



WALK/RUN EVENT

Insurance Program and Enrollment Form

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

PROGRAM DESCRIPTION

This program is designed for U.S.-based organizations and/or groups organizing a walking and/or running event. Coverage provides important liability protection for the organization, including its employees and volunteers, for liability claims arising out of its operations. The program also includes medical payments for participants (on an excess basis) for those participating in the event. To qualify for program coverage, the following criteria must be met:

- Maximum number of participants is 10,000
- Maximum number of event days is 3 days or less
- Total course distance cannot exceed 16 miles

Coverage is also included for ancillary activities/events (banquets, concerts, award ceremonies) that are ONLY for those participants in your walking and/or running event. Optional coverages are available for separate ticketed and/or open to the public ancillary activities/events.

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

INELIGIBLE OPERATIONS

All other sports tournaments/events that do not meet the eligibility criteria listed in this brochure are not eligible for this program as well as:

- Adventure races
- College or university level championships events
- Endurance races
- Events involving animals other than service animals
- Events with water activities or cycling activities
- Events where the distance is more than 16 miles
- Glow runs, color runs and similar types events or runs
- Hiking events
- Iron man events
- Mud runs/warrior runs/zombie runs/obstacle course runs/urbanathons (competitions, exhibitions or foot races that involve man-made obstacle courses, man-made mud pits, man-made slippery slopes, wall climbs, or other similar man-made obstacles)
- Full marathons (distances greater than 16 miles)
- Professional sport events, try-outs and training camps/clinics
- Triathlons/duathlons

(Please note, this is not a complete listing of ineligible operations. Contact us with questions regarding eligibility.)

ELIGIBLE OPERATIONS

Walking and/or running events with a course distance of less than 16 miles, including but not limited to:

- Children's walk/runs
- 5k or 10k walk/run
- Timed/competitive walk/runs
- Non-competitive charity walk/runs
- Fundraising walk/runs
- Walkathons

(This is not a complete list of eligible operations/programs. If your type of operation/program is not listed, please contact us for eligibility.)

PROGRAM REQUIREMENTS

- 1) ALL participants and/or parents/guardians of minor participants must sign a release/waiver.

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 terms, conditions and exclusions as they may change from one coverage period to the next. You may request a copy policy by submitting a written request to us.

EXCLUSIONS

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

- 24 hour premises liability
- Abuse, molestation, harassment or sexual conduct (unless optional coverage is purchased)
- Amusement devices (eg: rides, slides, inflatable's, bungees, climbing walls, dunk tanks)
- Ancillary activities that require a separate submission charge and are open to the public (unless optional coverage is purchased)
- Asbestos
- Claims arising out of the operations of independent concessionaires, exhibitors and vendors at your event
- Cryogenic chambers/therapy
- Employment related practices
- Fireworks
- Fungi or bacteria
- Lead
- Nuclear energy
- Operation, ownership or management of any facility or premise, other than while being used for covered activities
- Pollution
- Those operations listed as ineligible
- Haunted attractions
- Room and board liability
- Legal liability to participants coverage and medical payment for participants coverage for professional athletes and celebrity (national/local) participants.
- Violation of statutes that govern e-mails, faxes, phone calls or other methods of sending materials or information

COVERAGES AND LIMITS

Options	Option 1	Option 2
Commercial General Liability Each Occurrence	\$ 1,000,000	\$ 2,000,000
General Aggregate (other than Products-completed Operations)	\$ 5,000,000	\$ 5,000,000
Products-completed Operations Aggregate	\$ 1,000,000	\$ 2,000,000
Personal and Advertising Injury	\$ 1,000,000	\$ 2,000,000
Damage to Premises Rented to You (Fire Legal Liability)	\$ 1,000,000	\$ 1,000,000
Medical Expense (other than members/participants)	\$ 5,000	\$ 5,000
Legal Liability to Participants	\$ 1,000,000	\$ 2,000,000
Medical Payments for Participants (excess - \$100 deductible)	\$ 25,000	\$ 25,000
Rates (per participant, per event)		
Class A: Non-Competitive/Charity Walk and/or Run Events	\$.52	\$.64
Class B: Competitive (Timed) Walk or Run Events	\$.88	\$ 1.06
Minimum Premiums (per event)		
Class A Only Event (Non-Competitive)	\$ 150.00	\$ 225.00
Class B Only Event (Competitive)	\$ 300.00	\$ 450.00
Class A & B Combined Event	\$ 300.00	\$ 450.00

• **Contact us if higher limits are needed** •

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.

