



Gymnastics & Cheerleading Insurance Application Form

New Account

Renewing Coverage

Section I – Applicant Information

Requested Effective Date: _____
Named Insured (as it should appear on the policy): _____
Doing business as (DBA): _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Contact Name: _____
Phone: _____ Fax: _____
Email: _____
Website: _____
of Years in Operation: _____ For Profit or Non-Profit: _____

List location address(es) if different from mailing address:

Location 1:

_____ Street _____ City _____ State _____ Zip _____

Location 2:

_____ Street _____ City _____ State _____ Zip _____

FOR NEW ACCOUNTS ONLY, please complete the following:

What is the name of your current insurance carrier(s) and expiration date(s) of coverage?

Is your current carrier non-renewing your coverage? Yes No

If yes, please explain:

Have there been any general liability or accident medical losses in past 3 years? Yes No

If yes, total amount incurred: _____

Provide details or loss runs: _____

To be completed if a licensed insurance agent is submitting application on client's behalf.

Agency/Brokerage: _____

Agent/Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Agent/Contact E-mail Address: _____

Section II – Premises and Operations Information

Please indicate the type of programs that are included in your operations (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Adult and Child Classes (ie, Mommy & Me) | <input type="checkbox"/> Recreational Gymnastics |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Rhythmic Gymnastics |
| <input type="checkbox"/> Competitive/Artistic Gymnastics | <input type="checkbox"/> Sports Acrobatics |
| What levels are trained? _____ | <input type="checkbox"/> Trampolines |
| <input type="checkbox"/> Dance Programs | <input type="checkbox"/> Tumbling |
| <input type="checkbox"/> Mobile Gymnastics Programs | <input type="checkbox"/> Tumble Bus |
| <input type="checkbox"/> Preschool Gym or Motor Skills Development | <input type="checkbox"/> Other (please describe): |
| <input type="checkbox"/> Parkour, Free Running or Urban Gymnastics | _____ |

1. Do you require a waiver and release form be signed by the student and/or their parent/guardian as part of your registration?	Yes	No
2. Do you have a Code of Conduct, Written Regulations and/or By-Laws?	Yes	No
3. Do you have and enforce written standards regarding sexual abuse and molestation?	Yes	No
4. Do you routinely request and receive criminal background investigations on all employees, volunteers and independent contractors?	Yes	No
5. Is your school/club a member of USA Gymnastics?	Yes	No
6. If cheerleading gym, do you follow USASF guidelines?	Yes	No
7. Are cheerleading pyramids ever more than 2 persons high or are springboards or trampolines ever used when pyramiding in competition?	Yes	No N/A
8. Do you offer aerial performance training (ie, circus skills training)? Describe (ie, high wires, ribbon/fabric performing devices, trapeze): _____	Yes	No
9. Do you offer camps, clinics or overnight lock ins? Do non-members attend? Yes No Describe the type of camp offered (include brochure, if available): _____ List any ancillary activities offered as part of camp (ie, arts & crafts, field trips): _____	Yes	No
10. Do you have a climbing wall? List maximum height of wall: _____ Proper supervision and controls in place? Yes No Are helmets and harnesses used if wall is over 10 feet? N/A Yes No	Yes	No

Section III – Participant Information

Please report the total number of gymnastics/cheerleading participants registered at your busiest time of the year.

Ages 12 & under _____

Ages 13-15 _____

Ages 16-18 _____

Ages 19 and over _____

Ancillary Activities and Birthday or Social Party Coverage

Please select all of the activities you may have and report the total number of registered members and/or the number of separately enrolled participants in each of the activities listed below. The total number of birthday or social parties you may have at your facility on an annual basis should be reported.

