,000 or less*
- Maximum number of consecutive event days is 10 (not including set-up or tear down)
- Event is held at a single location
- Event must take place in the United States

* Please contact us if your event is over 12,000 in total attendance. We may have other coverage options.

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

INELIGIBLE OPERATIONS

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

- Activist rallies/marches/protests
- Air shows/events
- Animal obedience training
- Any events involving organized athletic events/competitions
- Any events and/or concerts – involving rap, hip-hop, heavy metal/screamo or techno/electronic
- Any events held on an airport premises
- Any events honoring national and/or local celebrities or professional athletes
- Any events involving in or on water activities
- Battle reenactments
- Bonfires
- Cannabis related events
- Christmas tree sales/lots
- Cinematography or photography events for commercial use
- Circuses
- Color party, foam party or raves
- Food eating contests
- Fraternity or sorority events (except alumni association off-site events that have been approved by us)
- Geocaching events
- Gun and/or knife shows
- Haunted attractions/events
- Health fairs/expositions
- Hunting, fishing and hiking events
- Mazes (corn, hay or fence)
- Parades (or any event involving a parade)
- Political events (except private fundraising auctions, benefits, dances, dinners)
- Pumpkin chuckin events
- Rodeos
- Seances
- Shooting events/activities (skeet/trap/clay/guns)
- Tailgating events (unless reported to and approved by us)
- Tractor pulls
- Union meetings
- Walks/running events**

ELIGIBLE OPERATIONS

The following event operations are eligible for this program. Please note, this is not a complete listing. If you do not see your event operation listed, please contact us for eligibility.

- After prom parties (school-sponsored event only)
- Auctions
- Award presentations
- Ball/dances
- Banquets
- Bar mitzvah or bat mitzvah
- Bazaars
- Benefits
- Billiard events/tournaments
- Bingo games (for charity/fundraising only)
- Book signings
- Card games/events (for charity/fundraising only)
- Car/motorcycle/RV/boat shows- static display only
- Car washes (for charity/fundraising only)
- Casino events (for charity/fundraising only)
- Celebrations (holiday, New Year)
- Chamber of commerce business events/mixers
- Charity events
- Chess events
- Christmas caroling (single location)
- Christmas lighting ceremony
- Concerts – other than rap, hip-hop, heavy metal/screamo or techno/electronic (call for approval)
- Conventions
- Debuts or debutante balls
- Dinners, luncheons or showers
- Direct selling consultant parties
- Easter egg hunts
- Farmers' markets
- Festivals
- Film screening or showings
- Flea markets or swap meets
- Food cooking contests
- Graduation ceremonies
- Job fairs
- Lectures/seminars/workshops
- Meetings
- Memorial services
- Pageants
- Parties
- Picnics (no in or on water activities)
- Poet or poetry readings
- Proms
- Quinceañeras
- Recitals (dance, music)
- Religious events
- Reunions
- Sales (bake, charity, consignment, estate, garage)
- School band or drill team competitions
- School carnivals (no rides/inflatables)
- Showers (baby, bridal, wedding)
- Shows (animals-arena setting only, antique, art, baby, business, collector, consumer, craft, fashion, flower, garden, home, stage, wedding)
- Social gatherings or receptions
- Speaking engagements
- Talent searches/shows - children only
- Telethons
- Theatrical performances or musicals
- Walking tours (garden, holiday, parade of homes, historical sites) - single location
- Wedding activities* (rehearsal, ceremony or reception)

* Please visit www.4RecSportsandMore.com for wedding event liability and event cancellation coverage.