Medical Payments for Participants – coverage which pays the medical and dental expenses incurred by a participant when an accidental injury occurs while participating in your covered activities. The coverage is provided on an excess basis, responding after all other medical coverage available to the participant has been exhausted. If no other medical coverage exists, the coverage becomes primary. A \$100 deductible applies to each claim, and the benefit period is two years from the date of the accident. A “participant” means a person, practicing, instructing or participating in any physical exercises or games, sports or athletic contests.

OPTIONAL COVERAGES AVAILABLE

Sexual Abuse or Sexual Molestation Liability OR

Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement

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

Option 1: \$1,000,000 of liability coverage for sums the insured becomes legally obligated to pay as damages because of loss arising out of any actual or threatened sexual abuse or sexual molestation. Limit is part of, and not in addition to, the general liability limit selected.

Option 2: \$100,000 of coverage for reimbursement of defense costs only resulting from claims arising out of abuse, molestation, harassment or sexual conduct.

Coverage Conditions:

1. Coverage is contingent upon completion, as well as review and approval from us, of the underwriting questions found on page 9.
2. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your event with our Amateur Sports Run/Walk Event Program.
3. Only one option may be purchased.

Options	Rates
Option 1 - \$1,000,000 Sexual Abuse or Sexual Molestation Liability	Rate Per Participant, Per Event = .07 \$150.00 Minimum Premium Applies
Option 2 - \$100,000 Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement	\$100.00 (Flat rate)



Additional optional coverages available. Continue to next page.

OPTIONAL COVERAGES (continued)

Ancillary Activities / Events

This coverage is available for ancillary events and/or activities you conduct before/during/after your walk and/or running event that are open to the public and/or are separate ticketed events. When reported and paid for, coverage is extended to provide liability coverage for the event/activity you are hosting and supervising that is correlated to and in conjunction with your running/walking event. Examples of such events and activities are auctions, banquets, award ceremonies, galas, and concerts. Please contact us if you need to confirm your ancillary event/activity eligibility.

The following coverage conditions apply:

1. This is an optional coverage and is not available on a stand-alone basis
2. Total attendance for the ancillary activity/event must be 3,000 or less
3. Ancillary activity/event is held at a single location
4. Event must take place in the United States
5. The same coverage limits would apply to this optional coverage as purchased for your run/walk event
6. Ancillary activity/event must take place within 3 days of the actual run/walk event date
7. Ancillary activity/event must be a single day event
8. All exclusions listed previously still apply for your ancillary activities/event, including but not limited to amusement devices (inflatables, climbing walls, mechanical rides, etc)
9. No overnight stay (camping) exposures

Coverages and Limits

Optional Coverage	Option 1	Option 2
Each Occurrence	\$ 1,000,000	\$ 2,000,000
General Aggregate (other than Products-completed Operations)	\$ 5,000,000	\$ 5,000,000
Products-Completed Operations Aggregate	\$ 1,000,000	\$ 2,000,000
Personal Injury and Advertising Injury	\$ 1,000,000	\$ 2,000,000
Damage to Premises Rented to You (Fire Legal Liability)	\$ 1,000,000	\$ 1,000,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000

Premium (per event)

Number of Total Attendees (per activity/event)	Option 1 \$1,000,000 CGL Limit	Option 2 \$2,000,000 CGL Limit
1 - 250 Attendees	\$ 100.00	\$ 150.00
251 - 500 Attendees	\$ 200.00	\$ 300.00
501 - 750 Attendees	\$ 300.00	\$ 450.00
751 - 1,500 Attendees	\$ 450.00	\$ 675.00
1,501 - 3,000 Attendees	\$ 750.00	\$ 1,125.00
3,001+ Attendees	Must be submitted separately and reviewed by underwriter for quote/rate and approval.	

