INDEPENDENT INSTRUCTOR OF THE ARTS

Insurance Program and Enrollment Form

This brochure is valid for effective dates from 4/1/17 through 3/31/18

PROGRAM DESCRIPTION

This program has been designed to meet the unique needs of a U.S.-based independent instructor of the arts. Coverage provided includes important liability protection for liability claims arising out of their operations.

Please note, this program does not provide liability coverage for the operation, ownership or management of an art or music facility.

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:

- Instructors under the age of 18
- Sports, fitness or dance related instructor activities*
- Your employment as an exempt or non-exempt employee of a school, college or university

* Coverage for sports, fitness or dance instructors can be purchased online or by contacting us for additional information.

EXCLUSIONS

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

- Abuse, molestation, harassment or sexual conduct
- All operations listed as ineligible
- Amusement devices (eg: rides, slides, inflatables, bungees, climbing walls, dunk tanks)
- Digital photography and/or art (outdoor instruction)
- Employment-related practices
- Fireworks
- Non-instructional events/activities, unless reported and approved by us
- Operation, ownership or management of an art or music facility
- Violation of statutes that govern e-mails, faxes, phone calls or other methods of sending materials or information

ELIGIBLE OPERATIONS

A U.S.-based instructor age 18 or older who conducts private or group instruction for any of the following is eligible to enroll in this program:

- Artistic painting
- Clay work and/or pottery
- Craft making
- Culinary (chef, baker)
- Digital photography and/or art (classroom setting only)
- Drama
- Drawing
- Instrumental music (brass, percussion, string, woodwind)
- Language
- Piano, keyboard and/or organ
- Public speaking
- Sculpting
- Vocals

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:

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

Overnight:

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.

COVERAGE AND LIMITS

Coverages	Option 1	Option 2	Option 3	Option 4	Option 6
Commercial General Liability (CGL):	**Limits**	**Limits**	**Limits**	**Limits**	**Limits**
Each Occurrence	$ 500,000	$ 1,000,000	$ 2,000,000	$ 3,000,000	$ 5,000,000
General Aggregate (Other than Products-completed Operations)	$ 5,000,000	$ 5,000,000	$ 5,000,000	$ 5,000,000	$ 5,000,000
Products-completed Operations Aggregate	$ 500,000	$ 1,000,000	$ 2,000,000	$ 3,000,000	$ 5,000,000
Personal and Advertising Injury	$ 500,000	$ 1,000,000	$ 2,000,000	$ 3,000,000	$ 5,000,000
Legal Liability to Participants	$ 500,000	$ 1,000,000	$ 2,000,000	$ 3,000,000	$ 5,000,000
Professional Liability	$ 500,000	$ 1,000,000	$ 2,000,000	$ 3,000,000	$ 5,000,000
Damage to Premises Rented to You (Fire Legal Liability)	$ 500,000	$ 1,000,000	$ 1,000,000	$ 1,000,000	$ 1,000,000
Medical Expense (other than participants)	$ 5,000	$ 5,000	$ 5,000	$ 5,000	$ 5,000
Rates (per instructor)	$ 112.00	$ 140.00	$ 210.00	$ 460.00	$ 960.00

Refer to page 4 for $4,000,000 CGL premium rates (Option 5)

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.

Legal Liability to Participants – coverage which offers protection against bodily injury liability claims brought by persons participating in covered activities of your art or music instruction.

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 arts.

FREQUENTLY ASKED QUESTIONS

1. **How soon does coverage start? When will we receive proof of coverage?**

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

2. **When should we make our coverage effective?**

   The effective date is the date you need your insurance to start. If you are renewing coverage with us, use the expiration date of your existing coverage. Coverage will be in effect for one year.

3. **I have been asked by a third party 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.

   You may add an entity as an additional insured under the certificate request section of the enrollment form. Please make sure to check the box in the certificate request area noted "additional insured", and provide their entire name, address and relationship to you.

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

   Coverage offered under this program is 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 will receive 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.

Enrollment Form - Independent Instructor of the Arts

Valid for effective dates from 4/1/17 through 3/31/18

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. 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. 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 3-6) with payment

GENERAL INFORMATION

❍ I am a new account ❍ I am renewing my coverage

Instructor's name (as it should appear on the policy):_____
First name Last name

Doing business as (DBA):_____
(additional name(s) under which the named insured operates)

Mailing address:_____

City: _____ State: _____ Zip:_____

Contact name: _____ Phone: (_____) _____

Cell: (_____) _____ Fax: (_____) _____

E-mail: _____ Website: _____

DATES

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

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

BUSINESS INFORMATION

1. Type of instructor: (check all that apply)

❍ Artistic painting ❍ Drama ❍ Piano, keyboard and/or organ
❍ Clay work and/or pottery ❍ Drawing ❍ Public speaking
❍ Craft making ❍ Instrumental music ❍ Sculpting
❍ Culinary ❍ Language ❍ Vocals
❍ Digital photography and/or art (classroom setting only)

