

PROGRAM DESCRIPTION

This program has been designed for U.S.-based dance schools and other organizations specializing in the instruction of performance and social dance. Coverage provided includes important liability protection for the school or organization, including its employees and volunteers, for liability claims arising out of its operations.

For eligible dance schools or programs, coverage extends to the ownership, maintenance or use of the premise(s) reported to the Company as well as to your "Covered Operations". Covered Operations consist of those operations and activities at your locations involving registered members/participants, under your direct supervision or organized by you, that have been reported to and approved by the Company, and for which the applicable premium has been paid. As well as, off-site competitions, demonstrations, parades and fundraising activities, directly associated with those operations and activities at your location involving registered members/participants that are under your direct supervision, or organized by you; and ancillary events or activities at off-site locations involving registered members/participants under your direct-supervision, or organized by you, that have been reported to and approved by the Company, and for which the applicable premium has been paid.

In addition, coverage can be considered for birthday/Social parties at your premises that are under your direct supervision or organized by you, that have been reported to and approved by the Company, and for which the applicable premium has been paid; as well as for activities involving non-registered members/participants, under your direct supervision or organized by you, that have been reported to and approved by the Company, and for which the applicable premium has been paid.

For information regarding coverage for independent dance instructors, please contact our office at 1-800-622-7370.

ELIGIBLE OPERATIONS

Schools or organizations providing instruction in the following styles of dance are eligible for this program.

Note: If your style of dance is not listed, contact us for proper classification.

- Acro dance
- Ballet
- Ballroom
- Belly Dancing
- Clogging
- Contemporary
- Country Western
- Cultural/Ethnic
- Flamenco
- Folk Dancing
- Hawaiian
- Hip Hop
- Irish
- Jazz
- Latin
- Modern
- Salsa
- Scottish
- Square
- Swing
- Tango
- Tap
- Tumbling (floor only, no gymnastics apparatus)
- ZUMBA®

INELIGIBLE OPERATIONS

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

- Acrobatic & Circus Skills Training
- Ballroom Rental Facilities
- Banquet & Reception Halls
- Cabarets
- Dance Halls
- Discotheques
- Nightclubs
- Production Companies
- Professional Dance Companies
- Professional Touring Companies
- Trampoline Parks or facilities

COVERAGES AND LIMITS

COVERAGE	OPTION 1	OPTION 2
Each Occurrence	\$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
Products-Completed Operations Aggregate	\$1,000,000	\$2,000,000
Personal & Advertising Injury	\$1,000,000	\$2,000,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000
Damage to Premises Rented to You (Fire Legal Liability)	\$1,000,000	\$1,000,000
Professional Liability	\$1,000,000	\$2,000,000
Legal Liability to Participants (LLP)	\$1,000,000	\$2,000,000
Hired Auto and Employers' Nonownership Liability (not provided while in HI)	\$1,000,000	\$2,000,000
Medical Payments for Participants (Excess) - \$250 per claim deductible applies	\$25,000	\$25,000
Rates (per student/member)	\$ 10.85	\$ 13.43
Minimum Premium	\$870.00	\$1,079.00

- **Note: We are now able to provide up to \$5 million for those accounts with a tumbling (floor only, no apparatus). For dance schools/programs with tumbling exposures (floor only, no apparatus), limited coverage for brain injury will apply during any tumbling/gymnastics programs or classes. *Refer to the policy for a complete list of sports with limited coverage for brain injury.**
- **For Higher Limits, please call Sadler & Company Inc., at 1-800-622-7370.**

