



GYMNASTICS SCHOOLS/CLUBS

Insurance Program and Enrollment Form

This brochure is valid for effective dates from 6/1/16 through 3/31/17

NEW THIS YEAR-Updated quoting process. In the past you were required to calculate your own premium using our published rates creating a somewhat inflexible quoting process. Now, our experienced underwriters will review your application, and calculate the premium for you to create a detailed proposal unique to your operation. Over the years, we've found that gym owners are incorporating more activities to increase membership and revenue. Although the enrollment form does have more questions this year, we feel that understanding your business up-front will allow us to deliver the most competitive proposal available from the insurance company.

REQUIRED TO QUOTE - Complete pages 3 - 8, plus page 19 Pages 9 - 17, complete if applicable

PROGRAM DESCRIPTION

This program has been designed for U.S.-based gymnastics schools/clubs specializing in the instruction of gymnastics, tumbling, cheerleading/dance and related programs. Coverage provided includes important liability protection for the school/club including its employees and volunteers, for liability claims arising out of its operations.

For eligible gymnastic schools/clubs, your covered operations consist of operations and activities at your locations involving member/registered gymnastic or cheer members/participants, under your direct supervision or organized by you, that have been reported to and approved by the company and for which the applicable premium has been paid; and member only camps, off-site competitions, demonstrations, parades and fundraising activities, directly associated with the above that are under your direct supervision or organized by you.

"Covered Operations" may also include: ancillary instructional or learning programs for sports or activities besides gymnastic and cheer that are under your direct supervision or organized by you, that have been reported to and approved by the Company, and for which the applicable premium has been paid; birthday/social parties, open gym or special events at your premises that are under your direct supervision or organized by you, that have been reported to and approved by the company, and for which the appropriate premium has been paid; camps/clinics involving non-registered/member participants or camps/clinics with off-site premises activities/programs that are under your supervision or organized by you, that have been reported to and approved by the Company, and for which the applicable premium has been paid; and meets, competitions or events hosted by you and under your direct supervision or organized by you, that have been reported to and approved by the company, and for which the appropriate premium has been paid.

Coverage is provided by a carrier rated A+ (Superior) by A.M. Best Company

INELIGIBLE OPERATIONS

Operations not eligible for this program include, but are not limited to the following:

- Circus skills training
- Your operations as a sports complex or multi-purpose facility, except for those sport(s) and/or subsidiary activities you have reported, paid for, and that have been approved by us.
- Trampoline parks/facilities (defined as any facility having multiple trampoline beds positioned closely together and used for recreational activities)

ELIGIBLE OPERATIONS

Gymnastics schools/clubs providing any of the following activities as their primary operations are eligible for this program.

- Artistic gymnastics
- Cheerleading
- Competitive gymnastics
- Group gymnastics
- Mobile gymnastics programs
- "Mommy & Me"/"Me & My Pal"/"Parent-Tot"
- Pre-school gymnastics
- Recreational gymnastics
- Rhythmic gymnastics
- Sports acrobatics (USAG sanctioned)
- Trampolines (instruction/training classes programs only)
- Tumble buses
- Tumbling
- Ninja Zone™

NOTE:

- **Failure to report all operations may jeopardize coverage at the time of loss.**
- **If your operations consist of cheerleading only (no gymnastics), please contact us for the proper enrollment form to complete.**

FREQUENTLY ASKED QUESTIONS

1. Has there been a change in the way we enroll for coverage?

Yes, please submit a completed enrollment form at least 2-3 weeks prior to your effective date needed. Upon receipt, we will review, approve and provide you with a quotation. In order for coverage to be bound you will need to provide a signed confirmation of your acceptance along with the appropriate premium for coverage to be bound.

2. How soon does coverage start? When will we receive proof of coverage?

Once we have received, reviewed and approved your completed enrollment form, coverage can be bound upon receipt of your signed approval of our quote with the appropriate premium. Please allow adequate time for us to process your enrollment form and issue certificates.

3. We are a newly formed school/club and we are not sure how many students we will have, how should I report my student count?

You need to report the number of students you project to have enrolled at the busiest time of year. You may add additional students at any time by using the gymnastics supplement form.

4. Is coverage under this policy extended to independent contractors (non-employees) working on behalf of the gym?

Independent contractors (non-employees) are not covered under this program. We do, however, offer an insurance program specifically designed for independent contractors that directly supervise an individual or group engaged in gymnastics or cheer activities. Within this coverage, the independent contractor instructor can list your gym as an additional insured while instructing at your gym or as a part of your operations. Coverage for independent instructors can be purchased online or by contacting us.

5. Is my school/club covered for a meet or competition that we are hosting that involves non-registered students/members?

Coverage is included for meets or competitions you host that only include students/members of your school or club. To obtain coverage for an event that includes non-registered students/members, please contact us for coverage options available.

6. Am I allowed to transport students to activities such as meets, competitions or events?

This insurance program does not provide coverage for the transportation of students. Should the transportation of students be necessary for your operation, we suggest that you consult a licensed insurance agent in your area to provide you with commercial automobile coverage for this type of exposure.

7. Can I use a Tumble Trak at my gymnastics school?

Yes. We provide coverage for the use of Tumble Traks and trampolines as a part of your school/club teaching apparatus. In addition, limited coverage may be available for inflatable structures through this program. Refer to page 13.

