



YOUTH DAY CAMPS

Insurance Program and Enrollment Form

This brochure is valid for effective dates from 3/1/17 through 2/28/18

Higher liability limits are available immediately online

PROGRAM DESCRIPTION

This program has been designed for U.S.-based youth day camp operations (those attended by campers age 19 or under) with programs dedicated to activities other than sports skill development. Coverage provided under this program includes important liability protection for the camp, including its employees and volunteers, for liability claims arising out of its operations. In addition, the program provides medical payments for participants coverage to the camp participants. Coverage is provided on an annual basis, but only applies to those camp sessions that are specifically reported.

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

INELIGIBLE OPERATIONS

Youth day camps offering the following operations are not eligible for this insurance program. Please contact us for more information.

- After school/day care/latch key programs
- Camps involving animals other than service animals
- Camps providing overnight accommodations
- Camps with activities away from the main location, unless reported and approved by company prior to taking place
- Hunting and/or nature camps/programs
- Sports camps*

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

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.

ELIGIBLE OPERATIONS

Youth day camps offering programs in the following categories are eligible to submit an enrollment form for this insurance program. If you do not see your form of operation, please contact us for eligibility.

- Academic day camps
- Arts and crafts day camps
- Computer day camps
- Creative writing day camps
- Culinary day camps
- Etiquette day camps
- Inventive builder/Lego® day camps
- Math day camps
- Music day camps
- Performing arts day camps
- Photography/film making day camps
- Science day camps
- Vacation bible schools
- Day camps/clinics for youth with an accompanied adult are eligible for this program e.g.: (parents and me camps). Ratios cannot be more than two adults per child.

FOUR EASY WAYS TO ENROLL FOR COVERAGE



WEB Receive coverage immediately by purchasing online at www.ascensionins.com/programs

OR

Submit this enrollment form, with payment, to us.



E-MAIL programs@ascensionins.com



FAX 1-913-327-0201



MAIL Regular: Overnight:

Ascension Benefits & Insurance Solutions
P.O. Box 25936
Overland Park, KS 66225

Ascension Benefits & Insurance Solutions
9225 Indian Creek Parkway,
Suite 700
Overland Park, KS 66210



QUESTIONS Call 1-800-955-1991

EXCLUSIONS

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

- Abuse, molestation, harrassment or sexual conduct
- Amusement devices (e.g.: rides, slides, inflatables, bungees, climbing walls, dunk tanks)
- Asbestos
- ATV use
- Boating activities
- Employment-related practices
- Equestrian activities
- All operations listed as ineligible
- Fireworks
- Fungi or bacteria
- Haunted attractions
- Lead
- Nuclear energy
- Open water activities
- Ownership, operation, maintenance or management of any facility other than while being used for covered activities
- Pollution
- Separate ticketed events
- Transportation of participants
- Violation of statutes that govern e-mails, faxes, phone calls or other methods of sending materials or information

COVERAGE AND LIMITS

Coverages Option	Option 1	Option 2
Commercial General Liability (CGL):	Limits	Limits
Each Occurrence	\$ 1,000,000	\$ 2,000,000
General Aggregate (Other than Products-completed Operations)	\$ 5,000,000	\$ 5,000,000
Products-completed Operations Aggregate	\$ 1,000,000	\$ 2,000,000
Personal and Advertising Injury	\$ 1,000,000	\$ 2,000,000
Legal Liability to Participants	\$ 1,000,000	\$ 2,000,000
Professional Liability	\$ 1,000,000	\$ 2,000,000
Hired Auto & Employer's Nonownership Liability (not provided while in Hawaii)	\$ 1,000,000	\$ 2,000,000
Damage to Premise Rented to You (Fire Legal Liability)	\$ 1,000,000	\$ 1,000,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000
Medical Payments for Participants - \$100 per claim deductible applies	\$ 25,000	\$ 250,000
Medical Expense Reimbursement for Participants	\$ 1,000	\$ 1,000
Rates (per participant)		
Per participant/per daily session	\$ 1.37	\$ 1.87
Per participant/per weekly session (camps 3-7 consecutive days)	\$ 4.12	\$ 5.70
Minimum Premiums	\$ 240.00	\$ 360.00