FREQUENTLY ASKED QUESTIONS

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

Coverage can be bound once we receive a completed enrollment form and appropriate premium. The effective date of coverage can either be the first day of set up or the first day of your event. If your event has already begun, coverage will be bound and become effective the following day. Please allow adequate time for us to process your enrollment form and issue certificates.

2. What happens if I need to cancel or re-schedule my event?

Cancellations or changes must be reported prior to the scheduled start date of your event, and confirmed in writing for a refund or credit to be considered.

3. How do I determine who should be the Named Insured?

The named insured is the organization hosting the event and who is to be protected by this coverage in the event of a lawsuit. The named insured is typically required to sign the contract with the location where the event is being held. If an entry fee is charged to participate in the event, the entry fee is typically paid to the named insured as well.

4. What are open and closed courses?

Open road courses are defined as courses that do not have barriers blocking vehicles from the path of the participants running. A closed course means that barriers are in place and vehicles are blocked off so that the participants are not in the pathway of moving vehicles.

5. What is an RPG and why is there an RPG Fee of \$15?

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. The \$15 fee is necessary to join the RPG program.

6. What are extreme running events and why does the carrier decline to cover them?

These events operate under various names, including but not limited to, mud run, warrior run or dash, and urbanathon or urban run. The event characteristics include various elements such as natural or man-made water hazards, man-made slippery slopes, wall climbs, tunnel crawls, fire hazards, barbed wires, vehicle vaults, tire runs and cargo nets. Due to the history of significant injuries and a higher risk associated with these events, the carrier has refused to extend coverage for these types of events.

7. 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.

8. The city or location has requested to be added to the policy as an additional insured? How do I get this done and what is the cost?

Additional insured requests can be submitted on page 11 of this enrollment form under the "Certificate Requests" section. Please be sure to complete all sections so that we can process your request accurately. We do not charge to add additional insured's to the policy.



Enrollment Form - Walk/Run Event

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

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. An RPG provides group purchasing power for similar risks resulting in potential advantageous coverage terms, competitive rates, risk management bulletins and rewards for favorable group loss experience. An RPG membership fee of \$15.00 applies. 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 7-13) with payment
- 4. One Enrollment form per event

GENERAL INFORMATION

I am a new account I am renewing my coverage

Full legal name of business or event: _____

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: _____

EVENT INFORMATION

Name of event : _____

Dates of the event (include set-up and tear-down): ____/____/____ to ____/____/____

Date and hours of actual event ____/____/____ to ____/____/____ & _____AM/PM to _____AM/PM

Event location: _____
(name of facility)

(street address) (city) (state) (zip)

Age range of participants: _____ Total number of participants: _____

Type of event: Walk Only Run Only Walk and Run

Distance of the race/event: (check all that apply) 1 Mile 5K 10k 1/2 Marathon Other _____

1. Is this a timed/competitive event? Yes No

2. Does your event involve any animals other than service animals? Yes No

3. Does your event have any of the following exposures: (check all those that apply)
 Cycling Water/swimming activities Obstacles No, we do not have any of these exposures

4. Is this event a professional sporting event, try-out or training camp? Yes No

5. Is this event a college or university level championship event? Yes No

6. Do you have any vendors at your event? Yes No
If yes, are they required to carry their own liability coverage? Yes No

7. Do you have any ancillary activities (banquets, concert, award ceremony, etc)? Yes No
If yes, please describe: _____

Do any of your ancillary activities require a separate admission charge and/or are open to the public? **(IF YES, MUST COMPLETE PAGE 10)** Yes No

8. Will alcoholic beverages be sold/provided at this event? Yes No
If yes, who holds the liquor permit? Insured Facility Caterer/vendor Sponsor
If provided, when is it provided? Before the race During the race After the race

9. Do you require all "participants" and/or parents/guardians of minors to sign a release/waiver? Yes No

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: _____

Options	Activity Type	Rate (per participant)	X	Total # of Participants (see page 8)	=	Premium (\$150.00 minimum premium applies)
<input type="radio"/> Option 1 - \$1,000,000 Sexual Abuse or Sexual Molestation Liability	All classes	\$.07	X		=	\$

<input type="radio"/> Option 2 - \$100,000 - Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement	\$100.00
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Ancillary Activities/Events Coverage

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.

