

The gymnastics program is designed to cover gymnastics facilities that provide gymnastics training and other related activities such as tumbling, "Mommy and Me" groups, cheerleading, dance, aerobics/exercise (no weight lifting), and martial arts. Facilities with ancillary trampolines, inflatables, overnight lock-ins, birthday parties, and day camps/competitions are also eligible for this program.

**POLICY INFORMATION**

Policyholder Name: \_\_\_\_\_  
 Policyholder DBA: \_\_\_\_\_  
 Policyholder Mailing Address: \_\_\_\_\_  
 Policyholder Mailing City, State, ZIP: \_\_\_\_\_  
 Desired Policy Effective Date: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Form of Organization: \_\_\_\_\_ Website: (if applicable) \_\_\_\_\_

**UNDERWRITING INFORMATION**

Do you sublease space?  Yes  No

Do you have cryotherapy? \*Please note that our program does NOT insure Cryotherapy.  Yes  No

Does management have a minimum of 3 years experience?  Yes  No

Has the facility had more than \$7,500 in claims within the past three years?  Yes  No

Do you have a tumblebus?  Yes  No

Is your program a mobile program only, meaning that you don't own or lease a gym premises of your own?  Yes  No

Are all gymnastics instructors certified by USA Gymnastics or a similar organization?  Yes  No

Please note that certification is not required for tumbling classes.

Are signed waivers required for all participants, including adults?  Yes  No

Is the ratio of students to instructors 10:1 or less?  Yes  No

Do you have a written safety program, including procedures and rules concerning all activities?  Yes  No

Do you have written record of regularly scheduled equipment maintenance?  Yes  No

Do you visually inspect the equipment daily and keep a written inspection checklist?  Yes  No

Do you have trampolines or other rebound tumbling devices?  Yes  No

If yes: Do you have posted rules for usage?  Yes  No

Do you subcontract any type of instructional or recreation activity?  Yes  No

If yes: Do you require the subcontractor to carry their own CGL coverage and name you an additional insured?  Yes  No

Do you offer licensed day care services within your facility?  Yes  No

Do you have a zip line?  Yes  No

Do you have a trapeze?  Yes  No

Do you have a swimming pool on the premises, or do you ever take students off-site for swimming instruction?  Yes  No

Do you host consecutive day overnight camps or competitions?  Yes  No

Do you host single day lock-ins or overnight sleepovers?  Yes  No

If yes: Are any activities unsupervised?  Yes  No

Is at least one person over the age of 25 on the premises all night?  Yes  No

Are all counselors/group leaders at least 18 years of age?  Yes  No

Is the ratio of students to chaperones 10:1 or less?  Yes  No

Is the lock-in/sleepover co-ed?  Yes  No

Are there any water-related activities or water hazards?  Yes  No

Do you have any inflatables?  Yes  No  
 If yes: Do you comply with all of the inflatable manufacturers' recommendations?  Yes  No  
 Do you offer martial arts classes?  Yes  No  
 If yes: Do you offer any type of martial arts involving weaponry?  Yes  No  
 Do you offer any type of martial arts involving temporary incapacitation or unconsciousness?  Yes  No  
 Do you offer any type of full contact martial art, including (but not limited to) kickboxing, mixed martial arts or ultimate fighting?  Yes  No  
 Do you offer any weight lifting or bodybuilding as part of your martial arts program?  Yes  No  
 Do you have a climbing wall?  Yes  No  
 Does the facility have Traverse Walls exceeding 6 foot in height?  Yes  No  
 If your facility has Traverse Walls are safety cushions, mats or padding utilized at the base of your Traverse Walls?  Yes  No  
 Do you have circus silks?  Yes  No  
 Do you offer Parkour and/or Freerunning at your facility?  Yes  No  
 Insurance coverage for Parkour and/or Freerunning activities is excluded from the program.  
 Would you like to add Non-Owned and Hired Automobile coverage for an additional \$50?  Yes  No  
 (No coverage for transportation of athletes)  
 Do you have any owned automobiles that are used in your business?  Yes  No  
 Are all drivers (employees and volunteers) over the age of 18?  Yes  No  
 Do you obtain MVRs for employees and volunteers who drive on your behalf?  Yes  No  
 Will you be providing any transportation for participants?  Yes  No  
 Do you confirm that all drivers (employees and volunteers) carry personal automobile liability insurance?  Yes  No  
 Number of employees and/or volunteers who will be driving either hired or non-owned autos on your behalf?  Yes  No  
 How much will you spend during the policy period for hired or leased vehicles?  Yes  No  
 Would you like to add Abuse and Molestation coverage? \$100,000 Limit for an additional \$100.  Yes  No  
 Does your staff (paid and volunteer) employment application include questions about whether the individual has ever been convicted of any crime, including sex-related or child abuse related offenses?  Yes  No  
 Please answer the background question.  
 Do you routinely conduct background checks on all employees and volunteers working with youth?  Yes  No  
 Do you have written procedures for dealing with abuse?  Yes  No  
 Do you have procedures in place to prevent situations where participants are alone with an individual staff member? Please answer the procedure question.  Yes  No  
 Have you ever had an incident which resulted in an allegation of sexual abuse?  Yes  No  
 Please answer the allegation question.  
 Would you like to purchase optional excess/umbrella coverage? If so, please select a limit from the list :  
 1,000,000  2,000,000  3,000,000  4,000,000  5,000,000

