



GYMNASTICS FACILITIES APPLICATION

Pages 1-3 must be completed for all submissions

- **For Abuse and Molestation coverages, please complete page 3**
- **For Day Care Centers or Inflatables, please complete page 4**
- **For Rock or Climbing Walls or Martial Arts, please complete page 5**
- **For Birthday Parties, Camps or Cheerleading, please complete page 6**
- **For Swimming Pools, please complete page 7**
- **For Hired and Non-Owned Auto coverage, please complete page 7**

Submission Requirements

1. Complete ACORD Property, Auto and Umbrella Liability if coverages requested
2. Evidence of Participant Accident coverage
3. Standard Accident Waiver for Participants
4. Complete Event Schedule for Special Events or Competitions Sponsored by you.
5. Financials
6. Currently valued insurance company loss runs for the current policy period plus 4 prior years
7. Emergency Evacuation Plan
8. Copy of Safety Program including Rules and Procedures
9. Sample Equipment Inspection Checklist

General Information

1. Applicant Name:

2. Mailing Address:

Physical Address:

3. Contact person:

Telephone:

Web site address: www.

E-mail address:

4. Business type:

Corporation

Partnership

Individual

Non-Profit

Governmental entity

Other:

5. Year business was established?

Number of years under present management:

FEIN:

6. List all Named Insureds and their interests:

Note: The First Named Insureds require common / majority ownership of each Named Insured – if not, please explain relationship to insured.

7. Are you a member of a sanctioning body?: (i.e. USA Gymnastics) Yes No
 If yes, which body?
8. Are you a franchisee? Yes No
 If yes, name of the franchise to which you belong.
9. Has coverage been declined, cancelled or non-renewed in the past 3 yrs? Yes No
 If yes, provide details:

General Liability

Activities	Annual Number of Participants	Annual Receipts
a. Gymnastics:		\$
Ages 1-12		
Ages 13-19		
b. Aerobics		\$
c. Cheerleading		\$
Ages 1-12		
Ages 13-19		
d. Dance		\$
e. Martial Arts		\$
f. Swimming (monthly # of participants / # of months)		\$
g. Day Care - complete page 4		\$
h. Day Camps - complete page 6		\$
i. Overnight Camps – complete page 6		\$

Underwriting:

1. Do you sponsor any non sanctioned gymnastics or cheerleading competitions? Yes No
2. Do you use a mat or springboard floor? Yes No
3. Do you obtain waivers and releases for all participants including adults? Yes No
 If yes, attach copy.
- Does waiver include use of all equipment including inflatables and rock walls, if any? Yes No
4. Ratio of instructors to students (other than day care):
5. Ratio of instructors to students (day care) Male Female
 Ages 0-18 months
 Ages 18 months – 3 years
 Ages 3 – 4 years
 Over 4 years
6. Trampolines or other rebounding/tumbling equipment with posted safety rules? Yes No
7. Do you have a foam pit? Yes No
 If yes, describe padding:
 Supervised at all times? Yes No
 Depth of pit:
8. Sales of sports equipment or apparel? Yes No
 If yes, type: Annual receipts: \$

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|-----|----------------------------------------------------------------------------------------------------|-----------------|-----|----------------|
| 9. | Have you completed any National Certification program?
If yes, what certifications do you hold? | | Yes | No |
| 10. | Do you own or lease the facility?
If leased: who is responsible for: | | Own | Lease |
| | Building maintenance | Applicant | | Building owner |
| | Parking Lot | Applicant | | Building owner |
| 11. | Is there a minimum of one staff member certified in first aid present at all times? | | Yes | No |
| 12. | Is there a minimum of one staff member certified in CPR present at all times? | | Yes | No |
| 13. | Limit of Participant Accident Coverage: | | | |
| | Per person \$ | | | |
| | | Catastrophic \$ | | |
| 14. | Additional Insured (s) required? Please provide list and advise relationship to insured: | | | |