Check your type of event: (If not listed, please contact us for pre-approval)

- Auction Dinners or luncheons Awards presentations Picnics (no in or on water activities)
- Concert -other than rock, electronic, rap or hip-hop (call us for approval) Bake sale
- Other (subject to approval): _____

Name of event : _____

Dates of the event (include set-up and tear-down): ____/____/____ to ____/____/____

Date and hours of actual event ____/____/____ to ____/____/____ & _____AM/PM to _____AM/PM

Event location (name of facility): _____

Street address: _____ City: _____ State: _____ Zip: _____

- 1) Are overnight accommodations or camping facilities part of the event? Yes No
- 2) Is there a musical or entertainment performance at the event? Yes No
 If yes, please provide type of music/entertainment provided/performed: _____
- 3) Will this event feature any of the following activities? Yes No
 - Rides, amusement devices or inflatable recreational devices
 - Petting zoos or animals • Fireworks or pyrotechnics • Concessionaires, exhibitors or vendors

The exposures/activities listed above are not covered by this program and any resulting claims will be denied. If any of these activities are provided by a third party, you should require evidence of liability coverage (certificate of insurance) from the entity/organization naming you as an additional insured.

- 4) Alcoholic beverages (Select one):
 - Will not be allowed or available at the ancillary event/activity
 - None provided by the insured and/or only attendees allowed to bring their own alcoholic beverages (BYOB)
 - Will be sold at the event (e.g.: individual drinks are offered for sale for cash or with pre-purchased tickets)
 If sold, who holds the liquor license or permit? Insured Caterer or vendor Sponsor
 - Will be furnished without a charge at the event. (e.g.: wine and beer are served for free; or event has \$100 admission fee and alcohol is served at the event for free)
 - Will be both sold and furnished at the event (e.g.: providing wine and beer for free, but also having a cash bar)
 If sold and furnished, who holds the liquor license or permit? Insured Caterer/vendor Facility Sponsor

Please Note: If Liquor Liability Coverage is desired please call us to inquire.

PREMIUM CALCULATION: (per event - limit must be the same as the walk/run event option)

Number of Total Attendees	Option 1 \$1,000,000 CGL Limits	Option 2 \$2,000,000 CGL Limits	
1 - 250 Attendees	\$ 100.00	\$ 150.00	
251 - 500 Attendees	\$ 200.00	\$ 300.00	
501 - 750 Attendees	\$ 300.00	\$ 450.00	
751 - 1500 Attendees	\$ 450.00	\$ 675.00	
1,501 - 3,000 Attendees	\$ 750.00	\$ 1,125.00	
3,001 + Attendees	Must be submitted separately and reviewed by underwriter for quote/rate and approval.		
Describe Type of Ancillary Activity/Event	Total Number of Attendees	Coverage Option 1 or 2 (must be same limits as event)	Premium From Chart Above
Event 1			
Event 2			
Ancillary Activity/ Event(s) Premium Total (add two lines from above)			\$

TOTAL PREMIUM SUMMARY	Program Premium (required coverage) - from page 8	\$
	Sexual Abuse/Sexual Molestation Premium (optional coverage) - from page 9 <input type="radio"/> \$100,000 Defense Reimbursement Only OR <input type="radio"/> \$1,000,000 Liability Limit	\$
	Ancillary Activities/events (optional coverage) - from page 10	\$
	Total Premium Due (add all lines above)	\$