* Higher liability limit options available immediately online *

Commercial General Liability with Broadening Endorsement - coverage which protects the insured against liability claims for bodily injury and property damage arising out of premises, operations, products and completed operations and personal and advertising injury. Legal liability to participants and professional liability coverage are also provided as part of this program. No deductible applies to liability claims. Additional or broadening coverages added with the broadening endorsement are:

- Expected or intended injury resulting from the use of reasonable force to protect persons or property
- Non-owned watercraft – extended to 58 feet
- Supplementary payments - \$2,500 bail bonds, \$500 a day loss of earnings
- Knowledge or Notice of Occurrence
- Waiver of right of recovery
- Bodily injury definition expanded to include mental anguish, mental injury, shock, fright, humiliation, emotional distress or death resulting from bodily injury, sickness or disease.
- Damage to Premises Rented to You – the term fire is replaced with fire, lightning, explosion, smoke and leaks from sprinklers
- Additional coverages:
 - Emergency Real Estate Consultant Fee - \$25,000
 - Identify Theft Exposure (for directors or officers) - \$25,000
 - Key Individual Replacement Cost - \$50,000
 - Lease Cancellation Moving Expense - \$2,500
 - Temporary Meeting Place - \$25,000
 - Terrorism Travel Reimbursement (for directors or officers)- \$25,000
 - Workplace Violence Counseling - \$25,000

COVERAGE AND LIMITS CONTINUED

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

Medical Payments for Participants - coverage which pays the medical and dental expenses incurred by a "participant" when an accidental injury occurs while participating in your camp operations. The coverage is provided on an excess basis, responding after all other medical coverage available to the "participant" has been exhausted. If no other medical coverage exists, the coverage becomes primary. A \$100 deductible applies to each claim and the benefit period is two years from the date of the accident.

Medical Expense Reimbursement for Participants - coverage which will pay expenses incurred for illness which a "participant" first experiences, or is exposed to, during a covered camp program. The illness must be reported within two years from the first experience or exposure and payments are made regardless of fault.

"Participant" means any person engaged in the activities of your camp operations. Participant does not include any compensated member of your staff, including employees or independent contractors.

OPTIONAL COVERAGE AVAILABLE

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. This limit is part of, not in addition to, the general liability limit selected.
- 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 8.
2. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your day camp with our Youth Day Camps Program.
3. Only one option may be purchased.

Rates	
Option	Rate
Option 1 - \$1,000,000 Sexual Abuse or Sexual Molestation Liability	See page 8 for rates (\$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. How soon does my coverage start? When will I receive proof of coverage?

Coverage can be bound the date after we receive a completed enrollment form and the appropriate premium. Please allow adequate time for us to process your enrollment form and issue certificates.

2. When should I make my coverage effective?

The effective date is the date you need your insurance to start. For many, this is the first day of the camp or when you begin setting up. If you are renewing coverage with us use the expiration date of your coverage.

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

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

Example: A two-day camp that needs \$1,000,000 in coverage for 50 campers:

Step 1: Choose Option 1

Step 2: Take the daily session rate for Option 1, which is $\$1.37 \times 50 \times 2$ for a premium calculation of \$137.00

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

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

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

5. What do I do if I add a camp after I submit my enrollment?

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

6. What happens if I need to cancel a camp?

Cancellations must be reported prior to the scheduled start date or the first day of the camp session, and confirmed in writing for a refund or credit to be considered. Refunds may be subject to a cancellation penalty.

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

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

8. Do I need to complete an audit at the end of my camp?

Your coverage may be subject to an audit. Audit forms will be sent with your proof of coverage certificate if we will be auditing your camp(s). A completed audit form with a roster of the campers' names is required within 30 days of the end of the reported camp session.

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

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



Enrollment Form - Youth Day Camps

Valid for effective dates from 3/1/17 through 2/28/18

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. An 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 membership fee may be charged. The submission of this enrollment form and/or the acceptance of payment does not guarantee coverage. Certain operations are not eligible for coverage by this program. We reserve the right to decline any request for coverage.

- TO AVOID PROCESSING DELAYS, PLEASE:**
- 1. Complete all sections (print legibly)**
 - 2. Sign and date where required**
 - 3. Remit completed enrollment form (pages 5-11) with payment**

GENERAL INFORMATION

I am a new account I am renewing my coverage

Full legal name of business: _____

Note: This is the name that will appear on your Certificate of Insurance. If your company is a Sole Proprietorship, then this will be your personal name or DBA.