** For walks and/or running events, please visit www.4RecSportsandMore.com or contact us for additional information.

This brochure is for illustrative purposes only and is not a contract of insurance. You must refer to the actual coverage document for complete information regarding coverage terms, conditions and exclusions as they may change from one coverage term 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
- All operations listed as ineligible
- Amusement devices (e.g.: rides, slides, inflatables, bungees, climbing walls, dunk tanks-does not apply to structures that are not designed to bounce on, slide on, ride on or tunnel through)
- Animals (injury or death to any animal or injury, death or property damage caused by your animal)
- Communicable disease
- E-commerce consulting
- Employment-related practices
- Events held at multiple locations (except for weddings)
- Events with over 12,000 in total attendance
- Fireworks
- Operations of concessionaires, exhibitors and/or vendors at your event
- Petting zoos
- Room and board liability/overnight camping
- Saddle animals
- 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 5
Commercial General Liability	Limits	Limits	Limits	Limits	Limits
Each Occurrence	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
General Aggregate (other than Products-completed Operations)	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000
Products-completed Operations Aggregate	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
Personal and Advertising Injury	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
Damage to Premises Rented to You (Fire Legal Liability)	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000
Medical Expense	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000
Costs* - Invitation Only Event (single coverage day)					
Attendance of 1 - 200 (private events only) No alcohol at event	\$ 140	\$ 203	\$ 453	\$ 703	\$ 953
Attendance of 1 - 200 (private events only) Alcohol at event - host liquor included	\$ 194	\$ 284	\$ 534	\$ 784	\$ 1,034
Attendance of 201 - 500 (private events only) No alcohol at event	\$ 233	\$ 342	\$ 592	\$ 842	\$ 1,092
Attendance of 201 - 500 (private events only) Alcohol at event - host liquor included	\$ 288	\$ 425	\$ 675	\$ 925	\$ 1,175
Costs* - Open-to-the-Public/Ticketed Event (one or more coverage days)					
Attendance of 1 - 1,500	\$ 430	\$ 638	\$ 888	\$ 1,138	\$ 1,388
Attendance of 1,501 - 3,000	\$ 655	\$ 975	\$ 1,225	\$ 1,475	\$ 1,725
Attendance of 3,001 - 6,000	\$ 1,295	\$ 1,935	\$ 2,255	\$ 2,505	\$ 2,755
Attendance of 6,001 - 12,000	\$ 2,225	\$ 3,330	\$ 3,883	\$ 4,214	\$ 4,464

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

Commercial General Liability – coverage that protects the insured against liability claims for bodily injury and property damage arising out of their operations.

NOTE: Host Liquor Liability – (as provided by CG 00 01 04/13) is included, but only if the insured is not in the business of manufacturing, distributing, selling, serving or furnishing alcoholic beverages.

OPTIONAL COVERAGES AVAILABLE

Medical Expense

This option allows you to purchase additional limits above the \$5,000 of medical expense already included. Medical expense coverage includes payments for injuries sustained by the event attendees caused by an accident that takes place on the event premises. Injuries must be reported within one year of the accident. Premiums are based upon each \$5,000 increment up to an additional \$20,000

Attendance	1-1,500	1,501-3,000	3,001-6,000	6,001-12,000
Premium per \$5,000 Increment	\$ 75	\$ 150	\$ 300	\$ 600

OPTIONAL COVERAGES CONTINUED

Liquor Liability

Liquor liability coverage pays those sums that the insured becomes legally obligated to pay as damages because of bodily injury or property damage imposed on the insured by reason of the selling, serving or furnishing of any alcoholic beverage.

Coverage conditions:

1. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your business organization with our Short Term Special Events 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 Short Term Special Event Insurance Program.
3. Coverage is not available for Alabama, Iowa, Michigan or Vermont applicants.

Attendance	Location of Event	Option 1 \$500,000 Limit	Option 2 \$1,000,000 Limit
1 - 1,500	All states other than AL, IA, MI or VT	\$ 445	\$ 529
1,501 - 3,000	All states other than AL, IA, MI or VT	\$ 534	\$ 635
3,001 - 6,000	All states other than AL, IA, MI or VT	\$ 748	\$ 889
6,001 - 12,000	All states other than AL, IA, MI or VT	Referral to Company	Referral to Company

FREQUENTLY ASKED QUESTIONS

1. Who should be listed as the named insured?

The named insured should be the organization or the individual who is the organizer of the event. This would be the legal name of the organization or, if no legal entity exists, the name under which the organization operates (such as the name listed on marketing material or contracts). If an individual is hosting, please provide the individual's first and last name.

2. Am I able to buy this coverage if I am having an event at my own location/home?

Yes, as long as you meet eligibility requirements you may purchase coverage under this program. Please note that the purchasing of this policy may not eliminate any claims being presented/paid under any other policies. This policy could share losses with other applicable policies.

3. I have been asked by the facility that I am using for the event 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 made in writing.

4. 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.