**LOCATION INFORMATION** (Please complete below for each location)

Location Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, ZIP \_\_\_\_\_  
 County \_\_\_\_\_

Do you own this facility?  Yes  No

Please enter your AVERAGE monthly enrollment for the following activities. To calculate, add your monthly enrollment for the prior 12-month period, and divide by 12 to obtain the monthly average enrollment.

	Age 12 & Under	Age 13-15	Age 16-18	Age 19+
Gymnastics:	_____	_____	_____	_____
Cheerleading:	_____	_____	_____	_____
Dance:	_____	_____	_____	_____
Aerobic/Exercise:	_____	_____	_____	_____
Martial Arts:	_____	_____	_____	_____

Preschool Tumbling – Age 6 and Under: \_\_\_\_\_  
 Mommy and Me - Estimated number of children: \_\_\_\_\_  
 Mommy and Me - Estimated number of adults: \_\_\_\_\_  
 Estimated number of days that you host day camps per year: \_\_\_\_\_  
 Estimated number of students not enrolled in classes at your facility, per day, for day camps: \_\_\_\_\_  
 Estimated number of days that you will host competitions per year: \_\_\_\_\_  
 Estimated number of students not enrolled in classes at your facility, per day, for hosted competitions: \_\_\_\_\_  
 Estimated number of birthday parties held at your facility per year: \_\_\_\_\_  
 Estimated number of participants per birthday party: \_\_\_\_\_

**COVERAGE ENHANCEMENTS**

Would you like to add General Liability Coverage for your facility’s Booster Club(s) for an additional \$175?  Yes  No  
 Please select Accident Medical Limits:  \$25,000  \$50,000  \$100,000  
 Would you like to add Non-Owned and Hired Automobile coverage for an additional \$50?  Yes  No  
 Would you like to add Abuse and Molestation coverage for an additional \$100?  Yes  No

**INLAND MARINE – CONTENTS & EQUIPMENT COVERAGE** *(Please complete this section if you need a quote for Inland Marine Coverage)*

Are all doors kept locked and secured?  Yes  No  
 Do you own your building, or are you required to insure your building as part of your lease agreement?  Yes  No  
 Does your landlord/lease agreement require you to carry coverage for plate glass?  Yes  No

Please Note: MGE, banks, landlords, and insurance company all require that you insure to 100% Replacement Cost value of all contents and equipment.

Please enter the desired limit for your location(s), up to a maximum limit of \$150,000.

Location \_\_\_\_\_ Limit \_\_\_\_\_  
 Location \_\_\_\_\_ Limit \_\_\_\_\_  
 Location \_\_\_\_\_ Limit \_\_\_\_\_  
 Location \_\_\_\_\_ Limit \_\_\_\_\_

**FRAUD NOTICE**

“Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties.”

Please check this box to confirm that you have read and agree to our fraud notice.

I hereby represent and confirm that I have read all of the questions and answers contained herein and that, to the best of my knowledge, the information is true and correct.

\_\_\_\_\_  
**Signature of Insured or Authorized Representative** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Title**

Send completed form to:  
**Sports & Fitness Insurance Company**  
**Phone: (800) 844-0536**  
**Fax: (601) 707-1037**  
**E-mail: submissions@sportsfitness.com**