



HEALTH CLUB-LIMITED SERVICES PROGRAM

Insurance Program and Enrollment Form

This brochure is valid for effective dates from 1/1/17 through 12/31/17

Higher liability limits are available immediately online

PROGRAM DESCRIPTION

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

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

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

INELIGIBLE OPERATIONS

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

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

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

ELIGIBLE OPERATIONS

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

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

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

This brochure is for illustrative purposes only and is not a contract of insurance. You must refer to the actual policy for complete information regarding coverage terms, conditions and exclusions as they may change from one coverage period to the next. You may request a copy of the full policy by submitting a written request to us.

EXCLUSIONS

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

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

COVERAGES AND LIMITS

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

On-site Coverage:

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

On-site and Off-site Coverage:

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

Coverages	On-site Health Club Coverage		On-site and Off-site Health Club Coverage	
	Option 1	Option 2	Option 1	Option 2
Commercial General Liability Each Occurrence	\$ 1,000,000	\$ 2,000,000	\$ 1,000,000	\$ 2,000,000
General Aggregate (other than Products-completed Operations)	\$ 5,000,000 per owned location	\$ 5,000,000 per owned location	\$ 5,000,000 per owned location	\$ 5,000,000 per owned location
Products-completed Operations Aggregate	\$ 1,000,000	\$ 2,000,000	\$ 1,000,000	\$ 2,000,000
Personal and Advertising Injury	\$ 1,000,000	\$ 2,000,000	\$ 1,000,000	\$ 2,000,000
Damage to Premises Rented to You (Fire Legal Liability)	\$ 300,000	\$ 300,000	\$ 300,000	\$ 300,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000
Hired Auto and Employers' Nonownership Liability (not provided while in Hawaii)	\$ 1,000,000	\$ 2,000,000	\$ 1,000,000	\$ 2,000,000
Professional Liability	\$ 1,000,000	\$ 2,000,000	\$ 1,000,000	\$ 2,000,000
Legal Liability to Participants	\$ 1,000,000	\$ 2,000,000	\$ 1,000,000	\$ 2,000,000
Rates (per \$1,000 of annual sales)	\$ 7.95	\$ 11.93	\$ 8.75	\$ 13.13
Minimum Premiums	\$ 1,000.00	\$ 1,500.00	\$ 1,100.00	\$ 1,650.00

* Visit us online for Higher Liability Limits *

Coverage provided under this program includes:

Commercial General Liability with Broadening Endorsement – coverage which protects the insured against liability claims for bodily injury and property damage arising out of premises, operations, products and completed operations and personal and advertising injury. Additional or broadening coverages added with the broadening endorsement are:

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

COVERAGES AND LIMITS CONTINUED

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

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

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

OPTIONAL COVERAGES AVAILABLE

Liability for Independent Contractors (non-employees)

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

Coverage Conditions:

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

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

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

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

OPTIONAL COVERAGES AVAILABLE CONTINUED

Equipment and Contents Coverage (Inland Marine)

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

Additional coverages automatically included in the coverage form are:

- Business Income with Extra Expense – Actual Loss Sustained (up to \$50,000)
- Money and Securities Coverage - \$5,000 any one occurrence
- Valuable Papers and Records Coverage - \$10,000 at premises / \$2,500 away from premises
- Account Receivable Coverage - \$10,000 at premises / \$2,500 away from premises

Coverage Conditions:

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

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

Medical Payments for Participants Coverage

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

Coverage Conditions:

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

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

OPTIONAL COVERAGES AVAILABLE CONTINUED

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

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

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

Coverage Conditions:

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

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

FREQUENTLY ASKED QUESTIONS

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

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

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

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

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

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

4. I have been asked by my landlord to add them as an additional insured to my policy. What does this mean and how do I do that?

An additional insured is an entity which has an insurable interest for claims arising out of your negligence as the named insured. Such possible entities are a landlord or sponsor. By providing an entity additional insured status they now are entitled to defense and indemnity (if the policy limits have not been exhausted) under your policy with no responsibility for premium payments.

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

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



Ascension™

Enrollment Form - Health Club-Limited Services Insurance

Valid for effective dates from 1/1/17 through 12/31/17

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 6 - 14) with payment**

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

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: _____

LOCATIONS

Please list locations you own or operate on a 24 hour basis, if different than the mailing location above.
 (Note: Temporary leased spaces or mobile program sites should not be listed here, only your owned/operated location sites. You can add temporary/mobile locations on the certificate request section if evidence of coverage or additional insured status is needed)

Loc #1: _____

Street Address	City	State	Zip Code
----------------	------	-------	----------

Loc #2: _____

Street Address	City	State	Zip Code
----------------	------	-------	----------

DATES

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

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

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

1. Are employee(s) or a company representative on site during all open hours? Yes No
2. Do you have locations outside of the U.S.? Yes No
3. Is your health club a dance, gymnastics, cheer or martial arts school/studio? Yes No
4. Does your health club have any of the following features or services?
 - Childcare services Yes No
 - Climbing walls Yes No
 - CrossFit licensed services Yes No
 - Ice skating, roller skating or skating treadmills Yes No
 - Medical, therapy or health care services Yes No
 - Physical therapy, physicals or stress testing Yes No
 - Salon services or indoor tanning Yes No
 - Sports medicine Yes No
 - Sports rehabilitation services/therapy Yes No
 - Sports skills instructional programs Yes No
 - Swimming pools, saunas, steam rooms, hot tubs, whirlpools, jacuzzis or cold plunge Yes No

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

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

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

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

FOR NEW ACCOUNTS ONLY

- a. What is the name of your current insurance carrier(s) and the expiration date(s) of coverage?