CERTIFICATE REQUESTS	<p>You will receive a certificate showing evidence coverage has been bound. Complete this section to request additional certificates. Provide separate requests for each additional certificate needed.</p> <p>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.</p> <p>This certification is for our: <input type="radio"/> Program coverage (commercial general liability) <input type="radio"/> Ancillary Activity Event</p> <p>Check the type of certificate you are requesting: <input type="radio"/> Additional insured <input type="radio"/> Evidence of coverage</p> <p>Certificate holder information:</p> <p>Entity name: _____</p> <p>Mailing address: _____</p> <p>City: _____ State: _____ Zip _____</p> <p>Relationship to named insured:</p> <p><input type="radio"/> Owner/lessor of premises <input type="radio"/> Sponsor <input type="radio"/> Co-promoter</p> <p><input type="radio"/> Other (please identify/explain): _____</p> <p>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? <input type="radio"/> Yes <input type="radio"/> No</p> <p>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.)</p> <p><input type="radio"/> Form CG2026 <input type="radio"/> Primary endorsement <input type="radio"/> Waiver of subrogation</p> <p><input type="radio"/> Other (please explain): _____</p> <p>Date certificate needed by: ____/____/____</p>
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OFFICE USE ONLY	<p>UW Rec: ____/____/____ Status: N R Broker: Y N Comm: ____% OPS Rec: ____/____/____</p> <p>GL Exp Policy #: ____/CP #: ____ Exp Dates: ____/____/____ to ____/____/____</p> <p>IM Exp Policy #: ____ Exp Dates: ____/____/____ to ____/____/____</p> <p>SAM IM D&O GL Option: ____ Delivery: M F E Date: ____/____/____ Pay Plan: ____ Bill: AB AD CBG</p> <p>Opt Form: 2026 2011 8016 8018 876 2404 Comments: _____</p> <p>GL Policy #: ____/CP #: ____ GL Prem: ____ Eff Dates: ____/____/____ to ____/____/____</p> <p>IM Policy #: ____ IM Prem: ____ IM Eff Dates: ____/____/____ to ____/____/____</p> <p>D&O Policy #: ____ D&O Prem: ____ Insured #: _____</p>
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AGENTS ONLY	<p>TO BE COMPLETED ONLY IF LICENSED INSURANCE AGENT IS SUBMITTING THIS FORM</p>
	Agency name: _____
	Agency mailing address: _____
	City: _____ State: _____ Zip: _____
	Agent/contact name: _____
	Agency telephone: (____) _____ Agency fax: (____) _____
	Agent/contact e-mail address: _____ Tax ID #: _____

**COSTS ARE 100% FULLY EARNED AND NON-REFUNDABLE ONCE COVERAGE BEGINS.
CANCELLATIONS OR CHANGES MUST BE REPORTED PRIOR TO YOUR SCHEDULED START DATE.
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.**

COVERAGE EXCLUSIONS

The following exclusions are contained in the commercial general liability coverage provided by this program. 24-hour premises liability; Abuse, molestation, harassment or sexual conduct (unless optional coverage is purchased); Aircraft/hot air balloon; Airport; Amusement devices (The ownership, operation, maintenance or use of: any mechanical or non-mechanical ride, slide, or water slide, any inflatable recreational device, any bungee operation or equipment, any vertical device or equipment used for climbing-either permanently affixed or temporarily erected, or dunk tank. Amusement device does not include any video arcade or computer games); Ancillary activities that require a separate admission charge and/or are open to the public (unless optional coverage is purchased); Animals (injury or death to, or injury, death or property damage caused by any animal owned, rented or hired by you); Asbestos; Athletic or sports participants in any other sport/athletic activity other than walking or running; Commercial general liability standard exclusions (CG0001 04/13 edition); Cryogenic chambers/therapy; Employment-related practices; Events held outside the United States; Events with over 10,000 in total attendance; Events that last more than 3 days (not including set-up and tear-down), unless reported, approved, and the appropriate premium has been paid; Fireworks; Fungi or bacteria; Haunted attractions; Heavy metal, electronic, rap, hip-hop concerts/shows; Lead; Legal liability to participants for professional athletes and celebrity participants; Medical payments for participant for professional athletes and celebrity participants; Nuclear energy liability; Operation, ownership or management of any facility or premises, other than while being used for covered activities; Operations of independent concessionaires, exhibitors and vendors at your event; Performers; Rodeos; Room and board liability; 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: Adventure races; College or university level championships events; Endurance races; Events involving animals other than service animals; Events with water activities or cycling activities; Events where the distance is more than 16 miles, Glow runs, color runs and similar types events or runs; Hiking events; Iron man events; Mud runs/warrior runs/zombie runs/obstacle course runs/urbanathons (competitions, exhibitions or foot races that involve man-made obstacle courses, man-made mud pits, man-made slippery slopes, wall climbs, or other similar man-made obstacles); Full Marathons; Professional sports events, tryouts and training camps/clinics; Triathlons/duathlons.

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/Event Name (from page 7): _____

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.

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 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: _____