8. Will we receive a policy after submitting the enrollment form?

Coverage offered under this program is exclusively through Sports, Leisure and Entertainment Risk Purchasing Group (RPG). The RPG receives a master policy from the company. Submission of this enrollment form confirms your desire to receive coverage through the RPG. Each member will receive their own certificate of insurance as their evidence of coverage. The limits of insurance apply individually to each insured member organization-there are no shared limits of liability with any other members. A copy of the RPG master policy can be requested in writing to: Ascension Benefits & Insurance Solutions, P.O. Box 25936, Overland Park, KS 66225 or programs@ascensionins.com.

9. What constitutes a member?

A member is an individual who regularly takes classes at your facility. A member is not someone who participates only in your camp/clinic/open gyms.

WAYS TO ENROLL FOR COVERAGE



WEB For information and applications visit us on-line at www.ascensionins.com/programs

OR

Submit this enrollment form, with payment, to us.



E-MAIL programs@ascensionins.com



FAX 1-913-327-0201



MAIL Regular: Overnight:

Ascension Benefits & Insurance Solutions
P.O. Box 25936
Overland Park, KS 66225

Ascension Benefits & Insurance Solutions
9225 Indian Creek Parkway,
Suite 700
Overland Park, KS 66210



QUESTIONS Call 1-800-955-1991

This brochure is for illustrative purposes only and is not a contract of insurance. You must refer to the actual policy for complete information regarding coverage terms, conditions and exclusions as they may change from one coverage period to the next. You may request a copy of the full policy by submitting a written request to us.



Enrollment Form Gymnastics Schools/Clubs

Valid for effective dates from 6/1/16 through 3/31/17

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. An RPG provides group purchasing power for similar risks resulting in potential advantageous coverage terms, competitive rates, risk management bulletins, and rewards for favorable group loss experience. An RPG membership fee may be charged. The submission of this enrollment form and/or the acceptance of payment does not guarantee coverage. Certain operations are not eligible for coverage by this program. We reserve the right to decline any request for coverage.

- TO AVOID PROCESSING DELAYS, PLEASE:**
1. Complete all applicable sections (print legibly)
 2. Sign and date where required
 3. Remit completed enrollment form (pages 3 - 19)

NOTE: If your operations consist of cheerleading only (no gymnastic operations with apparatus use), please contact us for the proper enrollment form to complete.

GENERAL INFORMATION	<input type="radio"/> I am a new account	<input type="radio"/> I am renewing my coverage
	Named insured (as it should appear on the policy): _____ <small>(the legal name of the business or organization; an individual name is acceptable if you are a sole proprietor)</small>	
	Doing business as (DBA): _____ <small>(additional name(s) under which the named insured operates)</small>	
	Mailing address: _____	
	City: _____ State: _____ Zip: _____	
	Contact name: _____ Phone: (_____) _____	
	Cell: (_____) _____ Fax: (_____) _____	
	E-mail: _____ Website: _____	

LOCATIONS	List operating locations if different from mailing address.			
	Location 1:	_____	_____	_____
		<small>Street Address</small>	<small>City</small>	<small>State</small> <small>Zip</small>
	Location 2:	_____	_____	_____
	<small>Street Address</small>	<small>City</small>	<small>State</small> <small>Zip</small>	

DATES	Annual coverage will begin the day after the completed enrollment form and premium are received and approved by us, or on a later date you specify below. (If renewing coverage, please provide the expiration date of your current policy).
	<input type="radio"/> Start my coverage on this date: _____ / _____ / _____

DOCUMENT DELIVERY	You will receive a certificate showing evidence that coverage has been bound. This coverage document will be delivered via e-mail, unless otherwise indicated below. If you have an insurance agent, all documents will be delivered to your agent only. Additional certificate requests will be issued to the same person. Please select only one option.
	<input type="radio"/> E-mail to: _____ attn: _____ <small>(selecting this option confirms your consent for coverage documents to be delivered via e-mail)</small>
	<input type="radio"/> Fax to: _____ attn: _____
	<input type="radio"/> Mail to: _____ attn: _____

Ascension Benefits & Insurance Solutions • P.O. Box 25936 • Overland Park, KS 66225 • 1-800-955-1991
E-mail = programs@ascensionins.com • Fax 1-913-327-0201 • www.ascensionins.com/programs

Ascension Benefits & Insurance Solutions conducts business as Ascension Benefits and Insurance Solutions; in AK, AZ, CA, DC, HI, MT, NE, NV, NH, OK, SC, SD and WV as Ascension Benefits & Insurance Solutions Sports and Recreation; and in NY as Ascension Benefits Brokerage & Insurance Solutions Sports & Recreation. CA #0334819, TX #1657333

AGENTS ONLY

TO BE COMPLETED ONLY IF LICENSED INSURANCE AGENT IS SUBMITTING THIS FORM

Agency name: _____
 Agency mailing address: _____
 City: _____ State: _____ Zip: _____
 Agent/contact name: _____
 Agency telephone: (_____) _____ Agency fax: (_____) _____
 Agent/contact e-mail address: _____ Tax ID #: _____