EASY WAYS TO ENROLL FOR COVERAGE



WEB For information and applications, visit us on-line 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
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QUESTIONS Call 1-800-955-1991

FOR SERVICE REQUESTS ONLY



E-MAIL programs@relationinsurance.com

- 4. Is this event held at multiple locations? Yes No
- 5. Is this event held annually? Yes No
- 6. Is there a musical or entertainment performance at the event? Yes No
 If yes, please indicate the type of performer(s): _____
 If a musical performer/DJ, please provide the type of music performed/provided: _____

For events with more than 3,000 in total attendance, please complete the following:

- 1. Who provides security for this event?
 City County State Employees Private Agency Private No Security in place

If security is provided:

- a. Who contracts the security? Insured Facility
- b. Is the security personnel for the event armed? Yes No
- c. If a private agency, do they provide you with a Certificate of Insurance naming you as an additional insured? Yes No

- 2. Do you have any medical personnel onsite? Yes No
 If no: Distance to the nearest hospital: _____ Response time in minutes: _____

- 3. Do you have a plan for your staff if it becomes necessary to evacuate the event site due to emergency or adverse weather? Yes No

- 4. Are daily inspections/walk throughs of the event premises conducted to address possible trip and fall or other hazardous exposures? Yes No

- 5. What is the name of your current insurance carrier(s) and the expiration date(s) of coverage?
 Name(s): _____ Expiration date(s): _____

- 6. Is your current carrier non-renewing your coverage? Yes No
 If yes, why? _____

- 7. Please list and describe any liability or medical claims that have been paid under your insurance coverage for the past three (3) years, including the amount paid. (If you have loss information, please provide a copy.)

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**

1. Name of event: _____
2. Type of event:
 - Auction – Describe: _____
 - Ball/Dance – Describe: _____
 - Concert – Describe: _____
 - Festival – Describe: _____
 - Fundraiser – Describe: _____
 - Sale – Describe: _____
 - Show – Describe: _____
 - Other – Describe: _____
3. List activities at event: _____
4. Date(s) of coverage (including set-up and tear-down) ____ / ____ / ____ to ____ / ____ / ____
5. Event date(s) ____ / ____ / ____ to ____ / ____ / ____
6. Hours of event (including set-up and tear-down): ____ A.M./P.M. to ____ A.M./P.M.
7. Attendance: Average daily attendance _____ X Number of event days _____ = Total attendance _____
8. Event location Venue name: _____
 Venue address: _____
9. Is your event location:
 - a. Indoors Outdoors
 - b. Private residence Convention center Arena Stadium Hotel Fair grounds
 - Liquor-licensed establishment Other (please describe): _____

Cost is determined by the total attendance (daily attendance multiplied by the number of event days). Please select an option based upon your total attendance of the event. NOTE: Costs include the premium and a \$15 risk purchasing group administration fee.

Invitation-Only Event (single day coverage)

Attendance	Option 1 \$1,000,000 CGL	Option 2 \$2,000,000 CGL	Option 3 \$3,000,000 CGL	Option 4 \$4,000,000 CGL	Option 5 \$5,000,000 CGL
1 - 200 (no liquor at event)	<input type="radio"/> \$ 140	<input type="radio"/> \$ 203	<input type="radio"/> \$ 453	<input type="radio"/> \$ 703	<input type="radio"/> \$ 953
1 - 200 (liquor at event)	<input type="radio"/> \$ 194	<input type="radio"/> \$ 284	<input type="radio"/> \$ 534	<input type="radio"/> \$ 784	<input type="radio"/> \$ 1,034
201 - 500 (no liquor at event)	<input type="radio"/> \$ 233	<input type="radio"/> \$ 342	<input type="radio"/> \$ 592	<input type="radio"/> \$ 842	<input type="radio"/> \$ 1,092
201 - 500 (liquor at event)	<input type="radio"/> \$ 288	<input type="radio"/> \$ 425	<input type="radio"/> \$ 675	<input type="radio"/> \$ 925	<input type="radio"/> \$ 1,175

Open-to-the-Public Event/Ticketed Event and/or Multiple Coverage Days

Attendance	Option 1 \$1,000,000 CGL	Option 2 \$2,000,000 CGL	Option 3 \$3,000,000 CGL	Option 4 \$4,000,000 CGL	Option 5 \$5,000,000 CGL
1 - 1,500	<input type="radio"/> \$ 430	<input type="radio"/> \$ 638	<input type="radio"/> \$ 888	<input type="radio"/> \$ 1,138	<input type="radio"/> \$ 1,388
1,501 - 3,000	<input type="radio"/> \$ 655	<input type="radio"/> \$ 975	<input type="radio"/> \$ 1,225	<input type="radio"/> \$ 1,475	<input type="radio"/> \$ 1,725
3,001 - 6,000	<input type="radio"/> \$ 1,295	<input type="radio"/> \$ 1,935	<input type="radio"/> \$ 2,255	<input type="radio"/> \$ 2,505	<input type="radio"/> \$ 2,755
6,001 - 12,000	<input type="radio"/> \$ 2,225	<input type="radio"/> \$ 3,330	<input type="radio"/> \$ 3,883	<input type="radio"/> \$ 4,214	<input type="radio"/> \$ 4,464

Liquor Liability (not available for AL, IA, MI, or VT applicants)

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

If liquor liability coverage is desired, please complete the following questions.