Name(s): _____ Expiration date(s): _____
- b. Is your current carrier non-renewing your coverage? Yes No

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

Select an option and calculate premium.

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

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

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

Liability for Independent Contractors (non-employees) Coverage

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

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

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

On-site Coverage Only

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

On-site and Off-site Coverage

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

Equipment and Contents Coverage (Inland Marine)

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

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

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

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

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

Provide values for categories below

(DO NOT include those values already shown above)

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

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

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

Signs (indoor or outdoor) \$ _____

Misc. Equipment – please describe _____ \$ _____

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

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

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

2. Do you have a security system in place: Yes No

a. If yes, please describe: _____

3. Is any other operations, besides your own, or equipment of others stored in the same facility in which you store your equipment? Yes No

a. If yes, please describe: _____

4. Please attach a complete inventory list with values of each item

Step 3: Calculate premium

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

Equipment and Contents Premium

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

$$.03 \times \$ \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}} \quad \$ \underline{\hspace{2cm}} \text{ (C)}$
Total Replacement Value
Equipment and Contents Premium
(\$100.00 minimum premium applies)

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

$$.026 \times \$ \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}} \quad \$ \underline{\hspace{2cm}} \text{ (C)}$
Total Replacement Value
Equipment and Contents Premium
(\$100.00 minimum premium applies)

OPTIONAL COVERAGES PREMIUM CALCULATION CONTINUED

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

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

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

1. Does your organization currently have employees, volunteers or 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.) Yes No

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

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

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

DOCUMENT DELIVERY

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. 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:

CERTIFICATE REQUESTS

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.

- This certificate is for our:
Program coverage (commercial general liability)
All locations
Location: Street address City State Zip
Equipment and contents coverage

Check the type of certificate you are requesting: Additional insured Evidence of coverage Loss payee

Certificate holder information:
Entity name:
Mailing address:
City: State: Zip:

- Relationship to named insured:
Owner/lessor of premises Sponsor Co-promoter Lessor of equipment and contents
Franchisor Other (please identify/explain):

Date certificate needed by: / /

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):

If applicable:
For equipment and contents/loss payee
Type of equipment (please describe):
Limit:

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 Dates: / / to / /
IM Policy #: IM Prem: IM Eff Dates: / / to / /
D&O Policy #: D&O Prem: Insured #:

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.

The following exclusions are contained in the commercial general liability coverage provided by this program. Abuse, molestation, harassment or sexual conduct; Acupuncture; Aircraft/hot air balloon; Airport; Amusement devices (the ownership, operation, maintenance or use of: any mechanical or non-mechanical ride, slide, or water slide, any inflatable recreational device, any bungee operation or equipment, any vertical device or equipment used for climbing-either permanently affixed or temporarily erected, or dunk tank. Amusement devices do not include any video or computer games or any device that is specifically designed for the training or the instruction of the activity for which you are enrolled); Animals (injury or death to, or injury, death or property damage caused by any animal owned, rented or hired by you); Any adult-themed parties/meetings/trips, including, but not limited to parties/meetings, trips during which demonstration of products and/or services used in the adult entertainment industry takes place; Asbestos; Boxing (contact/sparring); Commercial general liability standard exclusions (CG0001 04/13 edition); Cryogenic chambers/therapy; Cycling (other than stationary); Employment-related practices; Events, competitions, tournaments, camps/clinics conducted or sponsored by, or on behalf of the insured, unless reported and approved by us; Fireworks; Fitness/Exercise operations related, in whole or in part, to performance as an exotic dancer or any similar occupation in the adult entertainment industry; Fungi or bacteria; Haunted attractions; Instruction/activity held on or in open water; Lead; Massage therapy; Nuclear energy liability; Performers; Rodeos; Saddle animals; Sale or distribution of medicinal, herbal and/or nutritional products; Snowmobile; Training programs for law enforcement, public safety and military personnel; Transportation of participants/members; Violation of statutes that govern e-mails, faxes, phone calls, or other methods of sending materials or information; Wrestling; Those operations listed as ineligible: Unattended/unstaffed 24 hour key card/key pad/key code access operations or unattended/unstaffed operations, Childcare services/facilities, Climbing walls, CrossFit Affiliate Owners, Dance, gymnastics, cheer & martial arts schools/studios, Facilities outside of the U.S.; Ice skating, roller skating or skating treadmills, Medical, therapy or health care services, Physical therapy, Physicals or stress testing, Salon services or indoor tanning, Saunas or steam rooms, Sports medicine, Sports rehabilitation services/therapy, Sports skills instruction facilities, academies, schools or programs, Swimming pools, hot tubs, whirlpools, jacuzzis or cold plunge.

READ AND SIGN

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.

Applicant Business Name (from page 6): _____

PAYMENT INFORMATION

Step 1: Calculate Final Cost

Total Premium Due (from page 11)	\$ _____
Risk Purchasing Membership Fee (REQUIRED to be able to process enrollment)	\$ \$15.00
TOTAL COST DUE	\$ _____

Step 2: Select Payment Plan: Check one.

- 100% Plan** - 100% of the total premium is due to bind coverage
- 30% / 70% Plan**
 - 30% of the total premium + \$15 RPG fee is due to bind coverage
 - The balance of the premium (70%) will be due within 30 days of the effective date
- 25% + 3 Plan**
 - 25% of the total premium + \$15 RPG fee is due to bind coverage
 - The balance of the premium will be due in (3) consecutive monthly installments
- Check here if you prefer to be mailed an invoice for any future balance/installments.**

If paying by credit card, any outstanding balances or installments will be charged to the same card number provided below, unless you have checked the box above.

Step 3: Making your Payment:

- 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: _____