BUSINESS INFORMATION

1. Type of Business (select one): Corporation Partnership LLC Joint Venture Individual
2. # of years in business? _____
 # of years of current management? _____
3. What are your total annual gross sales from all operations (before expenses)? \$ _____
4. How many locations do you operate? _____
 What is the square footage of each location? _____
5. # of Instructors: _____
 a) Employed: Full-time _____ Part-time _____
 b) Independent contractors: _____
 (This program provides coverage for instructors and personnel who are employees of the named insured and does not extend to independent gymnastic or cheer instructors. Coverage for independent gymnastic or cheer instructors can be purchased by contacting us or through a separate sports instructor application found at www.ascensionins.com)
6. Are any of your instructors under the age of 21? Yes No
 If yes, do you always have someone over the age of 21 on site during open hours? Yes No
7. Are all instructors/coaches who are training and instructing students to compete in events at the optional routine levels (levels 7-10 & Elite) certified? Yes No N/A
8. Is at least one instructor/coach at your facility CPR/first aid certified and on-site during open hours? Yes No
9. What is your student/instructor ratio in a typical class? _____ (student to instructor)
10. Do you require a waiver to be signed by all persons (and/or their parent and/or legal guardian) as a part of your registration and prior to participation, including non-members taking part in programs/activities as well as adults that are taking part in a Mommy & Me, Parent-Tot, etc. classes? Yes No
 If no, please explain: _____

11. Do you have a formal process to store and maintain signed waivers for at least 2 years? Yes No

12. Please identify all programs, activities and services that you offer (check all that apply):

Notes:

- You must identify an exposure for coverage to be considered and approved. The company reserves the right to decline any request for coverage.
- Coverage will not extend to programs, activities and services that are not reported and approved in writing by the company.

- | | |
|---|--|
| <input type="radio"/> Adult and child instructional gymnastic classes
(Mommy & Me, Parent-Tot, Me & My Grown-Up, etc.) | <input type="radio"/> Trampolines (instruction/training classes/programs only) |
| <input type="radio"/> Cheerleading | <input type="radio"/> Pre-school gymnastics |
| <input type="radio"/> Competitive/Artistic gymnastics
What levels are trained? _____ | <input type="radio"/> Recreational gymnastics |
| <input type="radio"/> Group gymnastics | <input type="radio"/> Rhythmic gymnastics |
| <input type="radio"/> Mobile gymnastic programs | <input type="radio"/> Sports acrobatics (USAG sanctioned only) |
| <input type="radio"/> Ninja Zone™ | <input type="radio"/> Tumble bus |
| | <input type="radio"/> Tumbling (floor activity only) |

Ancillary instructional or learning programs

- | | |
|---|--|
| <input type="radio"/> Basketball | <input type="radio"/> Racquetball |
| <input type="radio"/> Dance | <input type="radio"/> Tennis |
| <input type="radio"/> Drama/Theater | <input type="radio"/> Running |
| <input type="radio"/> Martial arts | <input type="radio"/> Swimming (instructional classes/programs only) |
| <input type="radio"/> Pilates/Yoga/Aerobics | <input type="radio"/> Strength conditioning area/programs |
| <input type="radio"/> Other: _____ | <input type="radio"/> Weightlifting |

Other operations/exposures:

- | | |
|--|--|
| <input type="radio"/> Batting cages * | <input type="radio"/> Parents night out |
| <input type="radio"/> Birthday parties | <input type="radio"/> Physical/Sports rehab therapy* |
| <input type="radio"/> Camps/Clinics | <input type="radio"/> Restaurants* |
| <input type="radio"/> Circus arts/skills training * | <input type="radio"/> Snack/juice bar |
| <input type="radio"/> Inflatables | <input type="radio"/> Social events |
| <input type="radio"/> Massage therapy * | <input type="radio"/> Steam room or sauna* |
| <input type="radio"/> Obstacle course type training such as
USA Ninja Challenge™, USAIGC Warrior
Program, etc. | <input type="radio"/> Swimming pool |
| <input type="radio"/> Parkour, Urban/Extreme gymnastics, Tricking,
Free-running | <input type="radio"/> Tanning beds* |
| <input type="radio"/> Open gym | <input type="radio"/> Trampolines |
| <input type="radio"/> Spas and spa services * | <input type="radio"/> Whirlpools, Hot tubs, or Jacuzzis* |
| <input type="radio"/> Other: _____ | |

*NOTE: These activities/services are excluded under this program.

Your facility exposures/operations are subject to underwriting review and approval. Additional premium charges may apply. Please make sure all questions are answered to avoid any quoting delays.

1. Do you operate a retail store/pro shop? Yes No
- If yes,
- a) Identify the products you sell or distribute.
- Clothing Nutritional supplements (describe): _____
- Equipment (describe): _____ Other (describe): _____
- b) Do you private label or manufacture your own products? Yes No
- c) What are your total annual gross sales from the products you sell/distribute? \$ _____

2. Do you host meets, competitions, or events involving other schools/clubs? Yes No
 If yes, coverage for events you organize and operate that include participants who are not members of your club or gym does not extend to those non-member participants. If you would like for liability and medical payments coverage to extend to these non-members, please complete the underwriting questions on page 14.

NOTE: USAG sanctioned events are ineligible for this optional coverage.