Applicant is a: Sole Proprietorship Limited Liability Co. Corporation Partnership
 Other (describe): _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Contact name: _____

Phone: (____) _____ Cell: (____) _____ Fax: (____) _____

E-mail: _____ Website: _____

DATES

Coverage will begin the day after the completed enrollment form and premium are received and approved by us, or on a later date you specify below. (If renewing coverage, please provide the expiration date of your current policy.)

Start my coverage on this date: ____ / ____ / ____

BUSINESS INFORMATION

1. Type of day camp (check those that apply):

<input type="radio"/> Academic	<input type="radio"/> Culinary	<input type="radio"/> Math	<input type="radio"/> Photography
<input type="radio"/> Arts & crafts	<input type="radio"/> Etiquette	<input type="radio"/> Music	<input type="radio"/> Science
<input type="radio"/> Computer	<input type="radio"/> Film making	<input type="radio"/> Performing arts	<input type="radio"/> Vacation bible school
<input type="radio"/> Creative writing	<input type="radio"/> Inventive builder/Lego®		
<input type="radio"/> Other (please describe): _____			

2. Are any of your camps held at a private residence? Yes No

3. Are any of your camp/clinic attendees age 20 or over? Yes No

If yes, do you allow more than two parents or adults to accompany youth participants in camp activities? Yes No

If you allow parent or adult participation, do you offer any "adult-only" instruction or competitions? Yes No

4. Does any of your camp operations include any of the following?

After school/day care/latch key programs	<input type="radio"/> Yes <input type="radio"/> No
Overnight accommodations	<input type="radio"/> Yes <input type="radio"/> No
Sports skills development classes/clinics	<input type="radio"/> Yes <input type="radio"/> No
Trips away from the main location	<input type="radio"/> Yes <input type="radio"/> No

If yes, please submit additional details. Trips made away from the main location must be reported prior to occurring, and approved by us.

Ascension Benefits & Insurance Solutions • P.O. Box 25936 • Overland Park, KS 66225 • 1-800-955-1991
E-mail = programs@ascensionins.com • Fax 1-913-327-0201 • www.ascensionins.com/programs

Ascension Benefits & Insurance Solutions conducts business as Ascension Benefits and Insurance Solutions; in AK, AZ, CA, DC, HI, KY, LA, MA, MT, NE, NV, NH, OK, SC, SD and WV as Ascension Benefits & Insurance Solutions Sports and Recreation; or in ND as Ascension Benefits Brokerage & Insurance Solutions; or in NY as Ascension Benefits Brokerage & Insurance Solutions Sports & Recreation. CA #0334819, TX #1657333

CAMP INFORMATION

1. Please list all camp sessions individually below.

Type of Camp Sessions
Daily (no overnight exposures) = 2 consecutive days or less; OR Multiple non-consecutive days
Weekly (no overnight exposures) = 3-7 consecutive days (max 7 consecutive days)

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

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

CAMP/SESSION #1

Name of Camp: _____

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

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

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

Camp Location(s) _____

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

Check all that apply: Daily Weekly

CAMP/SESSION #2

Name of Camp: _____

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

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

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

Camp Location(s) _____

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

Check all that apply: Daily Weekly

CAMP/SESSION #3

Name of Camp: _____

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

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

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

Camp Location(s) _____

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

Check all that apply: Daily Weekly

You will receive a certificate showing evidence that coverage has been bound. This coverage document will be delivered via e-mail, unless otherwise indicated below. If you have an insurance agent, all documents will be delivered to your agent only. Additional certificate requests will be delivered to the same person. Please select only one option.