<u>Activity/Program Offered</u>	<u># of Participants</u>	<u>Activity/Program Offered</u>	<u># of Participants</u>
Arts and Crafts	_____	Music Lessons	_____
Basketball Programs/Classes	_____	Swimming Programs/Classes	_____
Camps or Clinics	_____	Trial Classes or Open Gym	_____
Dance, Drama, Theater Art Programs List the styles of dance offered: _____	_____	Volleyball Programs/Classes	_____
Martial Arts Programs/Classes List the styles of martial arts offered: _____	_____	Yoga and/or Exercise Classes	_____
Other (please describe) _____	_____	Birthday or Social Parties (Report total # of parties for year)	_____

Section IV – Concussion Protocol

You MUST complete the following information if your business currently offers cheerleading or martial arts.

1. Does your organization have a written concussion policy that is in compliance with current state legislation?	Yes	No
2. Do you distribute the written policy to coaches, parents and players and require parent's acknowledgement that they have received and reviewed?	Yes	No
3. Does your concussion policy require a medical doctor's release prior to the child returning to competition/practice?	Yes	No
4. Does your concussion policy mandate that all coaches participate in concussion training at least once every two years?	Yes	No
5. If you answered No to any of the above questions, are you willing to implement policy within 90 days of renewal?	Yes	No
6. Does your organization utilize baseline testing?	Yes	No
7. Do you need information about putting a concussion policy in place? Ascension Benefits & Insurance Solutions <i>can provide resources and materials to assist.</i>	Yes	No

Section V – Optional Coverage (Equipment & Contents Coverage)

If you wish to receive a quote for this coverage, please complete the following information:

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) \$ _____

Equipment & Contents (athletic equipment, electronics, furniture, 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 below) \$ _____

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

Step 2: List physical addresses where equipment and contents are stored (PO Boxes cannot be accepted.)

Location 1: _____

Location 2: _____

Section VI – Optional Coverage (Sexual Abuse Liability Coverage)

Coverage is contingent upon underwriting review and approval.

If you wish to receive a quote for this coverage, please complete the following information:

1. Does the organization have and enforce written standards regarding sexual abuse and molestation?	Yes	No
2. Does the organization routinely request and receive criminal background investigations on all prospective employees, volunteers and independent contractors?	Yes	No
3. Does the employment application for your paid staff and volunteers include questions about whether the individual has ever been convicted for any crime, including sex-related or child-abuse related offenses?	Yes	No
4. How do you verify employment and/or volunteer-related references? In Person By Telephone Do Not Verify		
5. Do you discuss child/sexual abuse including how to recognize the signs, and what to do if a staff member, child or volunteer reports someone molested him/her at your staff orientation?	Yes	No
6. Do you document it?	Yes	No
7. Do you have a plan of supervision that monitors staff including volunteers in day-to-day relationship with the children?	Yes	No
8. Do you have a crisis management plan for dealing with staff personnel, including volunteers, victim, parents, authorities and media if you have an incident of abuse?	Yes	No

Section VII – Additional Insured Certificate Requests

You will receive a certificate reflecting proof of coverage for your business. If you need a certificate listing someone as additional insured please complete the following. List the name and address of any entity requiring a certificate and indicate their relationship to you.

	Name	Mailing Address	Relationship
1.	_____		
2.	_____		
3.	_____		

Section VIII – Warranty and Disclosure Statement

In granting coverage to any of the insureds, the insurer has relied upon the declarations and statements in this application for coverage. All written statements and materials furnished to the company submitted in conjunction with this application are hereby incorporated by reference into this application and made a part hereof. Nothing contained herein or incorporated herein by reference shall constitute notice of a claim or potential claim so as to trigger coverage under any contract of insurance. This application does not bind the applicant to buy, or the company to issue the insurance.

The undersigned applicant declares that the statements set forth in this application are true. The applicant further declares that if the information supplied on this application changes between the date of this application and the effective date of the policy, should a policy be issued, the applicant will immediately notify the company of such changes, and the company may withdraw or modify any outstanding quotations and/or authorizations or agreement to bind this insurance.

Authorized Representative Signature

Date

Printed Name

Title

To receive an insurance proposal, send completed form to:

Ascension Benefits & Insurance Solutions

Attn: Tumble Time Program

PO Box 25936

Overland Park, KS 66225

Phone: 1-800-955-1991 Fax: 1-913-327-0201

www.ascensionins.com