3. Do you sublease your gymnastic facility to others? Yes No
 If yes,
 a) Describe the operations of the sublease: _____
 b) Do you obtain a certificate of insurance and require to be named an Additional Insured? Yes No
 (Note: This policy does not cover subleased events/activities)

4. Do you use any homemade or modified equipment in your operation? Yes No
 If yes, please describe and provide a picture: _____

5. Please identify all devices utilized in your operations. (check all that apply and provide pictures of any checked)
 Check here if you do not have any of the devices referenced below or any similar type devices

- | | | | | |
|-------------------------------------|-----------------------|----------------------|---------------------------|--------------------------|
| <input type="radio"/> Climbing Wall | Maximum Height? _____ | Safety Harness Used? | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Cargo Net | Maximum Height? _____ | Safety Harness Used? | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Climbing Rope | Maximum Height? _____ | Safety Harness Used? | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Slack Lines | Maximum Height? _____ | Safety Harness Used? | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Trapeze | Maximum Height? _____ | Safety Harness Used? | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Zip Line | Maximum Height? _____ | Safety Harness Used? | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Other: _____ | Maximum Height? _____ | Safety Harness Used? | <input type="radio"/> Yes | <input type="radio"/> No |

For all devices checked above, do you have padding underneath the device(s)? Yes No

NOTE

- High wires, ribbon/fabric, zip lines, or slack line performing devices or trapeze systems more than 5 feet from the ground without a safety harness are not eligible for coverage under this program.
- Climbing walls exceeding 10 feet in height with no safety harness are excluded under this program.

6. Do you have a foam pit(s)? Yes No
 If yes:
 a) Do you have a written maintenance and use procedure manual in place and is it provided to all staff? Yes No
 b) Is the pit supervised at all times by a certified trainer/instructor? Yes No
 c) Do you review safety procedures with all members/participants before using the foam pit(s)? Yes No
 d) Is the pit only used for gymnastics and/or cheerleading training? Yes No
 If no, explain other uses: _____
 e) How often do you: Replace blocks? _____ Fluff pit? _____
 (i.e.: once a month, once a year, etc.)
 f) What is the depth of the pit? _____
 g) Identify the pit base (please check): Solid floor Cushion/mat Trampoline/suspension

7. Do you have a designated play/soft-play area for children? Yes No
 If yes:
 a) Is it used only for instructional type classes? Yes No
 b) What is the age limit for participants? _____
 c) Is it available for use to the public on a 'pay for play' basis? Yes No
 If yes, what are your annual receipts from this operation? \$ _____

8. Do you provide childcare/nursery/babysitting/before & after school services at your gym? Yes No
 If yes, do you have a day care license? Yes No
 ► If you DO have a day care license:
 a) Do you carry separate insurance coverage for this exposure? Yes No
 b) Please provide:

		to
Carrier Name	Policy Number	Coverage Period

- If you DO NOT have a day care license but you provide childcare/nursery/babysitting/before & after school services:
- a) Are parents required to sign children in and out? Yes No
 b) Are waivers signed by a parent/guardian? Yes No
 c) Are staff members CPR and first aid trained? Yes No
 d) Are parents to remain in the facility while children are in your care? Yes No
 If no, please advise: _____

- e) Does your employment application ask the staff applicant if they have ever been convicted of a crime? Yes No
 f) Is the childcare staff trained in policies applicable to the prevention of child/sexual abuse? Yes No
 g) Do the procedures require that known or suspected abuse incidents must be reported to law enforcement? Yes No

9. Do you or your staff ever transport your members/participants? Yes No
 (Note: Transportation of athletes/member is excluded under this policy)

10. Do you ever take participants away from your premises for any programs and/or activities, other than for parades, competitions and demonstrations? Yes No
 If yes,

- a) Check when this occurs (check all that apply) Gymnastics programs Camps/clinics
 b) Are separate signed release forms obtained from parents/legal guardians to allow for off-site activities? Yes No
 c) Identify all off-site activities that apply:

- | | |
|---|--|
| <input type="radio"/> Amusement park | <input type="radio"/> Local sports game (describe): _____ |
| <input type="radio"/> Hiking | <input type="radio"/> Miniature golf |
| <input type="radio"/> Historical museum | <input type="radio"/> Movie theatre |
| <input type="radio"/> Horseback riding | <input type="radio"/> Open water activities (skiing, canoeing, etc.) |
| <input type="radio"/> Ice skating/roller skating | <input type="radio"/> Overnight camping retreat |
| <input type="radio"/> Bowling ally | <input type="radio"/> Rope course and/or obstacle course |
| <input type="radio"/> Mall | <input type="radio"/> Snow skiing/snowboarding |
| <input type="radio"/> Local pool w/lifeguards on duty | <input type="radio"/> Splash pads/water parks |
| <input type="radio"/> Local park (describe activities): _____ | <input type="radio"/> Skateboard park |
| <input type="radio"/> Other (describe): _____ | <input type="radio"/> Trip to the beach |

- d) Do you maintain a participant/supervisor ratio of at least 10 to 1? Yes No
 e) How do you transport participants to off-site locations? (check all that apply)
 Hired Bus/Vehicle Walk – distance walked: _____
 Bus/Vehicle (owned by you) Public Transportation (subway, bus, etc.)
 Other (please describe): _____

(Note: off-site activities are subject to approval and must be reported prior to taking place for coverage consideration and approval. Additional premium charges may apply).

