

**AXIS INSURANCE COMPANY**  
**(A Stock Company)**  
(Herein called the Company)

Administrative Office:  
1 University Square Drive, Suite 200  
Princeton, NJ 08540

Home Office:  
303 W. Madison Street, Suite 500  
Chicago, IL 60606

**BLANKET ACCIDENT POLICY**  
**AMENDMENT**

POLICY AMENDMENT NO.: 02

**POLICY RENEWAL**

POLICYHOLDER: MSBL/ Charlottesville MABL

POLICY NUMBER: PAAO-110064

POLICY EFFECTIVE DATE: April 30, 2015

POLICY ANNIVERSARY: April 30

STATE OF ISSUE: Virginia

This Amendment is attached to and made part of the Policy effective April 30, 2017 at 12:01 AM, Standard Time. Any changes in coverage apply only with respect to covered losses that occur on or after that date. Any changes in premium apply as of the first premium due date on or after the effective date of this Amendment.

It is hereby understood and agreed the Policy is renewed for a period of one year, commencing on April 30, 2017 and ending April 29, 2018.

**Renewal Premium: \$800.00**

This Amendment expires concurrently with the Policy and is subject to all of the provisions, limitations and conditions of the Policy except as they are specifically modified by this Amendment.

The President and Secretary of AXIS Insurance Company witness this Amendment:



Secretary



President

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**BLANKET ACCIDENT CERTIFICATE**  
**AMENDMENT**

POLICY AMENDMENT NO.: 01

**POLICY RENEWAL**

POLICYHOLDER: MSBL/ Charlottesville MABL

POLICY NUMBER: PAAO-110064

POLICY EFFECTIVE DATE: April 30, 2016

POLICY ANNIVERSARY: April 30

STATE OF ISSUE: Virginia

This Amendment is attached to and made part of the Certificate effective April 30, 2016 at 12:01 AM, Standard Time. Any changes in coverage apply only with respect to covered losses that occur on or after that date. Any changes in premium apply as of the first premium due date on or after the effective date of this Amendment.

It is hereby understood and agreed the Policy is renewed for a period of one year, commencing on **April 30, 2016** and ending April 29, 2017.

This Amendment expires concurrently with the Certificate and is subject to all of the provisions, limitations and conditions of the Certificate except as they are specifically modified by this Amendment.

The President and Secretary of AXIS Insurance Company witness this Amendment:



Secretary



President



Policy Number: PAAO-110064  
Monarch Management Corporation

**SPORTS ACCIDENT MASTER INSURANCE APPLICATION**

Application is hereby made for a plan of BLANKET ACCIDENT INSURANCE based on the following statements and representations:

Policyholder (full legal name): MSBL/ Charlottesville MABL  
Requested Effective Date: April 30, 2016 Requested Termination Date: April 29, 2017  
Street Address: 2065 Whispering Woods Dr City: Charlottesville State: VA Zip Code: 22911  
Contact: David Hash Title: Manager Phone: 434-806-5859  
E-mail: hash2007@comcast.net

**Class of Insured Persons:** All registered participants of the Policyholder including athletes, coaches, cheerleaders, officers, and official volunteers designated by officers

**Description of Covered Activity:** While participating in Supervised and Sponsored Covered Activities of the Policyholder

**U.S. Only Overnight Travel Coverage for Supervised and Sponsored Sports Activities:**

Included  Not Included

Accident Medical Benefit (Full Excess)	Accidental Death & Dismemberment Benefit
Total Maximum for All Accident Medical Benefits: \$25000	Loss of Life Principal Sum: \$10000
Corridor Deductible: \$500	Dismemberment Benefit Amount: \$10000
Benefit Period: 52 Weeks	

**Rating Calculation**

Name of Sport	Age Group	Number of	x Rate Per	Total Rate
		4	x\$200	= \$800
			x\$	= \$
			x\$	= \$
			x\$	= \$
			x\$	= \$

**Total Premium Due = \$800**


Minimum Premium, if greater than the calculated premium = \$150

The terms and conditions of the requested plan of insurance may vary in certain states as required by the laws of those states. The terms of the policy when issued will govern. It is agreed the insurance applied for will not become effective unless a) this application is received and approved by AXIS Insurance Company based on current rules and requirements; b) the policy is accepted by the applicant; and c) the required premium is paid when due.

**The applicant represents the information contained in this application is true and correct and forms the basis of the requested insurance. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**

Authorized Signature of the Applicant: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Title: Manager Print Name: David Hash Phone: 434-806-5859

Agent Signature:  \_\_\_\_\_ Print Agent Name: Wayne Malzone Date 04/28/2016

**Return Application and Premium to:**  
Monarch Management Corporation  
3201 Cherry Ridge Drive, Suite D405  
San Antonio, TX 78320  
Phone ☎: 817.986.5185 Facsimile 📠: 210.930.1838

## IMPORTANT NOTICE

- ❖ ***In General, and specifically for residents of Arkansas, Louisiana, Rhode Island and West Virginia:*** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- ❖ ***For Residents of Alabama:*** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines and confinement in prison, or any combination thereof.
- ❖ ***For residents of Colorado:*** 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.
- ❖ ***For residents of the District of Columbia:*** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
- ❖ ***For residents of Florida:*** Any person who 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.
- ❖ ***For residents of Kentucky:*** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.
- ❖ ***For residents of Maine, Tennessee, Virginia and Washington:*** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
- ❖ ***For residents of Oregon:*** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.
- ❖ ***For residents of Maryland :*** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.
- ❖ ***For residents of New Jersey:*** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- ❖ ***For residents of New Mexico:*** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
- ❖ ***For residents of New York:*** 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- ❖ ***For residents of Ohio:*** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
- ❖ ***For residents of Oklahoma:*** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- ❖ ***For residents of Pennsylvania:*** 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.