Abuse and Molestation

- | | | | |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. | Does your current insurance program include Abuse and Molestation coverage? | Yes | No |
| 2. | Do your employment and volunteer applications include questions about whether the individual has ever been convicted of any crime, including sex-related or child abuse related offenses? | Yes | No |
| 3. | Do you verify employment references for employees and volunteers? | Yes | No |
| 4. | Do you conduct personal interviews? | Yes | No |
| 5. | Are formal written procedures in place for hiring? (If yes, attach a copy) | Yes | No |
| 6. | Is there a written supervision plan that monitors staff in day-to-day relationships with clients, both on and off premises? (If yes, attach a copy) | Yes | No |
| 7. | Do you have a written crisis plan for dealing with employees, volunteers, victims, parents, authorities, and the media if you have an incident of abuse? (If yes, attach a copy) | Yes | No |
| 8. | Have any incidents resulted in an allegation of sexual abuse? | Yes | No |
| | If yes, was the case settled? | Yes | No |
| | Was the case taken to trial? | Yes | No |
| | Amount paid for damages to the victim: \$ | | |
| | Does your state allow criminal background checks? | Yes | No |
| | If yes, do you run criminal background checks prior to hire for: | | |
| | Employees? | Yes | No |
| | Volunteers? | Yes | No |

Day Care Centers

- | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Is the day care licensed?
NOTE: Unlicensed day care centers are not eligible under this program | Yes | No |
| 2. Has your license ever been denied, suspended or revoked?
If yes, please provide details: | Yes | No |
| 3. Is the day care separated from the gymnastics facility?
If no, how are children kept away from equipment? | Yes | No |
| 4. Exits directly to the outside on the ground floor? | Yes | No |
| 5. Are bathroom doors locked?
Can they be unlocked from the outside? | Yes | No |
| 6. Are premises child proofed to eliminate potential hazards? | Yes | No |
| 7. Has lead abatement been performed since 1971? | Yes | No |
| 8. Any exposure to asbestos materials? | Yes | No |
| 9. Any staff under the age of 18 years old? | Yes | No |
| 10. Do you have volunteers?
If yes, please indicate duties: | Yes | No |
| 11. Do you provide sick child, drop in, latch-key, boarding or camp services?
If yes, please describe: | Yes | No |
| 12. Do you care for special needs children? If yes, please describe: | Yes | No |
| 13. Do you maintain the following:
Immunization records – updated annually?
Records for each child indicating unusual conditions the child has?
Signed releases for emergency medical treatment obtained from parents?
Written instructions from child’s physician for dispensing medication? | Yes | No |
| 14. Is there an outside play area?
If yes, please describe security, i.e. fencing, gates, locks, etc. | Yes | No |

Inflatables

- | | | |
|----------------------------------------------------------------------|-----|----|
| 1. Please provide a list of inflatables commonly owned / used. | | |
| 2. Do you ever rent your inflatables to others or take off premises? | Yes | No |
| 3. Are inflatables checked daily and maintenance logs maintained? | Yes | No |

Rock Climbing and Bouldering Walls

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|-----------------------------------------------------------------------------------------------------|-----|----|
| 1. Does the rock wall meet all CWIG (Climbing Wall Industry Group) standards and local codes? | Yes | No |
| 2. What is the height of the wall?
Bouldering (traversing) wall only – 6' or less? | Yes | No |
| 3. Are participants allowed to climb on their own? | Yes | No |
| 4. What is the check in procedure? | | |
| 5. What kinds of verbal contacts or warnings given? | | |
| 6. When is safety testing done? | | |
| 7. What type certification system is used? | | |
| 8. What type of equipment is used?
Describe the belay system. | | |
| 9. What type of landing surface is used – describe makeup, thickness and extent of fall protection. | | |
| 10. Who is responsible for daily maintenance and checks? | | |
| 11. Are spotters required? Yes No At what height? | | |
| 12. Do you have a portable wall?
If yes, what is frequency of use off premises? | Yes | No |
| 13. Is there a separate charge for use of the wall?
If yes, please provide annual receipts. \$ | Yes | No |

Martial Arts

- | | | |
|----------------------------------------------------------------------------------------------------|-----|----|
| 1. Are instructors certified in martial arts?
If yes, list qualifications, including belt rank: | Yes | No |
| 2. List styles taught and age groups: | | |
| 3. Do you sponsor on site tournaments with other schools? | Yes | No |
| 4. Are kicking motions to the head permitted during sparring? | Yes | No |
| 5. Do you offer self defense programs? | Yes | No |
| 6. Do you offer weight/strength training? | Yes | No |

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|--------------------------------------------------------|-----|----|
| 7. Is free sparring permitted? | Yes | No |
| If yes, light contact or full contact? | | |
| If yes, are rules posted and signed by owner? | Yes | No |
| Are kicking motions to the head permitted in sparring? | Yes | No |
| 8. Describe protective gear required: | | |

