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Gymnastics General Liability Insurance Application

(Application required for each location)

Section I – General Information

Name, as it should appear on the policy: _____

Owner's Name: _____ E-mail: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____ Web site: _____

Section II – Business Information

Corporation Individual LLC Partnership Organization

Please indicate liability limit requested: \$500,000 \$1,000,000

Please indicate desired accident medical limit: \$50,000 \$25,000 \$10,000

(Note: Accident Medical coverage is required, either through Market or another carrier.)

years experience of current management: _____

Years in Business: _____ Years at this location: _____

Please indicate the desired effective date: _____ / _____ / _____
month / day / year

Street Address: _____

City: _____ State: _____ Zip: _____

1. Do you own or rent facility? Own Rent If private residence, check here:

If renting, Landlord Name: _____

Landlord Mailing Address: _____

2. Do you sublease space to others? Yes No

If Yes: a) To whom do you sublease? _____

b) For what purpose? _____

c) Do you require a Hold Harmless or Certificate of Insurance? Yes No

(If Yes, please attach a copy.)

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

4. Please describe other business activities you own, operate, or manage: _____

5. Gymnastics federation(s) or association(s) with which you are affiliated: _____

Section III – Insurance Information

6. Is facility currently insured? Yes No Annual Premium: \$ _____
Insurance Company Name (*not agency*): _____
7. Has a liability or medical claim been made in the last 4 years? Yes No
- If Yes:**
- | Date of Loss | Type of Loss
(Acc. Med, Liability) | Description of Loss | Amount of Loss |
|--------------|---------------------------------------|---------------------|----------------|
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
8. Has similar insurance been canceled or declined in the last 5 years? Yes No
If Yes, explain: _____
-

Section IV – Census/Eligibility Information

9. Number of instructors: **Full Time:** _____ **Part Time:** _____ **Student:** _____
10. Do you have any instructors under 21? Yes No
If Yes, is there always adult supervision overseeing their activities? Yes No
(Adult is defined as 21 years of age or older.)
11. What is the student/instructor ratio in a typical class? _____ students per instructor
12. What is the maximum number of students projected to be enrolled at the busiest time of year?
- | <u>By Age:</u> | <u>Number of Students</u> | <u>By Classification:</u> | <u>Number of Students</u> |
|---------------------------|---------------------------|---------------------------|---------------------------|
| Under 6 years of age: | _____ | Recreational: | _____ |
| 6 to 23 years of age: | _____ | Compulsory Competitive: | _____ |
| Over 23 years of age: | _____ | Optional Competitive: | _____ |
| Total number of students: | _____ | Total number of students: | _____ |
13. Do you require a waiver be signed by both parents/guardians for each student? Yes No
(If Yes, please attach a sample copy.)
14. Do you instruct "special needs" children? Yes No
If Yes: a) Number of participants with "special needs": _____
b) Number of participants per instructor: _____ participants per instructor
c) Have instructors had any special training: Yes No
If Yes, what kind of training? _____
15. Do you subscribe to USAG safety guidelines? Yes No
16. Do you subscribe to the USAG Kinder Accreditation program? Yes No
17. Have coaches/instructors completed safety certification or continuing education programs? Yes No
If Yes: When? _____ Conducted by whom? _____
18. Is all equipment supervised by an instructor when being used by students? Yes No
19. Is the gym practice area secured when not in use? Yes No
20. Do you have any homemade or modified equipment or landing mats? Yes No

21. Do you have inflatable equipment? Yes No
 If Yes: a) Is it used: To enhance gymnastics performance only (ex. AirTrak) or For play/recreational purposes
 b) Is equipment used off site? Yes No
 c) Is it rented out? Yes No

Section V – Financial Information

22. Annual gross receipts from tuition/membership fees: \$_____
23. Do you sell products? Yes No
 If Yes: a) Annual gross receipts from products: \$_____
- b) Describe products sold: _____
- c) Do you manufacture or re-label any as your own product? Yes No
- d) If Yes, which products? _____
24. Do you have fitness equipment and/or weights that are used by anyone other than your gymnastics students?
 Yes No If Yes, annual gross receipts for this operation? \$_____