1. Is the named insured required to obtain a liquor license or permit? Yes No
 If yes: Please provide the name of the liquor license/permit holder: _____
 Please provide relationship to named insured: _____
 Please provide the liquor license/permit number: _____
2. Are alcoholic beverages (please select one):
 Sold? Provide the dollar value of alcoholic beverage sales _____ and food sales _____ at the event
 Included as a part of the admission charge?
 Served or furnished without a charge?
3. What types of alcoholic beverages are being sold/served? (please describe): _____
4. Have you ever been fined or had a liquor license/permit revoked or suspended? Yes No
5. Has any insurer cancelled or non-renewed your coverage during the past 3 years? Yes No
6. Are patrons allowed to carry alcoholic beverages onto the premises during your event? Yes No
7. Are alcoholic sales and consumption contained within a fixed and/or secured area? Yes No
8. Has at least one server at this event had formalized alcohol awareness training? Yes No
 If yes, please provide the type of training (e.g.: TIPS, TAMs, TABC): _____
9. Are ID's checked at the event? Yes No
10. Will alcohol stop being served/sold at least (1) hour prior to the end of the event? Yes No

Please select option based upon total attendance of the event and the location of the event.

Attendance	Location of Event	Option 1 \$500,000 Limit	Option 2 \$1,000,000 Limit
1 - 1,500	All states other than AL, IA, MI or VT	<input type="radio"/> \$ 445	<input type="radio"/> \$ 529
1,501 - 3,000	All states other than AL, IA, MI or VT	<input type="radio"/> \$ 534	<input type="radio"/> \$ 635
3,001 - 6,000	All states other than AL, IA, MI or VT	<input type="radio"/> \$ 748	<input type="radio"/> \$ 889
6,001 - 12,000	All states other than AL, IA, MI or VT	Referral to Company	Referral to Company

Additional Limits of Medical Expense

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

Please select an option based upon your attendance at the event.

Attendance	Additional \$5,000 Limit	Additional \$10,000 Limit	Additional \$15,000 Limit	Additional \$20,000 Limit
1 - 1,500	<input type="radio"/> \$ 75	<input type="radio"/> \$ 150	<input type="radio"/> \$ 225	<input type="radio"/> \$ 300
1,501 - 3,000	<input type="radio"/> \$ 150	<input type="radio"/> \$ 300	<input type="radio"/> \$ 450	<input type="radio"/> \$ 600
3,001 - 6,000	<input type="radio"/> \$ 300	<input type="radio"/> \$ 600	<input type="radio"/> \$ 900	<input type="radio"/> \$ 1,200
6,001 - 12,000	<input type="radio"/> \$ 600	<input type="radio"/> \$1,200	<input type="radio"/> \$ 1,800	<input type="radio"/> \$ 2,400

TOTAL COST SUMMARY	Program Cost - Commercial General Liability (Required Coverage) - from page 6	\$
	Liquor Liability Premium (Optional Coverage) - from page 7	\$
	Medical Expense Premium (Optional Coverage) - from page 7	\$
	Total Cost Due - (add lines above)	\$

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.

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

2. What is the additional insured's relationship to you?
 Owner/manager/lessor of premises (facility or venue) Sponsor Co-promoter
 Other (please identify/explain): _____

NOTE: The certificate holder will automatically be an Additional Insured for an Owner/manager/lessor, Sponsor or Co-Promoter relationship

3. Certificate holder/additional insured name: _____
Mailing address: _____
City: _____ State: _____ Zip: _____

4. Does the certificate holder/additional insured require any special wording or endorsements? Yes No
If yes, check all that apply: CG2026 Primary Waiver of subrogation
 Other (please explain): _____

NOTE: If you are not sure, please attach a copy of the insurance requirements/instructions you've received.

The most common delay in certificate processing is caused by providing partial or incorrect name and/or instructions. Please check your request carefully before submitting.