11. Do you host any overnight events/activities? Yes No
 If yes:
- a) Typical age group attending _____
 - b) Typical hours of the event/activity _____ am/pm to _____ am/pm
 - c) Are all supervisors over the age of 21? Yes No
 - d) Do you have any parents and/or volunteers to assist with supervision? Yes No
 If yes, do you run background checks on all of these individuals? Yes No
 - e) Do you have at least 2 employees on-site during the event/activity? Yes No
 - f) Describe the type of activities that take place during the event/activity: _____
 - g) Do you require separate waivers to be signed by all participants and/or their parents and/or guardian? Yes No
 - h) What programs/activities have overnight events/activities? (check all that apply)
 Parent's night out Overnight Camps/clinics Other: _____
 - i) Do these overnight events/activities take place at your facility? Yes No
 If no, please explain: _____

12. If you suspect a participant has a concussion, do you have an action plan that includes:
- a) Immediately removing the participant from the class, event or competition? Yes No
 - b) Keeping the participant out of the class, event or competition until they provide written clearance from a licensed physician? Yes No

13. FOR NEW ACCOUNTS ONLY

If not a new account, skip these questions and proceed to the next section.

- a) What is the name of your current insurance carrier(s) and the expiration date(s) of coverage?
 Name(s): _____ Expiration date(s): _____
- b) Is your current carrier non-renewing your coverage? Yes No
 If yes, why? _____
- c) Please provide current loss runs with at least 4 years of loss history, including your current year. In addition, please describe any liability or medical claims over \$5,000 that have been paid under your insurance coverage for those years. _____

GYMNASTIC / TUMBLING / TRAMPOLINE / SPORTS ACROBATICS / CHEERLEADING / NINJA ZONE™ MEMBERSHIP INFORMATION

- 1. Is your school/club a member of USA Gymnastics? Yes No
- 2. Are all of your coaching staff USAG certified coaches? Yes No
- 3. What limits of insurance are you seeking?
 \$1,000,000 CGL \$2,000,000 CGL \$3,000,000 CGL
 \$4,000,000 CGL \$5,000,000 CGL Other: \$ _____

NOTE: Limits more than \$1,000,000 will require an additional application to be completed. Limits above \$1,000,000 can be provided if approved and bound through a separate Excess Liability Policy.

- 4. Please provide the maximum number of students projected to be enrolled at the busiest time of year in your gymnastic, tumbling, trampoline, sports acrobatics, cheerleading and Ninja Zone™ programs.

Age Groups	Number of Students/Members
Ages 4 & Under	
Ages 5 & 6	
Ages 7 – 12	
Ages 13 – 17	
Ages 18 & Over	

ANCILLARY INSTRUCTIONAL OR LEARNING PROGRAMS

Coverage for ancillary instructional or learning programs will be excluded unless reported to and approved by the insurance company, and for which premium (if applicable) is paid. Ancillary programs are additional instructional classes that you offer at your facility. Birthday parties, camps/clinics, open gym, or parkour type classes are not considered ancillary programs and will be reviewed/rated in the succeeding pages.

Check here and skip this section, if you do not offer any ancillary programs

1. Do you offer martial arts programs or classes? Yes No
 If yes,
- a) Do you offer any type of martial arts involving sharpened or bladed weapons? Yes No
 b) Do you offer any type of sparring or full contact martial arts, including (but not limited to) kickboxing, brazilian jui jitsu, mixed martial arts or ultimate fighting? Yes No
 c) Who conducts these classes? (check all that apply)
- your staff independent contractors
- If services are provided by an independent contractor, do you require them to carry their own liability insurance and name you as an additional insured on their policy? Yes No

Note:

The following styles of martial arts are not eligible for coverage under this program: boxing (contact/sparring), dim mak, haganah, kali/escrima, mixed martial arts, savate, sayoc kali, thai boxing/muay thai, training programs for law enforcement, public safety and military personnel, ultimate fighting/extreme fighting/cage fighting and wrestling.

2. Do you offer any open water activities (e.g. in lakes, ponds, ocean, river) ? Yes No
 (Note: any activities taking place on open water are excluded under this policy)
3. Please provide the maximum number of students to be enrolled at the busiest time of year in each of your ancillary programs. Should your ancillary program(s) not be listed below, please write in the type of program in the other line. Ancillary programs are subject to approval by us.

Type of Activity	Number of Students/Members
Swimming (instructional classes/programs)	
Yoga and/or Exercise programs/classes: (List the types of exercise programs offered) _____ _____	
Dance, drama and/or theater programs/classes: (List the styles/types of classes offered) _____ _____	
Martial Arts programs or classes: (List the styles of martial arts offered) _____ _____	
Other (please describe): _____ _____	

ON-SITE BIRTHDAY OR SOCIAL PARTIES ON-SITE OPEN GYM / PARENTS NIGHT OUT / SPECIAL EVENTS

Coverage for parties, open gym time and special events activities will be excluded unless reported to and approved by the insurance company, and for which premium (if applicable), is paid.

Check here and skip this section, if you do not offer any birthday or social parties, open gyms, special events/parents night out events

1. What is your total estimated annual receipts for parties, open gym and special events? _____
2. Do you require a waiver to be signed by all participants and/or their parents and/or guardian taking part in these activities? Yes No
3. What is your participant/instructor ratio at these activities? _____ participants per instructor
4. Are participants allowed to use apparatuses during these events/activities? Yes No
(Apparatus include: trampolines, zip-lines, foam pit, silks, uneven bars, horizontal bar, rings, bounce houses)
 If yes, Is each apparatus supervised during the event at all times by someone who is appropriately trained and over the age of 21? Yes No
5. Do all attendees attend a safety briefing prior to participation? Yes No
6. Please provide the number of parties/events held annually.

