



8722 S. Harrison St. Sandy, UT 84070
P.O. Box 4439 Sandy, UT 84091
877-678-7342 • Fax 800-478-9880

GYMNASTICS

A. General Information

Proposed Effective Date: _____

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: _____ Fax: _____

Physical Location of Business (if different): _____

Population within 50 miles: _____

Other Locations Used:

Physical Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Please list any other names the business is or has been known by: _____

Contact Person: _____ Producer's Name: _____

Detailed description of business activities (specifically, and by location): _____

Applicant is: Individual Corporation Partnership Joint Venture Other: _____

Is this a new business? Yes No

Please list the business owner(s) of the business applying for insurance and identify how many years experience the owner(s) has in this type of business: _____

Please list the manager(s) of the business applying for insurance and identify how many years experience the manager(s) has in this type of business: _____

Annual Payroll: \$ _____ Total Number of Employees: _____ Full-Time: _____ Part-Time: _____

Please describe the business's drug policy and what the procedure is when an applicant or employee fails a drug test: _____

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services? Yes No

If yes, please tell us:

Employee Name: _____

E-Mail: _____ Business Telephone No.: _____

Fax: _____ Years with Company: _____

Employee's Responsibilities: _____

B. Insurance History

Who is your current insurance carrier (or your last if no current provider)? _____

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor ever had a claim? Yes No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy? Yes No

If yes, please explain: _____

If yes, please explain:

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets? Yes No

If the standard markets are declining placement, please explain why: _____

C. Other Insurance

Please provide the following information for all other business-related insurance the Applicant currently carries.

	1	2	3
Coverage Type			
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

D. Desired Insurance

3. Is the gymnasium practice area secure from use by any other persons than coaches or trainees under supervision during regular operating hours? Yes No
4. Number of square feet: _____
5. Number of enrollees annually: _____
6. Equipment:

YES	NO	N/A	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Is each apparatus inspected by a trained teacher or coach prior to practice or competition to assure that it is performance-ready?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Do you follow equipment manufacturer's recommendations for: Installation
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Do you follow equipment manufacturer's recommendations for: maintenance/inspection
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Do you follow equipment manufacturer's recommendations for: posting of warning labels
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Does the specific use and condition of your mats meet USGF and manufacturer's specifications?

7. Risk Management:

YES	NO	N/A	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Do you use trampolines? If yes, a trampoline supplement must be filled out.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Are all activities taking place on the trampoline supervised?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Are all students warned as they progress through the various skills to be learned in Gymnastics, of the inherent risk involved in participating, and the rules of participation?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Do you put USGF safety posters and warnings in your gymnasium?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Do you obtain pre-participating medical information on participation?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Do you have a medical emergency plan and procedures?

8. Please enclose resumes of your key personnel and minimum requirement for person(s) charged with safety. Include a list of all gymnastics instructors, including their name, age, and years of experience.
9. What is the minimum age of employees? 16-18 18-21 21+
10. Are all coaches or teachers of gymnastics first-aid trained and certified? Yes No
11. Are all employees filing W-2 Forms? Yes No
12. Are all gymnastics activities supervised by appropriately experienced and/or certified personnel? Yes No
13. Total maximum enrollment last year? _____
14. What are the most people that you could have participating in one day? _____
15. Are students, regardless of talent, required to master each step in a skill progression before advancing to more difficult skills? Yes No
16. Do you keep USGF "Performance Chart" record or skill sheet equivalent on each trainee? Yes No
17. Do you obtain "Liability Release" and "Consent for Medical Treatment" forms from each trainee's parent or legal guardian? Yes No
18. What is your instructor/student ratio? _____

19. Do you control and own all business operating on your premises? Yes No
20. Have you obtained certificates of insurance from all independent contractors or concessions? Yes No
If yes, please enclose copies.

21. Lesson Blocks

(A lesson block is any distinct period of time that a student signs up for, such as classes, etc.)

	ANNUAL # OF LESSON BLOCKS	AVERAGE LENGTH OF EACH LESSON BLOCK	AVERAGE # OF STUDENTS IN EACH BLOCK	CHARGE PER STUDENT	GROSS RECEIPTS
Beginner					
Intermediate					
Advanced					

22. Additional Activities

	GROSS RECEIPTS	# OF PARTICIPANTS ANNUALLY
Birthday Parties	\$	
Competitions (home)	\$	
Competitions (away)	\$	
Family Days	\$	
Open workouts	\$	
Lock In	\$	
Camps	\$	
Clinics	\$	
Team parties	\$	
Other (please describe)	\$	

Note: Competitions held at other facilities with your regular students are covered. Competitions held at your facility can be included if you obtain a certificate of Additional Insured from the visiting program naming you as Additional Insured. If that is not obtainable, each competition can be scheduled and added for a fee of \$25.00 each.

Note: If USGF sanctioning is obtained on an event, additional coverage may not be required.

23. Checklist of enclosures:

- Brochure
- Liability Waiver (if used)
- Staff Manual (Optional)
- Personnel Roster
- First Aid Kit List
- Advertising Materials
- Operating plan, procedural manual (optional)
- Emergency Plan
- Registration Form

**Important: Not everyone will have all these items.

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any

premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____

Dated: _____

Applicant:

Agent/Broker:

Signature

Signature

Print Name

Print Name