

Gymnastics Insurance Application

(A separate application is required for each location)

Desired effective date: ____/____/____

General Information

Name as it should appear on the policy: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Owner's Name: _____

Location #1 (If more than one location please list separately with a breakdown of student enrollment for each location.)

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (_____) _____ Fax Number: (_____) _____

Business is set up as a: Corporation Partnership Individual Joint Venture LLC

Do you own or rent facility? Own Rent Private Residence

If you rent and landlord is to be an Additional Insured (no charge), give complete name and address.

Name of landlord/Additional Insured: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Will you require Certificates of Insurance naming other Additional Insureds during the policy period? Yes No

If yes, please explain _____

Do you sublease your premises to others? Yes No If so, who? _____

If yes, do you obtain a Certificate of Insurance naming you as Additional Insured? Yes No (Please attach copy)

Business Information:

Is this your primary occupation? Yes No If not, what is? _____

Description of other business activities owned, operated, or managed by you: _____

Years in business: _____ Years you've taught gymnastics: _____ Years at this location: _____

Name of any federation or association you are affiliated with: _____

Employee Information

Please attach resume for head coach or instructor.

Indicate the number of instructors by employment status: Full time _____ Part time _____ Students _____

Do you have any instructors under 21? Yes No

What is the student/instructor ratio in a typical class? _____ to 1

Is all equipment supervised by an instructor when being used by students? Yes No

Do prospective employees complete Employment Application? Yes No

Are references checked on prospective employees? Yes No

Census Information

What is the maximum number of students projected to be enrolled at the busiest time of this year?

< 5 years:	_____	Classification:	_____
6-23 years: +	_____	Recreational	_____
> 23 years: +	_____	Compulsory Competitive	_____
Total: =	_____	Optional Competitive	_____

Financial Information

Indicate the business' annual gross revenues by: Tuition/Memberships/Fees: \$ _____

*Please describe other sources & events: _____

Events*:	+	\$	_____
Merchandising:	+	\$	_____
Parties, Sleepovers:	+	\$	_____
Other Sources*:	+	\$	_____
<small>(rental, child care, food,)</small>			
Total: =		\$	_____

Fee Structure:

Indicate your fee structure by preschoolers: < \$50/month \$50 to \$70/month > \$70/month

Indicate your fee structure by ages 6-23 < \$50/month \$50 to \$70/month > \$70/month

List products you sell: _____, _____, _____

Do you manufacture and/or sell any products under your own label? Yes No

If yes, describe: _____

*This policy is subject to audit

Safety/Activities Information

Do you require waivers signed by each student? Yes No (Attach a sample copy)

Do you have formalized curriculum including lesson plans and predetermined teaching/skills progressions? Yes No

(If yes, please explain) _____

Do you keep "performance chart" records or similar record on each student? Yes No

How often do you inspect your equipment/apparatus? daily weekly monthly

Do you keep a maintenance log for your equipment/apparatus? Yes No

Do you subscribe USAG safety guidelines? Yes No

Have your coaches/instructors completed any safety certification program, including continuing education? Yes No

If yes, when: _____ By whom? _____

Do you have any homemade or modified equipment or landing mats? Yes No

(If yes, explain and provide photos) _____

Do you subscribe USAG Kinder Accreditation program? Yes No Date: ____/____/____

Is the gym practice area secured when not in use? Yes No

Miscellaneous Activities Information

- Do you have special events? Yes No
 If yes, what kind? _____ How many? _____
- Do you have birthday parties, sleepovers, bring-a-friend? Yes No
 If yes, how many? _____ How often? _____
- Do you have martial arts? Yes No
 If yes, # of students not included in gym enrollment: _____
- Do you have dance students? Yes No
 If yes, # of students not included in gym enrollment: _____
- Do you have cheerleading and/or aerobatics? Yes No
 If yes, # of students < 6 yrs. not incl. in gym enrollment: _____
 # of students > 6 yrs. not incl. in gym enrollment: _____
 If yes, do you do Pyramid or competitions? Yes No

If you answer yes to any of the following, call for a supplemental application.

- Do you have fitness equipment and/or weights/tanning beds? Yes No
- Do you have camps? Yes No
- Do you have swimming? Yes No
- Do you have a swimming pool? Yes No
- Do you have licensed child care/day care? Yes No
- Do you have other indoor recreational facilities/soft play equipment? Yes No
- Do you have competitions on your premises involving other than your own students and other than USA sponsored competitions? Yes No
- Do you have inflatables? Yes No
- Do you have a climbing wall? Yes No
- List any other activities you have: _____

Please note that coverage is not included for booster club activities unless the booster club is operating in the Corporate name and is not a separate entity.

Insurance Information

- Indicate liability limit desired: \$500,000 \$1,000,000
- Indicate accident medical limit desired: \$50,000 \$25,000 \$10,000 (Accident Medical is required with your Liability)
- Currently insured? Yes No (If yes, please give Insurance Company's name and Premium paid.)
- Name: _____ Premium Paid? \$ _____
- Has similar insurance been canceled or declined in the last 5 years? Yes No (If yes, please describe)
- _____

Loss History

Have there been any liability or medical claims in the last 3 years? Yes No (If yes, provide the following details for the last 3 years)

Date of Loss	Type of Loss (Acc. Med./ Liability)	Description of Loss	Amount of Loss
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Other Coverage Options

If you would like a quote on any of the following coverages, please call for an application.

Coverage	I currently have:	Please Quote*:
Property: Building	<input type="checkbox"/>	<input type="checkbox"/>
Contents/Equipment	<input type="checkbox"/>	<input type="checkbox"/>
Glass	<input type="checkbox"/>	<input type="checkbox"/>
Sign	<input type="checkbox"/>	<input type="checkbox"/>
Crime	<input type="checkbox"/>	<input type="checkbox"/>
Business Income	<input type="checkbox"/>	<input type="checkbox"/>
Umbrella	<input type="checkbox"/>	<input type="checkbox"/>

Coverage shall not be bound until the Company approves the applicant's completed application and premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is also approved. In the event the Company does not approve your application, your premium payment will be refunded.

Fair Credit Report Act Notice: An investigative consumer report may be requested by the insurer to which this application is assigned as to the consumer's character, general reputation, personal characteristics and mode of living. Subsequent consumer reports may be requested in connection with an update or renewal, or extension of the insurance for which this application is made. The applicant will be informed of the name and address of the consumer reporting agency that furnished the report.

Fraud Warning: 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.

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which materially affect this insurance has been withheld.

Applicant's Signature: _____ Date: ____/____/____

To be completed by insurance agents only.

Producer Signature: _____ Date: _____ Agency Name: _____ Agency Address: _____ City: _____ State: _____ Zip: _____