2. Are you 18 or older? ❍ Yes ❍ No
3. Do you own or operate your own arts or music facility? ❍ Yes ❍ No
(If yes, this program only provides coverage for your operations as an instructor. It does not extend to your employees or anyone performing instruction or training on your behalf, nor does it apply to the operation of a facility.)
4. Are you employed as an exempt or non-exempt employee of a school college, or university? ❍ Yes ❍ No
5. Do you conduct operations outside the US? ❍ Yes ❍ No

If yes,

- How many times per year do you instruct outside of the U.S.?_____
- What is the maximum number of days you will spend outside the U.S. for instruction?_____

Note: Coverage applies only if your responsibility to pay damages is determined in a suit brought in the U.S.)

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

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PROGRAM PREMIUM

Select an option:

Options	Limits of Liability	1-Year Premium
Option 1	$ 500,000	❍ $ 112.00
Option 2	$ 1,000,000	❍ $ 140.00
Option 3	$ 2,000,000	❍ $ 210.00
Option 4	$ 3,000,000	❍ $ 460.00
Option 5	$ 4,000,000	❍ $ 710.00
Option 6	$ 5,000,000	❍ $ 960.00

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

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. Additional certificate requests will be issued to the same person. Please select only one option.

❍ E-mail to: _____ attn: _____

(selecting this option confirms your consent for coverage documents to be delivered via e-mail)

❍ Fax to: _____ attn: _____

❍ Mail to: _____ attn: _____

_____

AGENTS ONLY

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

Agency name: _____

Agency mailing address: _____

City: _____ State: _____ Zip: _____

Agent/contact name: _____

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

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

COVERAGE EXCLUSIONS

The following exclusions are contained in the commercial general liability coverage provided by this program. Abuse, molestation, harassment or sexual conduct; Aircraft/hot air balloon; Airport; Amusement devices (the ownership, operation, maintenance or use of: any mechanical or non-mechanical ride, slide, 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); Animals (injury or death to, or injury, death or property damage caused by any animal owned, rented or hired by you); Asbestos; Commercial general liability standard exclusions (CG0001 04/13 edition); Digital photography and/or art (outdoor instruction); Employment-related practices; Fireworks; Fungi or bacteria; Haunted attractions; Lead; Non-instructional events/activities, unless reported and approved by us; Nuclear energy liability; Operation, ownership or management of an art or music facility; Performers; Rodeos; Saddle animals; Snowmobile; Violation of statutes that govern e-mails, faxes, phone calls or other methods of sending materials or information; Those operations listed as ineligible: Instructors under the age of 18; Sports, fitness or dance related instructor activities; Your operations related in whole or in part, to your employment as an exempt or non-exempt employee of a school, college or university.

FOR OFFICE USE ONLY

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

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

GL Option:_____ Delivery: M F E Date: _____/_____/_____ Pay Plan:____ Bill: AB AD CBG

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

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

Insured #:_____

CERTIFICATE REQUESTS

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

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

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

Certificate holder information:

Entity name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Relationship to named insured:

❍ Owner/lessor of premises ❍ Sponsor ❍ Co-promoter

❍ Other (please identify/explain): _____

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

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

❍ Form CG2026 ❍ Primary endorsement ❍ Waiver of subrogation

❍ Other (please explain): _____

Date certificate needed: _____ / _____ / _____

If applicable:

For Specific event:

Date(s) of event/activity: _____ / _____ / _____ to _____ / _____ / _____

Hours of event/activity: _____A.M./P.M. to _____A.M./P.M.

Type of event/activity: _____

Name of event/activity: _____

Location of event/activity: _____

PAYMENT INFORMATION

Step 1: Calculate Final Cost

Total Premium Due (from page 4)	$_____
Risk Purchasing Group Administration Fee (REQUIRED to be able to process enrollment)	$ $15.00
TOTAL COST DUE	$_____

Step 2: Select Payment Method. Check one.

❍ Check: Please make check payable to Ascension Benefits & Insurance Solutions.
Enclosed is check #_____ for $_____

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

❍ VISA ❍ MASTERCARD ❍ AMERICAN EXPRESS

Card number: _____

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

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

Print name (as on card): _____

Cardholder signature ➤ _____

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GENERAL FRAUD STATEMENT

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

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

Applicable in FL and OK Any person knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS Any person who knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*.*Applies in NY Only.

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

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

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

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. ❍

Named insured (from page 3): _____