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

Abuse, Molestation, Harassment or Sexual Conduct		Employment-related Practices	Nuclear Energy Liability
		Cycling (other than stationary)	Salon Services or indoor tanning
All operations listed as ineligible		Fireworks	Pollution
Asbestos	Lead	Fungi or Bacteria	Transportation of participants
Massage therapy	Cryogenic chambers/therapy	Babysitting and/or Child Care Services	
Sale or distribution of herbal, medicinal and/or nutritional products			
Parkour, Free running, tricking, urban gymnastics, extreme tumbling and/or any similar type programs/activities, unless reviewed and approved by us.			
Amusement devices (eg: rides, slides, inflatables (unless reviewed and approved by us,) bungees, climbing walls or devices, dunk tanks)		Violation of statutes that govern e-mails, faxes, phone calls or other methods of sending material or information.	
Medical therapy or health care services	Sports rehabilitation services/therapy		Instruction/activity being held on or in open water (e.g. lakes, ponds, ocean)
Gymnastic classes/programs (unless reported, approved and appropriate premium paid)			
Swimming pools (unless reported, approved and appropriate premium paid)		saunas, steam rooms, Jacuzzis, hot tubs, whirlpools or spas	

COVERAGE PROVIDED UNDER THIS PROGRAM INCLUDES:

Commercial General Liability with Broadening Endorsement – coverage that 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 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
 - * Key Individual Replacements Cost - \$50,000
 - * Temporary Meeting Space - \$25,000
 - * Workplace Violence Counseling - \$25,000
 - * Identity Theft Exposure (for directors or officers) - \$25,000
 - * Lease Cancellation Moving Expense - \$2,500
 - * Terrorism Travel Reimbursement (for directors or officers) - \$25,000

Legal Liability to Participants – coverage which offers protection against bodily injury liability claims brought by persons participating in covered activities of your dance school operations.

Professional Liability – provides protection against claims that arise out of the rendering, or failure to render: instruction, demonstration, direction and/or advice relating to the dance activity.

Medical Payments for Participants – coverage which pays for medical and dental expenses incurred by a “participant” when an accidental injury occurs while participating in your covered dance school operations. “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 \$250 deductible applies to each claim and the benefit period is two years from the date of the accident.

Hired Auto and Employers Nonownership Liability (not provided while in HI) – 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.

ONLY FOR DANCE SCHOOLS WITH TUMBLING EXPOSURES:

This policy will contain an endorsement with Limited Coverage for Brain Injury to Specified Player. This limitation applies only to those specified players defined as tumbling/gymnastic.

“Brain injury” means concussion, chronic traumatic encephalopathy or any other injury to the brain and any symptoms, conditions, disorders and diseases, including death, resulting therefrom but only if such injury occurs as a result of specific events occurring during the policy period.

Coverage limits for Brain Injury during any tumbling/gymnastic programs or classes to a “specified player” are:

Brain Injury limit/Aggregate limit \$ 1,000,000/\$ 1,000,000

Loss Adjustment Expense limit/Aggregate limit \$ 1,000,000/\$ 1,000,000

*Refer to policy for complete list of sports with limited coverage for brain injury.

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

OPTIONAL COVERAGES AVAILABLE:

BIRTHDAY OR SOCIAL PARTY COVERAGE:

RATE PER PARTY: Opt 1: \$16.75 / Opt 2: \$22.50

Coverage can be extended to cover birthday or social parties held at your dance school or organization premises.

Coverage conditions:

1. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your dance school or organization with our Dance Schools & Programs RPG Insurance Program.
2. The same coverages and limits would apply to this optional coverage as purchased for your school or organization.

DIRECTORS' & OFFICERS' LIABILITY

Including Employment Practices Liability for Not-for-Profit Organizations

This coverage provides important protection for not-for-profit dance schools and organizations for claims arising out of allegations of errors, omissions, or wrongful acts committed by its directors, officers, employees or volunteers. This coverage will respond to allegations of discrimination, wrongful dismissal, acts beyond granted authority, failure to deliver services and wrongful employment practices. Please contact us for additional information on this available optional coverage.

EQUIPMENT AND CONTENTS COVERAGE (INLAND MARINE)

with NEW Additional Coverage Endorsement

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

Additional coverages automatically included in the coverage form are:

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

Coverage conditions:

1. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage with our Dance Schools & Programs 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 Dance Schools & Programs RPG Insurance Program.
3. Receipt of purchase is required at the time of loss to show verification of purchase for any 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

NON-REGISTERED MEMBER ACTIVITY COVERAGE:

RATE PER PARTICIPANT:

Opt 1: \$13.50 / Opt 2: \$18.15

This coverage is available for events and/or activities you conduct at your facility that involve non-registered members of your dance school and are incidental to your dance operations. When reported and paid for, coverage is extended to provide liability and excess medical coverage for non-registered members while participating in an event/activity you are hosting and supervising. Examples of such events and activities are: camps and clinics; recitals; arts, crafts and/or music programs or classes; exercise and/or yoga classes; tumbling programs or classes (please describe types of programs/classes offered along with age groups, level of training, and apparatuses used (subject to approval).); theater arts and/or drama programs or classes.

Unless this option is purchased, coverage is excluded for non-registered members who participate in any activities referenced above.

Coverage conditions:

1. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your dance school or organization with our Dance Schools & Programs RPG Insurance Program.
2. The same coverages and limits would apply to this optional coverage as purchased for your school or organization.
3. A Birthday/Social Party is not considered to be a subsidiary activity and a separate premium charge will apply.
4. Non-registered members are only to be counted once in your premium calculation, regardless of the number of times that they may participate in those activities. Also include members of your school if they are charged a separate registration fee to participate in any activity.

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 part of, and not in addition to, the general liability limit selection.

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 7 of 10.
2. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your dance school or organization with our Dance Schools and Programs RPG Insurance Program.
3. Only one option may be purchased.
4. This coverage is 100% fully earned at inception.

Options	Rates
Option 1 - \$1,000,000 Sexual Abuse or Sexual Molestation Liability	See page 7 of application 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 coverage start? When will we receive proof of coverage? Coverage can be bound the day after we receive a completed enrollment form & the appropriate premium. Please allow adequate time for us to process your enrollment form & issue certificates.

2. We are a newly formed school and we are not sure how many students we will have, how should I report my student count? You need to report the number of students you project to have within an annual term. You may add additional students at any time by using the dance supplemental form.

3. Is coverage under this policy extended to independent contractors (non-employees) working on behalf of the school? Independent contractors (non-employees) are not covered under this program. Contact us for coverage options that are available.

4. Is my school covered for a recital or performance that we are hosting that involves non-registered students/members? Coverage is included for recitals and performances you host that only include students/members of your school. To obtain coverage for an event that includes non-registered students/members, please contact Sadler & Company at 1-800-622-7370 for coverage options that are available.

5. Am I allowed to transport students to activities such as classes, recitals, or performances? This insurance program does not provide coverage for the transportation of students. Should the transportation of students be necessary for your operation, we suggest that you consult a licensed insurance agent in your area to provide you with commercial automobile coverage for this type of exposure.

6. I have been asked by my landlord or sponsor to add them as an “additional insured” to my policy. What does this mean? An additional insured is an entity, which has an insurable interest for claims arising out of your negligence as the named insured. By providing an entity additional insured status, they are now entitled to defense and indemnity (if policy limits have not been exhausted) under your policy with no responsibility for premium payments.

7. What is a Risk Purchasing Group (RPG)? A Risk Purchasing Group (RPG) provides group purchasing power for similar risks resulting in potential advantageous coverage terms, competitive rates, risk management bulletins, and rewards for favorable group loss experience. An RPG administration fee may be charged for each application. A \$15 RPG fee is required by the insurance carrier for this application.

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.

SADLER

SPORTS & RECREATION INSURANCE

P. O. Box 5866, Columbia, SC 29250-5866

Phone: (800) 622-7370, Fax: (803) 256-4017

Dance Schools & Programs

Insurance Program Enrollment Form

Rates shown are available from 01-01-2019 through 12-31-2019

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 administration fee may be charged. The submission of this enrollment form and/or 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.

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 of DBA.)

MAILING ADDRESS:

CITY: _____ **STATE:** _____ **ZIP:** _____

CONTACT NAME: _____ **PHONE:** _____

EMAIL ADDRESS: _____ **CELL PHONE:** _____

WEBSITE: _____ **FAX:** _____

(By listing an email address, you are giving us permission to contact you by email about your policy. Refer to page 10 of the application for Electronic Disclosure and Consent.)

FORM OF BUSINESS: Corporation Sole Proprietorship Limited Liability Co Partnership Other: _____

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.)

	STREET ADDRESS	CITY	STATE	ZIP
LOCATION 1				
LOCATION 2				

DESIRED EFFECTIVE DATE:

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 expiration date of your current policy.)

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

STYLES OF DANCE OFFERED (CHECK ALL THAT APPLY):

- | | | | | |
|--|--|-----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Acro dance | <input type="checkbox"/> Contemporary | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Modern | <input type="checkbox"/> Tap |
| <input type="checkbox"/> Ballet | <input type="checkbox"/> Country Western | <input type="checkbox"/> Hip Hop | <input type="checkbox"/> Salsa | <input type="checkbox"/> Tumbling (floor only, no gymnastic apparatus) |
| <input type="checkbox"/> Ballroom | <input type="checkbox"/> Cultural/Ethnic | <input type="checkbox"/> Irish | <input type="checkbox"/> Scottish | <input type="checkbox"/> ZUMBA® |
| <input type="checkbox"/> Belly Dancing | <input type="checkbox"/> Flamenco | <input type="checkbox"/> Jazz | <input type="checkbox"/> Square | <input type="checkbox"/> Other (subject to approval): Please describe: _____ |
| <input type="checkbox"/> Clogging | <input type="checkbox"/> Folk Dancing | <input type="checkbox"/> Latin | <input type="checkbox"/> Swing | |
| | | | <input type="checkbox"/> Tango | |

HOW DID YOU HEAR ABOUT SADLER & COMPANY?

- Facebook
- Google
- Current Customer
- Friend
- Yahoo

PLEASE ANSWER THE UNDERWRITING QUESTIONS BELOW

Yes No Do you have any activities that occur away from the facility/premises other than recitals, competitions, demonstrations, exhibitions, parades or fundraising activities?

- If yes, please describe: _____
- Activities held off-site must be reported prior to occurring and approved by Sadler & Company except for recitals, competitions, demonstrations, parades and fundraising activities.

Yes No Do you have camps/clinics?

If yes:

- Do non-members attend? Yes No
(Non-member campers (those that are not registered members of your school) are excluded from coverage under this policy, unless you purchase the optional non-registered member activity coverage.)
- Describe the type of camps/clinics you have along with the events/activities taking place at the camps/clinics: _____
(Coverage can only be extended for those types of operations/activities that coverage has been purchased for under this program. Ancillary activities are subject to approval.)

Yes No Do you have birthday parties?

Yes No Do you employ independent contractor instructors? This program provides coverage for instructors and personnel who are employees of the named insured and does not extend to independent dance instructors. Coverage for independent dance instructors can be purchased by contacting us at 1-800-622-7370.

PLEASE ANSWER THE UNDERWRITING QUESTIONS BELOW - CONTINUED

<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have child-care/babysitting services/pre-schools and/or accredited schools? Note: Child-care and/or babysitting services are excluded under this program.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any tumbling/gymnastics programs/activities? If yes, <ul style="list-style-type: none"> <input type="checkbox"/> Are all participants in your tumbling program under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Is this program for recreational training purposes only (no competitions?) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do you utilize any gymnastic apparatuses (such as trampolines, foam pits, bars, beams, etc.?) <input type="checkbox"/> Yes <input type="checkbox"/> No For dance schools/programs with tumbling exposures (floor only, no apparatus), limited coverage for brain injury will apply during any tumbling/gymnastics programs or classes. *Refer to the policy for a complete list of sports with limited coverage for brain injury.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you utilize any inflatable device? (This program contains an exclusion for amusement devices. 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. Limited coverage for inflatable may be available. Please contact us for additional information.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have parkour, urban/extreme gymnastics, tricking, free-running and/or similar type programs/activities? (Coverage for these types of operations is excluded under this program. Please contact us for possible coverage options.)

FOR NEW ACCOUNTS ONLY: (If not a new account, please skip these three questions and proceed to next section)

1. What is the name of your current insurance carrier(s) and the expiration date(s) of coverage?
Name: _____ Expiration Date(s): _____
2. Is your current carrier non-renewing your coverage? Yes No If yes, why? _____
3. 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: _____

DANCE SCHOOL PROGRAM COMMERCIAL GENERAL LIABILITY (CGL) PREMIUM COMPUTATION

Premium is determined by applying the rate to the greatest number of students/registered members that your program could have during the year. If the total program premium is less than the minimum premium, the total premium due is the minimum premium.

Enter the total number of students and/or registered members that your program could have annually.	Option 1: \$1,000,000 CGL	<u> </u> # of Students	X	\$10.85	=	\$ <u> </u> (A) (\$870.00 minimum premium applies)
	Option 2: \$2,000,000 CGL	<u> </u> # of Students	X	\$13.43	=	\$ <u> </u> (A) (\$1,079.00 minimum premium applies)

For Higher Limits please contact Sadler & Company Inc at 1-800-622-7370

**OPTIONAL NON-REGISTERED MEMBER ACTIVITY COVERAGE
AND/OR BIRTHDAY/SOCIAL PARTY COVERAGE PREMIUM COMPUTATION:**

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

Please select all of the activities and/or birthday/social parties you have at your school or organization and report the total number of non-registered or separately enrolled participants in each of the activities listed below along with the number of birthday/social parties. These activities must be incidental to your dance operations. Use the same option as you selected in the dance school program premium.

TYPE OF ACTIVITY	NUMBER OF PARTICIPANTS	X	OPT. 1 RATE	OPT. 2 RATE	=	PREMIUM
<input type="checkbox"/> Arts, Crafts and/or Music Programs or Classes		X	\$13.50	\$18.15	=	
<input type="checkbox"/> Camps/Clinics		X	\$13.50	\$18.15	=	
<input type="checkbox"/> Exercise and/or Yoga Classes		X	\$13.50	\$18.15	=	
<input type="checkbox"/> Tumbling/Gymnastics Programs or Classes (floor only) Please describe types of programs/classes offered along with age groups, level of training and apparatuses used (subject to approval) _____		X	\$13.50	\$18.15	=	
<input type="checkbox"/> Theater Arts and/or Drama Programs or Classes		X	\$13.50	\$18.15	=	
<input type="checkbox"/> Other (please describe): _____ (This is subject to approval)		X	\$13.50	\$18.15	=	
<input type="checkbox"/> Birthday/Social Parties	# of Parties Held Annually	X	\$16.75	\$22.50	=	
NON-REGISTERED MEMBER ACTIVITY AND/OR BIRTHDAY/SOCIAL PARTIES PREMIUM (add all lines above)						(B)

OPTIONAL COVERAGE:

SEXUAL ABUSE OR SEXUAL MOLESTATION LIABILITY COVERAGE OR ABUSE, MOLESTATION, HARASSMENT OR SEXUAL CONDUCT DEFENSE COST REIMBURSEMENT