Birthday Parties

- | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|
| 1. Are birthday party attendees allowed on gymnastics equipment, trampolines or rock walls?
If yes, please describe protection and supervision: | Yes | No |
| 2. What is the average number of attendees per party? | | Age group |
| 3. What is the ratio of staff to attendee: | | |
| 4. Is food served by insured?
If yes, what type? | Yes | No |
| 5. Are parents permitted to bring food on premises for parties? | Yes | No |
| 6. Briefly describe activities and equipment attendees are permitted to use for parties: | | |

Camps / Clinics

- | | | | | |
|----------------------------------------------------------------|--------------|------------------|-----|----|
| 1. Day Camp: | # of Campers | # of Camper days | | |
| Overnight Camp: | # of Campers | # of Camper days | | |
| 2. All counselors / leaders 18 years or older? | | | Yes | No |
| 3. Supervisor on duty at least 25 years or older at all times? | | | Yes | No |
| 4. Overnight camps:
Describe sleeping arrangements: | | | | |
| Any water hazard exposure?
Describe: | | | Yes | No |
| Are camps co-ed? | | | Yes | No |

Cheerleading

- | | | |
|-------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Do you participate in competitive cheerleading?
If yes, what levels (i.e. junior high, senior high?): | Yes | No |
| Are individual cheerleader abilities and skill levels assessed on an annual basis for team placement? | Yes | No |

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|----|--------------------------------------------------------------------------------------------------------------|------|-------------|
| 2. | Do you follow NACCC or USASF recommended guidelines for spotters? | Yes | No |
| 3. | Do you train students on proper spotting techniques? | Yes | No |
| 4. | Are teams / individuals supervised at all times by qualified coaches? | Yes | No |
| 5. | Type of floor protection: | Mats | Springboard |
| 6. | Are pyramids permitted higher than 2 ½ people? | Yes | No |
| | Are only advanced students allowed to perform pyramids higher than 2 people? | Yes | No |
| | Do you allow tossing from one base to another base? | Yes | No |
| 7. | Do you participate in competitions governed by NACCC/USASF rules?
If no, provide rules that are followed. | Yes | No |

Swimming Pools

- | | | | |
|----|------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. | Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? If no, provide time table and action plan: | Yes | No |
| 2. | Is the use of the pool limited to registered students only? If no, please describe. | Yes | No |
| 3. | Are birthday party attendees (if any) permitted to use the pool? | Yes | No |
| 4. | What is the depth of the pool? ft. Distance between the depth markers ft. | | |
| 5. | Any of the following features: | | |
| | Diving board? If yes, height of the board: | Yes | No |
| | Water slide? If yes, height of the slide: | Yes | No |
| 6. | Above ground? Yes No In ground? Yes No | | |
| | Indoor? Yes No Outdoor? Yes No | | |
| 7. | Is there a slip proof surface surrounding the pool area? | Yes | No |

HIRED & NON-OWNED AUTO

- | | | | |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. | Does the insured have any owned automobiles? | Yes | No |
| | NOTE: If insured has owned autos, the hired car and non-owned auto coverage should be placed with their automobile carrier. Explain if an exception is requested. | | |
| 2. | Do you allow employees to use their own personal vehicles for your business purposes? | Yes | No |
| | If yes, how many employees use their own personal vehicles? | | |
| | If yes, how often? Daily Weekly Monthly Other: | | |
| 3. | Do you obtain Motor Vehicle Reports? | Yes | No |
| | If yes, how often? Annually Every other year Other: | | |

4. Do you confirm that all employees who regularly use their cars for business purposes carry minimum personal auto limits? Yes No
 If yes, what minimum limits are required?
5. Please provide the approximate cost of hire for all hired or leased autos during the course of the policy period: \$
6. Is hired auto physical damage required? Yes No
 If yes, what is the maximum value of hired vehicle you would like insured? \$
 NOTE: Hired Car Physical Damage deductibles: \$100 comprehensive / \$1,000 collision provided

Fraud Notice

NOTICE TO APPLICANTS: 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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.

NOTICE TO MINNESOTA AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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.

NOTICE TO NEBRASKA AND OKLAHOMA APPLICANTS: 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.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO MAINE AND VIRGINIA APPLICANTS: 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.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "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."

NOTICE TO NEW MEXICO APPLICANTS: "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."

NOTICE TO TENNESSEE APPLICANTS: "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."

Insured Signature : _____ Date:

Agent Signature: _____ Date: