



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

Does management have a minimum of 3 years experience?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the facility had more than \$7,500 in claims within the past three years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a tumblebus?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your program a mobile program only, meaning that you don't own or lease a gym premises of your own?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all gymnastics instructors certified by USA Gymnastics or a similar organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please note that certification is not required for tumbling classes.		
Are signed waivers required for all participants, including adults?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the ratio of students to instructors 10:1 or less?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a written safety program, including procedures and rules concerning all activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have written record of regularly scheduled equipment maintenance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you visually inspect the equipment daily and keep a written inspection checklist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have trampolines or other rebound tumbling devices?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes: Do you have posted rules for usage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you subcontract any type of instructional or recreation activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes: Do you require the subcontractor to carry their own CGL coverage and name you an additional insured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you offer licensed day care services within your facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a zip line?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a trapeze?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a swimming pool on the premises, or do you ever take students off-site for swimming instruction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you host consecutive day overnight camps or competitions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you host single day lock-ins or overnight sleepovers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes: Are any activities unsupervised?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is at least one person over the age of 25 on the premises all night?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all counselors/group leaders at least 18 years of age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the ratio of students to chaperones 10:1 or less?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the lock-in/sleepover co-ed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any water-related activities or water hazards?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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
 No Traverse

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