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

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

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Does your organization currently have employees, volunteers or require the presence of at least two adults when minors are present?	
<input type="checkbox"/> Yes <input type="checkbox"/> 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?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	2a. Are you aware of any occurrences that could lead to a claim? If yes to 2 or 2a, please explain: _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Do you, your organization or sanctioning/governing body have written procedures in place regarding the prevention or mitigation of abuse, molestation or sexual misconduct?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	3a. Do the procedures require that known or suspected abuse incidents must be reported to law enforcement?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	3b. Are written procedures provided or available to each employee, volunteer or sanctioning/governing body member?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	3c. 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.)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, do the procedures establish if and when exceptions to the "three person rule" are permissible as part of your operations/activities?	
4. Please complete the following questions regarding employee and volunteer screening controls used by your organization. <input type="checkbox"/> 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 The term "Volunteers/Independent contractors" in the following questions means someone who exerts control over or supervises participants		
Are written applications required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes and applicant checks yes, do you reject the applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are background checks provided by a third party vendor/service?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, do you reject an applicant with any history of physical violence or sex related offenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please explain any NO responses: _____		

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

Activity Type	Rate (per participant)	X	Total # of Participants (See page 2)	=	Premium
Dance	\$1.03	X		=	\$
Non-Registered Member Activity(s) • Arts and/or Crafts • Camp/Clinic • Exercise and/or Yoga • Tumbling (floor only) • Theater Arts and/or Drama	\$1.86	X		=	\$
Birthday or Social Party	\$2.30 per party	X	_____ # parties	=	\$
Option 1 Total Premium (add all lines above)					_____ (C)
Insert premium total from above or \$150.00 minimum premium. The higher amount applies.					(\$150 min. premium)
<input type="checkbox"/> Option 2: \$100,000 Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement					\$ 100.00 (C)

**OPTIONAL COVERAGE:
EQUIPMENT & CONTENTS (INLAND MARINE) PREMIUM COMPUTATION**

Check here if 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

	<i>VALUE</i>
_____	_____
_____	_____
Provide values for categories below (DO NOT include those values already shown above)	
<u>Supplies & Inventory</u> (office supplies, items held for sale)	_____
<u>Equipment & Contents</u> (athletic equipment, electronics, furniture, non-structural glass, phone/fax system, office contents, etc)	_____
<u>Improvements & Betterments</u> (items you have installed or altered at your expense, such as flooring, mirrors, ceiling tile, window treatments, lighting, shelving, etc.) Receipt of purchase is required at the time of loss to show verification of purchase	_____
<u>Signs</u> (indoor or outdoor)	_____
<u>Misc. Equipment</u> – 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 type of building your equipment is stored in (e.g. frame or fire resistive warehouse)
2. Do you have a security system in place? <input type="checkbox"/> Yes <input type="checkbox"/> No 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? <input type="checkbox"/> Yes <input type="checkbox"/> No 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)
<input type="checkbox"/> My total replacement value is between \$1 - \$10,000 (\$250 deductible will apply)	
\$.03 X \$ _____ Total Replacement Value	= (D) \$ _____ Equipment & Contents Premium (\$100.00 minimum premium applies)
<input type="checkbox"/> My total replacement value is over \$10,000 (\$1,000 deductible will apply) (\$2,500 deductible will apply if replacement value is over \$100,000)	
\$.026 X \$ _____ Total Replacement Value	= (D) \$ _____ Equipment & Contents Premium (\$100.00 minimum premium applies)

TOTAL PREMIUM SUMMARY

Program Premium	(A)
Non-Registered Member and/or Birthday/Social Party Premium (Optional Coverage)	(B)
Sexual Abuse/Sexual Molestation Premium (Optional Coverage) <input type="checkbox"/> \$1,000,000 Liability Limit OR <input type="checkbox"/> \$100,000 Defense Reimbursement Only	(C)
Equipment and Contents Premium (Optional Coverage)	(D)
Premium Due - Subtotal (add lines A-D above)	(E)

Sadler & Company of SC, Inc. in Arkansas (Lic# 254179), D/B/A Sadler Insurance Agency in CA Lic. # 0B57651, John Sadler Insurance Services in MA, Sadler Agency - New York (PC-532473 and LA-532473), Sadler Insurance Agency in OK, Sadler and Company - Vermont (License #577) , Sadler & Company, Inc. in TX (License #19495)

ADDITIONAL CERTIFICATES:

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.

Additional Insured Evidence of Coverage Loss Payee

Relationship to you: Owner/Lessor of Premises Sponsor Co Promoter

ENTITY NAME :

MAILING ADDRESS:

CITY:

STATE:

ZIP:

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):

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 prepared with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written 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.

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 (e.g.: rides, slides, inflatables (unless reviewed and approved by us), bungees, climbing walls or devices, dunk tanks.) 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); 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; Babysitting and/or childcare services; Commercial general liability standard exclusions (CG0001 04/13 edition); Cryogenic chambers/therapy; Gymnastics classes/programs (unless reported, approved and appropriate premium paid); Swimming pools (unless reported, approved, and appropriate premium paid), saunas, stem rooms, Jacuzzis, hot tubs, whirlpools or spas; Salon services or indoor tanning; Massage therapy; Medical, therapy or health care services; Sports rehabilitation services/therapy; Cycling (other than stationary); Instruction/activity being held on or in open water (e.g. lakes, ponds, ocean); Employment-related practices; Fireworks; 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; Lead; Martial arts style consisting of: boxing (contact/sparring), dim mak, haganah, kali/escrima, mixed martial arts, savate, sayoc kail, thai boxing/muay thai, training programs for law enforcement, public safety and military personnel, ultimate fighting/extreme fighting/cage fighting and wrestling. Nuclear energy liability; Performers (injury or death to any performer or entertainer during any activity, event or exhibition including but not limited to any stunt, concert, show or theatrical event. This exclusion does not apply to participants in any activity, event or exhibition that are part of the designated operations for which you are enrolled); Rodeos; Saddle animals; Snowmobile; Transportation of athletes/participants; The sale or distribution of herbal, medicinal and/or nutritional products; Violation of statutes that govern e-mails, faxes, phone calls or other methods of sending material or information; Parkour, Free running, tricking, urban gymnastics, extreme tumbling and/or any similar program/activities, unless reviewed and approved by us. Those operations listed as ineligible: Acrobatic and circus skills training, Ballroom rental facilities, Banquet and reception halls, Cabarets, Dance halls, Discotheques, Nightclubs, Production companies, Professional dance companies, Professional touring companies, Trampoline parks or facilities.

Electronic Disclosure and Consent
PLEASE READ, COMPLETE #9 BELOW, AND SIGN ON PAGE 11

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.

Sadler & Company, Inc., 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 Sadler, including but not limited to correspondence, communications, confirmations, requests for premium payments and policy documents, may, to the extent permitted by law, be transmitted by electronic means to me, including by e-mail sent to the e-mail address I have provided as part of this transaction and/or my on-line registration. I consent to such documents being provided to me electronically.
3. Notwithstanding paragraph 2, any notice of cancellation shall be sent to me by mailing to the address I have provided as part of my registration and/or application for insurance, or to such other address for which I have provided notice pursuant to the terms of the policy.
4. Any change or revision to the e-mail address or other electronic contact information which I have provided as part of this transaction and/or my on-line registration process shall be requested by me by logging onto this website, or by mailing a written notice to: Sadler & Company, Inc., P.O. Box 5866, Columbia, South Carolina 29250.
5. I understand that I have the right to obtain a paper copy of any electronic record provided to me pursuant to this transaction or any subsequent transaction involving my coverage by mailing a written request to the address provided in paragraph 4.
6. In order to access the electronic records provided, the following hardware and software are required: (a) a personal computer or other device through which Internet access is available, (b) an Internet connection, (c) an e-mail account with an Internet service provider, and (d) Adobe Acrobat Reader.
7. I understand that I have the right and option to withdraw my consent to the receipt of further electronic documents at any time, by mailing a written request to the address provided in paragraph 4. By withdrawing my consent to electronic delivery of documents I understand that I will receive a paper copy of future policy documentation.
8. Information relating to this transaction is subject to the terms of our privacy statement, a copy of which is provided at www.sadlersports.com
9. DOCUMENT DELIVERY. After this enrollment form is approved, you will receive a certificate of insurance showing evidence that coverage has been bound. When submitted through an insurance agent or broker, this coverage document will only be delivered to them. Additional certificate requests will be issued to the same person. Please select preferred method for document delivery. Providing an email address in this application will be deemed consent to us to deliver documents and communication to you electronically.

E-mail to: _____ Attn: _____

Fax to: _____ Attn: _____

Mail to: _____ Attn: _____

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. We reserve the right to decline/void any ineligible coverage.

I understand that this enrollment provides the option for me to select General Liability, Equipment and Sexual Abuse & Molestation. However, we offer other types of insurance policies that are not available on this enrollment such as Medical Expense, Workers' Compensation, Excess Liability, Property (building and contents), Event Cancellation, Cyber Risk, Business Auto, Professional Liability, etc. If I am interested in a quote for these other types of policies, I will need to inform Sadler in writing, sport3@sadlersports.com.

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 Signature: _____ **Date:** _____

Printed Name: _____ **Title:** _____

Named Insured (from pg. 1): _____

FINAL COST COMPUTATION

Total Premium (line E or F from page 8)	\$
Risk Purchasing Group (RPG) Administration Fee (REQUIRED)	\$ 15.00
TOTAL COST DUE (Total Premium + Administration Fee)	\$

- If you are choosing a payment plan (either the 30%/70% or the 25% + 3), the \$15 RPG fee must be paid in full with the down payment
- If you would like assistance with calculating the down payment please call 1-800-622-7370
- **Costs are 20% fully earned and non-refundable/non-transferrable once coverage begin*** (*Sexual Abuse/Sexual Molestation coverages are 100% fully earned at inception – see page 4.)
- **Coverage is contingent upon receipt of premium payment. No coverage will be deemed in effect until accurate payment and a fully completed enrollment form is received by the company or their representative.**
- **Cancellations/changes can only be made by the named insured.**

PAYMENT INFORMATION

100% PLAN (100% of premium paid with application)

_____ I authorize K&K Insurance Group, Inc., to charge my credit card below for the total amount due of \$ _____
_____ Enclosed is my check payable to Sadler & Company. Check # _____ for \$ _____

30% / 70% PLAN (30% of premium as down payment & remaining balance due within 30 days of effective date)

_____ I authorize K&K Insurance Group, Inc., to charge my credit card below for \$ _____ (30% of premium + Fees)
_____ Enclosed is my check payable to K&K Insurance Group, Inc. Check # _____ for \$ _____

25% + 3 PLAN (25% down payment, 25% due 2nd month, 25% due 3rd month, 25% due 4th month)

_____ I authorize K&K Insurance Group, Inc., to charge my credit card below for \$ _____ (25% of premium + Fees)
_____ Enclosed is my check payable to K&K Insurance Group, Inc. Check # _____ for \$ _____

Check here if you prefer to be mailed an invoice for any future balances/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)

- VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Card Number: _____

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

Print Name (as on card): _____ Cardholder Phone Number: () _____

Cardholder Signature: _____

If Applicable - SUBMITTING AGENT:

NOTE: Agents do not have authority to bind coverage, issue binders or certificates of insurance on behalf of this program.

Agency Name:

Contact Person:

Mailing Address:

City:

State:

Zip:

Email:

Phone:

Fax:

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 Sadler & Company, Inc., I will provide Sadler & Company, Inc. with reasonably satisfactory evidence of all of the above mentioned items.

A fee may be separately charged, subject to state insurance regulations. Fees cannot be included in the payment remitted to us.

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

Agent Signature: _____ Date: _____