Type of Party / Event		Number of Parties/Events
Birthday and/or Social Parties	Party with no apparatus use	
	Party with apparatus use	
Open Gym / Parents Night Out / Special Events (choose only one option)	Members* only can attend <small>(event is not open to the public/ non-members/guests)</small>	
	Members* + non-members can attend	

***Please refer to FAQs on page 2 for a membership definition.**

CAMPS / CLINICS

Coverage for these activities will be excluded unless reported to and approved by the insurance company, and for which premium (if applicable), is paid. This section should be completed if you host camps/clinics.

Check here if you do not offer any camps/clinics

1. Who participates in your camps/clinics? Members Only Members and Non-Members

2. Where are your camps/clinics held? (Check all that apply)
 - On-Site with NO off-site activities
 - On-Site with off-site activities
 - Off-Site

3. Do you require a separate waiver to be signed by all participants and/or their parents and/or guardian taking part in your camps/clinics? Yes No

4. What is your participant/instructor ratio? _____ participants per 1 instructor

5. Do you host any overnight camps away from your facility? Yes No
 If yes, please make sure to complete question #11 on page 8

6. Does your camp/clinic include any outside inflatables or water activities? Yes No
 If yes, please provide pictures of the inflatables along with details on the type of activity for review and approval. _____

7. Do you hold any activities off-site (other than at your gymnastics facility)? Yes No
 If yes, please make sure to complete question #10 on page 7.

8. Please list your camp sessions below for coverage to extend to these camps/clinics. Should you have more than one camp, please provide information on a separate sheet.

	Dates of Camp	Hours of Camp	Age Group	# Of Campers	# Of Weeks
Camp 1				Members* = _____	
				Non-members = _____	
	List camp location (if different than gymnastics facility): _____ _____				

	Dates of Camp	Hours of Camp	Age Group	# Of Campers	# Of Weeks
Camp 2				Members* = _____	
				Non-members = _____	
	List camp location (if different than gymnastics facility): _____ _____				

***Please refer to FAQs on page 2 for a membership definition.**

PARKOUR / NINJA / FREE-RUNNING / EXTREME TUMBLING / INDOOR OBSTACLE COURSE

Coverage for these activities will be excluded unless reported to and approved by the insurance company, and for which premium (if applicable), is paid. Parkour, Ninja, Free-running and Extreme tumbling = The activity or sport of moving rapidly through an area by negotiating obstacles by running, jumping, climbing and/or flipping.

Check here if you do not offer any parkour, ninja, free-running, extreme tumbling or similar type classes/programs

1. Do you carry separate liability insurance for these type of classes/programs/activities? Yes No

If no, please continue with the remaining underwriting questions for coverage consideration and rating.

If yes, please provide the following (note: coverage will be excluded under this policy for this exposure):

_____ to _____
 Carrier Name Policy Number Coverage Period

2. Do you require all staff to be certified to teach these classes? Yes No

If yes: a. Please list the certifications held by your instructors: _____

3. What are the age groups for your classes? _____ to _____

(Note: participants over the age of 17 are excluded)

4. What is your participant/instructor ratio? _____ Participants per instructor

5. Do you use a skills based graduated training method? Yes No

6. Please list each type of equipment/obstacle that is used for training/instruction: _____

7. Is all equipment inspected prior to each class? Yes No

8. Is any of the equipment built and erected by the insured? Yes No

If yes, please explain: _____

9. Do you conduct any instruction outdoors? Yes No

(Note: any outdoor instruction\events\activities are excluded under this program)

10. Do you host or participate in any events or exhibitions? Yes No

(Note: events and exhibitions you host or participate in are excluded under this program)

11. Do you have open gym time for these programs/activities? Yes No

If yes,

a) Please select the type of persons who can participate in your open gym. (check all that apply)

Members only Members and Non-Members

b) Is open gym supervised by a certified staff member at all times? Yes No

c) Are participants of open gym only allowed to practice techniques for which they have been properly instructed? Yes No

d) Is your open gym time available to all ages at the same time? Yes No

12. Please provide the maximum number of students enrolled at the busiest time of the year.

Age Group	Number of Students/ Members
Under Age 7	
Ages 7 - 12	
Ages 13 - 17	

FACILITY/OPERATIONS INFORMATION CONTINUED

INFLATABLE AMUSEMENT DEVICE

Coverage for these inflatable amusement devices will be excluded unless reported to and approved by the insurance company, and for which premium (if applicable), is paid. If you own any inflatable amusement devices, you must complete the following section.

Check here if you do not own any inflatable amusement devices

NOTE:

Inflatables not owned by you are excluded

1. Please indicate the type and how many of each unit(s) you use in your operation. If basic design is not shown below, a photograph **MUST** accompany this questionnaire.