- E-mail to: _____ attn: _____
(selecting this option confirms your consent for coverage documents to be delivered via e-mail)
- Fax to: _____ attn: _____
- Mail to: _____ attn: _____

- Use rates below to calculate premium. Premium is determined by applying the appropriate rate for the coverage option selected to the maximum amount of expected campers/participants. Day camps/clinics with an accompanied adult(s) need to count all participants in their program including the adults. TBD cannot be accepted.
- If calculated premium is less than minimum (see chart below), use the minimum premium.
- The same limit option must be used for all camps.
- Higher liability limits are available immediately online or check here if a higher liability limit is needed.**
Limit requested: _____

MINIMUM PREMIUMS	
OPTION 1 \$1,000,000 Liability, \$25,000 MPP	OPTION 2 \$2,000,000 Liability, \$250,000 MPP
\$240.00	\$360.00

RATES		
Type of Camp Sessions	Option 1	Option 2
Daily (no overnight exposures) = • 2 consecutive days or less; OR • Multiple non-consecutive days	\$ 1.37 Per Day/Per Commuter Camper	\$ 1.87 Per Day/Per Commuter Camper
Weekly (no overnight exposures) = • 3-7 consecutive days	\$ 4.12 Per Week/Per Commuter Camper	\$ 5.70 Per Week/Per Commuter Camper

COST CALCULATION									
Camp/Session # (from prior page)	Coverage Option (1 or 2)	# of Days OR Weeks	X	Daily OR Weekly Rate (from above)	X	#of Campers	=	Premium	
			X	\$	X		=	\$	
			X	\$	X		=	\$	
			X	\$	X		=	\$	
Calculated Premium (add premium lines above)								\$	(A)
Minimum Premium (from above chart)								\$	(B)
Program Premium Due (greater amount from line A or B)								\$	

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 require the presence of at least two adults when minors are present? Yes No
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
 - a. Are you aware of any occurrences that could lead to a claim? Yes No
If yes to 2. or 2.a., please explain: _____
3. 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
 - 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 or sanctioning/governing body member? Yes No
 - c. Do the written procedures establish and require adherence to the "three person rule"? ("Three person rule" prohibits one adult from being alone with one youth. A second adult must be present, or there must be two or more youths with an adult.) If no, do the procedures establish if and when exceptions to the "three person rule" are permissible as part of your operations/activities? Yes No
4. Please complete the following questions regarding employee and volunteer screening controls used by your organization.
 - Check here and skip the chart below if you have no employees or volunteers, but always require the presence of at least two adults whenever minors are present.

Please Complete All Questions	Employees (Check Here if No Employees <input type="radio"/>)	Volunteers (Check Here if No Volunteers <input type="radio"/>)
The term "Volunteers" in the following questions means someone who exerts control over or supervises participants.		
Are written applications required?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
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?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
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
Are background checks provided by a third party vendor/service?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
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

Please explain any "No" responses to questions asked in #4: _____

Option 1 - \$1,000,000 Sexual Abuse or Sexual Molestation Liability

Rates: **Daily Rate = \$.14 Weekly Rate = \$.43**

Camp/Session # (as reported on page 6)	# of Days OR Weeks	X	Daily OR Weekly Rate (from above)	X	# of Campers	=	Premium
		X	\$	X		=	\$
		X	\$	X		=	\$
		X	\$	X		=	\$
Add all lines above for calculated premium							\$
Option 1 Total Premium - Calculated premium total from line above OR \$150.00 minimum premium – whichever amount is higher							\$

Option 2 - \$100,000 Abuse, Molestation, or Harassment of Sexual Conduct Defense Cost Reimbursement

\$ 100.00

TOTAL PREMIUM SUMMARY	Program Premium (from page 7)	\$
	Sexual Abuse/Sexual Molestation Premium: (from page 8) - Optional Coverage <input type="radio"/> \$100,000 Defense Reimbursement Only OR <input type="radio"/> \$1,000,000 Liability Limit	\$
	Total Premium Due (add all lines above)	\$

CERTIFICATE REQUESTS

You will receive a certificate showing evidence that coverage has been bound. Complete this section to request additional certificates. Provide separate requests for each additional certificate needed.

Note: Additional insureds are not automatically provided/issued per previous policy terms. You will need to request Additional Insureds that are needed for this policy term below.