25. Do you have any of the following:
- | | | # Annually | # of Participants | # of Instructors/Chaperones | Receipts |
|--------------------------------|----------------------------------------------------------|------------|-------------------|-----------------------------|----------|
| a) Birthday parties? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | _____ | _____ | \$_____ |
| b) Exhibitions/Demos? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | _____ | _____ | \$_____ |
| c) Sleepovers? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | _____ | _____ | \$_____ |
| d) Bring-a-Friend? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | _____ | _____ | \$_____ |
| e) Open Gym? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | _____ | _____ | \$_____ |
| f) Fundraisers/Special Events? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | _____ | _____ | \$_____ |
- If Yes, describe events: _____
- g) Other income? Yes No Amount: \$_____
- If Yes, describe sources (including other businesses or activities): _____

Section VI – Safety/Activities Information

26. Do you have formalized curriculum including lesson plans and predetermined teaching/skills progressions? Yes No
27. Do you keep performance charts or similar records on each student? Yes No
28. How often do you inspect your equipment/apparatus? Daily Weekly Monthly Other_____
29. Do you keep a maintenance log for your equipment/apparatus? Yes No
30. Do you have Martial Arts? Yes No **(If Yes, please complete our Martial Arts Application.)**
31. Do you have Dance students? Yes No **(If Yes, please complete our Dance Application.)**
32. Do you have Cheerleading and/or Aerobatics? Yes No
 If Yes: a) Do you do pyramids? Yes No
 b) Do you participate in competitions? Yes No
33. Do you have Camps with activities other than gymnastics? Yes No
(If Yes, please complete our Travel/Tournaments/Camps & Competitions Supplement.)
34. Do you travel for any events (other than USAG sanctioned events)? Yes No

(If Yes, complete our Travel/Tournaments/Camps & Competitions Supplement.)

35. Do you have Tanning Beds? Yes No (If Yes, please complete our Tanning Bed Supplement.)
36. Do you have swimming pools? Yes No (If Yes, please complete our Swimming Pool Supplement.)
37. Do students from other schools or gymnastic programs participate in competitions on your premises that are not sponsored by USAG? Yes No
38. Do you have a climbing wall? Yes No (If Yes, please complete our Climbing Wall Supplement.)
39. Do you have other indoor recreational facilities/soft play equipment? Yes No
If Yes, please attach list of equipment.
40. Please list any other activities you offer: _____

Section VIII – Day Nursery/Babysitting (Complete if applicable)

41. Does facility operate a licensed child care center? Yes No (If Yes, please complete our Child Care Application.)
If No, complete Questions 42–48 below.
42. Square footage of nursery area: _____ Sq. Feet
43. What is the ratio of children to attendants? _____ children per attendant
44. What is the age range of the children? _____
45. Are parents/guardians required to be on premises while the child is in your care? Yes No
46. Do you have written sign-in and sign-out procedures? Yes No
47. Is there a smoke alarm in the day nursery? Yes No
48. Is the nursery in a stand alone/separate building? Yes No

Please Note: Coverage is not included for booster club activities unless the booster club is operating in the corporate name and is not a separate entity.

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 affects this insurance has been withheld:

Applicant's Signature: _____ Date: _____

Producer's Signature: _____ Date: _____

- How did you hear about us? (Check one) Previously Insured with Markel
- Magazine Ad (specify): _____ Referred by: _____
- Web site/search engine: _____ Other (specify): _____

Agency Information

Agency Name: _____ Contact: _____

Agency Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____



**MARKEL
INSURANCE
COMPANY**

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Additional coverages are available. If you would like a quote on any of the following, please check the appropriate box(es), and applications will be mailed to you. For faster service, call us at 800-900-1155. Insurance agents may submit ACORD applications for these coverages.

Coverage Please send me an application:

Property:

- Building
- Contents/Equipment
- Glass
- Sign
- Crime
- Business Income
- Umbrella Liability

Please include the following with your application:

- Hold Harmless Agreements or Certificates of Insurance (if you lease or sublease space)
- Resumes of Directors and Instructors (if business has been in operation less than 3 years)
- Claims experience ("loss runs") from current insurer
- List of products sold
- List of indoor soft play equipment and photos of equipment
- Supplements where required, as stated throughout this application