Bounce House

of units: _____

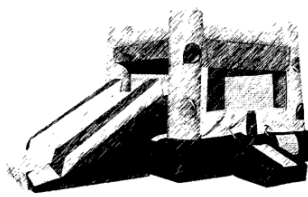
Model/serial #(s): _____



Bounce House with entry ramp

of units: _____

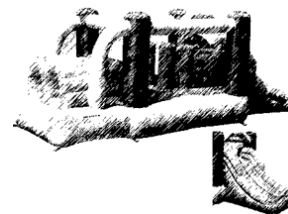
Model/serial #(s): _____



Bounce House with slide

of units: _____

Model/serial #(s): _____



Obstacle Course with slide

of units: _____

Model/serial #(s): _____

2. Do you have a copy of the maintenance and operations manual on site? Yes No
3. Is the inside jump surface of the device greater than 100 square feet (10' x 10')? Yes No
If yes, please provide the square footage: _____
4. Does the device include any slide with a fall height greater than 8 ft.? (If yes, provide photo and provide fall height: _____) Yes No
5. Are all employees responsible for operating the device trained and written documentation of such training maintained? Yes No
6. Is the inflatable amusement device ever loaned or rented to another party? Yes No
7. Is the inflatable amusement device used indoors at your premises only? Yes No
If no, please explain the following:
a) Where is it located if used outdoors? _____
b) How often is it used outdoors? _____
c) Describe the method by which the unit is secured/anchored to the ground: _____
d) Please provide a picture of the device set up in the spot where you normally would place it.
e) What is the participant/instructor ratio during the use of inflatables? ____participant per instructor
8. Do you inspect and document the inflatable amusement device before each use? Yes No
9. Is the inflatable amusement device supervised at all times during use? Yes No
10. Do you use and secure the inflatable device in accordance with the operating manual? Yes No
11. Is signage addressing warnings and proper use of the device clearly displayed? Yes No
12. Is the inflatable device cleaned and sanitized on a regular schedule and records of the cleanings maintained? Yes No

SWIMMING POOL

Coverage for a pool will be excluded unless reported to and approved by the insurance company, and for which premium (if applicable), is paid.

Check here if you do not own, manage or operate a swimming pool

1. Select the use of your pool (check all that apply)

- Members only Members and Non-members Supervised classes/programs Open swimming

2. Is a certified lifeguard(s) on duty during all pool hours? Yes No

If no:

Are lifeguards on duty for opening swimming? NA Yes No

Do you have at least one CPR trained staff member
on site for all pool hours? Yes No

Do you have regular monitoring of the pool area? Yes No

Are signs posted indicating pool rules? Yes No

3. Do you have diving boards? Yes No

4. Does your facility have waterslides? Yes No

5. Is the pool area locked or blocked off when not in use? Yes No

6. Do you have a sauna, steam room, jacuzzi, hot tub, whirlpool or spa? Yes No

(Coverage for these exposures is excluded)

7. How many pools do you have? _____

Meets, Competitions and Events Coverage (7 days or less in duration)

Coverage for events you organize and operate that include partipants who are not members of your club or gym does not extend to those non-member participants. If you would like for liability and medical payments coverage to extend to these non-members please complete the underwriting information below.

NOTE: USAG sanctioned events are ineligible for this optional coverage.

Check here if you do not host meets, competitions or events **OR** you do not wish to extend liability for non-members at these events.

Event name: _____

Event date(s): ____/____/____ to ____/____/____ (do not include set-up or tear-down days)

Event hours: ____ A.M./P.M. to ____ A.M./P.M.

Location: _____

Sport type: _____ Age group: _____ Total spectator attendance: _____

of non-registered participants: _____

Sexual Abuse or Sexual Molestation Coverage

Check here and skip this section if you do not want this coverage option

Coverage is contingent upon underwriting review and approval of the following questionnaire.

1. Does your organization currently have employees, volunteers or require the presence of at least two adults when minors are present? Yes No
2. Have any claims, allegations or charges of abuse, molestation or sexual misconduct been made against you or your organization or anyone working on behalf of your organization? Yes No
 - a. Are you aware of any occurrences that could lead to a claim? Yes No

If yes to 2. or 2.a., please explain: _____

3. Do you, your organization or sanctioning/governing body have written procedures in place regarding the prevention and mitigation of abuse, molestation or sexual misconduct? Yes No
 - a. Do the procedures require that known or suspected abuse incidents must be reported to law enforcement? Yes No
 - b. Are written procedures provided or available to each employee, volunteer or sanctioning/governing body member? Yes No
 - c. Do the written procedures establish and require adherence to the "three person rule"? ("Three person rule" prohibits one adult from being alone with one youth. A second adult must be present, or there must be two or more youths with an adult.) Yes No

If no, do the procedures establish if and when exceptions to the "three person rule" are permissible as part of your operations/activities? Yes No

4. Please complete the following questions regarding employee and volunteer screening controls used by your organization.
 - Check here and skip the chart below if you have no employees or volunteers, but always require the presence of at least two adults whenever minors are present.

Please Complete All Questions The term "Volunteers" in the following questions means someone who exerts control over or supervises participants.	Employees (Check Here if No Employees <input type="radio"/>)	Volunteers (Check Here if No Volunteers <input type="radio"/>)
Are written applications required? If yes, does the application include questions about whether the individual has ever been convicted for any crime involving physical violence or sex related offenses? If yes and applicant checks yes, do you reject the applicant?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No
Are background checks provided by a third party vendor/service? If yes, do you reject an applicant with any history of physical violence or sex related offenses?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No

Please explain any "No" responses to questions asked in #4: _____

Equipment and Contents Coverage

Check here and skip this section if you do not want this coverage option

TO AVOID A CO-INSURANCE PENALTY, YOU MUST INSURE 100% OF THE REPLACEMENT COST OF YOUR EQUIPMENT AND CONTENTS FOR ALL OF YOUR LOCATIONS.