Indicate the type of certificate that you are requesting: Additional insured OR Evidence of coverage

Camp #: _____

Certificate holder/entity name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Relationship to you: Owner/lessor of premises Sponsor Co-promoter Other: _____

Other than being named on the certificate as an additional insured or certificate holder, does the person or organization require any special wording or endorsements? Yes No

If yes, check all that apply (**Check your request carefully before submitting. The most common delay in certificate processing is caused by providing a partial or incorrect name and/or instructions.**)

Form CG2026 Primary endorsement Waiver of subrogation
 Other (please explain): _____

Date certificate needed by: ____/____/____

AGENTS ONLY

TO BE COMPLETED ONLY IF LICENSED INSURANCE AGENT IS SUBMITTING THIS FORM

Agency name: _____

Agency mailing address: _____

City: _____ State: _____ Zip: _____

Agent/contact name: _____

Agency telephone: (____) _____ Agency fax: (____) _____

Agent/contact e-mail address: _____ Tax ID #: _____

OFFICE USE ONLY

UW Rec: ____/____/____ Status: N R Broker: Y N Comm: ____% OPS Rec: ____/____/____

GL Exp Policy #: ____/CP #: ____ Exp Dates: ____/____/____ to ____/____/____

IM Exp Policy#: ____ Exp Dates: ____/____/____ to ____/____/____

SAM IM D&O GL Option: ____ Delivery: M F E Date: ____/____/____ Pay Plan: ____ Bill: AB AD CBG

Opt Form: 2026 2011 8016 8018 876 2404 Comments: _____

GL Policy #: ____/CP #: ____ GL Prem: ____ Eff Date: ____/____/____ to ____/____/____

IM Policy #: ____ IM Prem: ____ IM Eff Dates: ____/____/____ to ____/____/____

D&O Policy #: ____ D&O Prem: ____ Insured #: _____

COVERAGE EXCLUSIONS

The following exclusions are contained in the commercial general liability coverage provided by this program. Abuse, molestation, harassment or sexual conduct (unless optional liability is purchased); Aircraft/hot air balloon; Airport; Amusement devices (the ownership, operation, maintenance or use of: any mechanical or non-mechanical ride, slide, or water slide, any inflatable recreational device, any bungee operation or equipment, any vertical device or equipment used for climbing-either permanently affixed or temporarily erected, or dunk tank. Amusement devices do not include any video or computer games or any device that is specifically designed for the training or instruction of the activity for which you are enrolled.); Animals (injury or death to, or injury, death or property damage caused by any animal owned, rented or hired by you); Asbestos; ATV use; Boating activities; Commercial general liability standard exclusions (CG0001 04/13 edition); Employment-related practices; Equestrian activities; Fireworks; Fungi or bacteria; Haunted attractions; Lead; Nuclear energy liability; Open water activities; Ownership, Operation, maintenance or management of any facility or field, other than while being used for covered activities; Performers; Rodeos; Saddle animals; Separate ticketed events; Snowmobile; Transportation of participants; Violation of statutes that govern e-mails, faxes, phone calls or other methods of sending materials or information; Those operations listed as ineligible: After school, day care and latch key programs; Camps involving animals other than service animals; Camps with activities away from the main location, unless reported and approved by company prior to taking place; Camps providing overnight accommodations; Hunting and/or nature camps/programs; Sports camps/clinics

COSTS ARE 100% FULLY EARNED AND NON-REFUNDABLE ONCE COVERAGE BEGINS. COVERAGE IS CONTINGENT UPON RECEIPT OF PAYMENT. NO COVERAGE WILL BE DEEMED IN EFFECT UNTIL THE ACCURATE PAYMENT IS RECEIVED BY THE COMPANY OR THEIR REPRESENTATIVE.

PAYMENT INFORMATION

Step 1: Calculate Final Cost

Total Premium Due (from page 9)	\$ _____
Risk Purchasing Membership Fee (REQUIRED to be able to process enrollment)	\$ 15.00
TOTAL COST DUE	\$ _____

Step 2: Select Payment Method. Check one.

Check: Please make check payable to Ascension Benefits & Insurance Solutions.

Enclosed is check # _____ for \$ _____

Credit Card: If you are making your payment by credit/debit card, please complete the following:

VISA MASTERCARD AMERICAN EXPRESS

Card number: _____

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

I authorize Ascension Benefits & Insurance Solutions to charge my payment to my credit card in the amount of \$ _____

Print name (as on card): _____

Cardholder signature: _____

READ AND SIGN

GENERAL FRAUD STATEMENT

Applicable in AL, AR, DC, LA, MD, NM, 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 FL and OK

Any person 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)*. *Applies in FL Only.

Applicable in KS

Any person who knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application

for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and 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* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA 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 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 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.

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 books 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.

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 or agent signature: _____

Date: _____

Printed name: _____ Title: _____

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