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, water slide, any inflatable recreation device, any bungee operation or equipment, any vertical device or equipment used for climbing- either permanently affixed or temporarily erected or dunk tank. Amusement device does not include any video arcade or computer games or structures that are not designed to bounce on, slide on, ride on or tunnel through); Animals (injury or death to any animal, or injury, death or property damage caused by an animal owned, rented or hired by you); Asbestos; Commercial general liability standard exclusions (CG0001 04/13 edition); Communicable disease; E-commerce consulting; Employment-related practices; Events held outside the United States; Events held at multiple locations (except for weddings); Events with over 12,000 in total attendance; Fireworks; Fungi or bacteria; Lead; Nuclear energy liability; Operations of concessionaires, exhibitors and/or vendors at your event; Performers; Petting zoos; Room and board liability/overnight camping; Saddle animals; Snowmobile; Violation of statutes that govern e-mails, faxes, phone calls or other methods of sending material or information; Those operations listed as ineligible: Activist rallies/marches/protests; Air shows/events; Animal obedience training; Any events/activities involving motorized vehicles except static vehicle shows/auctions or car washes (for charity fundraising only); Any events involving organized athletic events/competitions; Any events and/or concerts – involving rap, hip-hop, heavy metal/screamo or techno/electronic music; Any events held on an airport premises; Any events honoring national and/or local celebrities or professional athletes; Any events involving in or on water activities; Any events providing overnight accommodations; Balloon festival; Battle reenactments; Bonfires; Cannabis related events; Christmas tree sales/lots; Cinematography or photography events for commercial use; Circuses; Color party, foam party or raves; Dance competitions; Food eating contests; Fraternity or sorority events (unless reported and approved by us); Geocaching events; Gun and/or knife shows; Haunted attractions/events; Health fairs/expositions; Hunting, fishing and hiking events; Mazes (corn, hay or fence); Parades (or any event involving a parade); Political events (except private fundraising auctions, benefits, dances, dinners); Pumpkin chuckin events; Rodeos (any rodeo activity including, but not limited to, bronco or bull riding, steer roping, team roping, barrel racing or horseback riding); Seances; Shooting events/activities (skeet/trap/clay/guns); Tailgating events (unless reported to and approved by us); Tractor pulls; Union meetings; Walks/running events.

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 (Relations), 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 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 emailing, faxing 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: _____

Warranty Statement: I understand that the insurance company, in determining whether to provide insurance coverage, will rely on the information contained in this form and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

I am aware that the insurance company expects accurate reporting for my premium calculation. I understand that my book and records may be examined or audited by the insurance company at any time during the coverage period and up to three years thereafter. Intentional misrepresentation or misreporting may jeopardize coverage. We reserve the right to decline/void any ineligible coverage.

I further acknowledge that, I have reviewed all information provided with this enrollment form and understand the exclusions which apply, as well as the activities and operations for which coverage is not provided. The information I provided on this enrollment form becomes a part of the insurance contract.

Organization/host name (from page 4): _____

Applicant 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

IMPORTANT INFORMATION. PLEASE READ AND SIGN.

IMPORTANT INFORMATION.

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 Relation 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.

Sign here

Agent signature: _____ **Date:** _____

Applicable in AL

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

Applicable in AR, LA, MD, RI and WV

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

Applicable in CO

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

Applicable in DC

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

Applicable in FL

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

Applicable in KY

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

Applicable in ME, TN, and WA

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

Applicable in NM

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

Applicable in NJ

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

Applicable in NY

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

Applicable in OH

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

Applicable in OK

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

Applicable in PA

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

Applicable in OR

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

Applicable in VA

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

PAYMENT OPTIONS

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

Organization/host 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

DATE _____ 123

PAY TO THE ORDER OF _____ \$ _____

_____ DOLLARS

⑆044072324⑆ ⑆000123456789⑆ ⑆123⑆

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

PAY BY CHECK: (Payable to Relation Insurance Services)

• **Mail** Regular Mail Overnight Mail

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

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

PAY BY CREDIT CARD:

• **Fax only** 1-913-327-0201

VISA MASTERCARD AMERICAN EXPRESS

Card number: _____

CSC # (card security) code: _____ Expiration date: _____

I authorize Relation Insurance Services to charge my payment to my credit card in the amount of \$ _____

Print name (as on card): _____

Cardholder signature: _____

Cardholder phone number: (____) _____