Step 1: Fill in the values to determine your total replacement cost amount for ALL locations

Individually list any items with values over \$5,000

Value

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Provide values for categories below

(DO NOT include those values already shown above)

Supplies & Inventory (office supplies, items held for sale) \$ _____

Equipments & Contents (athletic equipment, electronics, furniture, non-structural glass, phone/fax system, office contents, etc.) \$ _____

Improvements & Betterments (items you have installed or altered at your expense, such as flooring, mirrors, ceiling tile, window treatments, lighting, shelving, etc.) Receipt of purchase is required at the time of loss to show verification of purchase. \$ _____

Signs (indoor or outdoor) \$ _____

Misc. Equipment - please describe: _____ \$ _____

Total replacement value for all location(s) (add all lines above) \$ _____

Step 2: Complete ONLY if your replacement cost value is over \$100,000

1. Please describe the building type your equipment is stored in (e.g.: frame or fire resistive warehouse)

2. Do you have a security system in place? Yes No

a. If yes, please describe: _____

3. Is any other operations, besides your own, or equipment of others stored in the same facility in which you store your equipment? Yes No

a. If yes, please describe: _____

4. Please attach a complete inventory list with values of each item

Once bound, you will receive your own certificate showing evidence of coverage. Complete this section to request additional certificates. Provide separate requests for each additional certificate needed.

CERTIFICATE 1

This certificate is for our: Program coverage (commercial general liability) Equipment and contents coverage
Check the type of certificate you are requesting: Add additional insured Proof of coverage only Loss payee

Certificate holder information:

Entity name: _____
Mailing address: _____
City: _____ State: _____ Zip: _____

Relationship to named insured: Owner/lessor of premises Sponsor Co-promoter Mortgagee
 Franchisor Lessor of equipment and contents Other (please identify/explain): _____

Other than being named on the certificate as an additional insured or certificate holder, does the person or organization require any special wording or endorsements? Yes No

If yes, check all that apply (**Check your request carefully before submitting. The most common delay in certificate processing is caused by providing a partial or incorrect name and/or instructions**).

- Form CG2026 Primary endorsement Waiver of subrogation
- Other (please explain): _____

Date certificate needed by: _____ / _____ / _____

If applicable: Date(s) of event/activity: _____ / _____ / _____ to _____ / _____ / _____

Hours of event/activity: _____ A.M./P.M. to _____ A.M./P.M. Type of event/activity: _____

Name of event/activity: _____ Location of event/activity: _____

For Loss Payee: Type of equipment (please describe): _____ Replacement cost limit: _____

.....
CERTIFICATE 2

This certificate is for our: Program coverage (commercial general liability) Equipment and contents coverage
Check the type of certificate you are requesting: Add additional insured Proof of coverage only Loss payee

Certificate holder information:

Entity name: _____
Mailing address: _____
City: _____ State: _____ Zip: _____

Relationship to named insured: Owner/lessor of premises Sponsor Co-promoter Mortgagee
 Franchisor Lessor of equipment and contents Other (please identify/explain): _____

Other than being named on the certificate as an additional insured or certificate holder, does the person or organization require any special wording or endorsements? Yes No

If yes, check all that apply (**Check your request carefully before submitting. The most common delay in certificate processing is caused by providing a partial or incorrect name and/or instructions**).

- Form CG2026 Primary endorsement Waiver of subrogation
- Other (please explain): _____

Date certificate needed by: _____ / _____ / _____

If applicable: Date(s) of event/activity: _____ / _____ / _____ to _____ / _____ / _____

Hours of event/activity: _____ A.M./P.M. to _____ A.M./P.M. Type of event/activity: _____

Name of event/activity: _____ Location of event/activity: _____

For Loss Payee: Type of equipment (please describe): _____ Replacement cost limit: _____

Applicable in AL, AR, DC, LA, MD, NM, RI and WV
 Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD Only.

Applicable in CO 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.

Applicable in FL and OK Any person 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)*. *Applies in FL Only.

Applicable in KS Any person who knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application

for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA 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* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

UW Rec: ___/___/___ Status: N R Broker: Y N Comm: ___% OPS Rec: ___/___/___
 GL Exp Policy #: ___/CP #: ___ Exp Dates: ___/___/___ to ___/___/___
 IM Exp Policy#: ___ Exp Dates: ___/___/___ to ___/___/___
 SAM IM D&O GL Option: ___ Delivery: M F E Date: ___/___/___ Pay Plan: ___ Bill: AB AD CBG
 Opt Form: 2026 2011 8016 8018 876 2404 Gymnastic Cheer
 Comments: _____

 Website reviewed: ___/___/___ Comments: _____
 GL Policy #: ___/CP #: ___ GL Prem: ___ Eff Date: ___/___/___ to ___/___/___
 IM Policy #: ___ IM Prem: ___ IM Eff Dates: ___/___/___ to ___/___/___
 D&O Policy #: ___ D&O Prem: ___ Insured #: _____

I understand that the insurance company, in determining whether to provide insurance coverage, will rely on the information contained in this form and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

I am aware that the insurance company expects accurate reporting for my premium calculation. I understand that my books and records may be examined or audited by the insurance company at any time during the coverage period and up to three years thereafter. Intentional misrepresentation or misreporting may jeopardize coverage.

I further acknowledge that, I have reviewed all information provided with this enrollment form and understand the exclusions which apply, as well as the activities and operations for which coverage is not provided.

Applicant or agent signature: _____ Date: _____

Printed name: _____ Title: _____

If an agent: Check here to acknowledge you are signing on behalf of the named insured.

Named insured (from page 3): _____