



8722 S. Harrison St. Sandy, UT 84070
 P.O. Box 4439 Sandy, UT 84091
 877-585-2853 • Fax 877-585-2854

**GYMNASTICS
APPLICATION**

Proposed effective date: _____ When is the quote needed by?: _____

Are you working with an agent/broker? Yes No

Producer name: _____ Producer phone number: _____

Producer e-mail: _____

A. General Information

Applicant's name: _____

Applicant's mailing address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Business telephone number: _____ Fax: _____

Do you have more than one location? Yes No

Physical address of business if different: _____

City: _____ State: _____ Zip: _____

Physical address: _____

City: _____ State: _____ Zip: _____

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

Is this a new business? Yes No

Date business started: _____ Years in business: _____

Please list the business owners and decision makers involved in the business:

Name	Role	Contact Number	E-mail Address

Annual payroll: \$ _____ Annual gross receipts: \$ _____

Does the insured have any contract requirements? (If yes, please attach a copy) Yes No

B. Insurance History

Why is the insured seeking new coverage?: _____

What is the target premium?: _____

Is the current insurance carrier offering a renewal quote? Yes No

If yes, please provide the premium offered: _____ If no, explain: _____

Current coverage/company information:

Company name			
Coverage			
Limits			
Annual premium	\$	\$	\$

Provide names for all insurance companies that have provided applicant insurance for the last three years:

Company name			
Expiration date			
Annual premium	\$	\$	\$
Limits			
Coverage type			

Are any other markets offering coverage? Yes No

If no, please explain: _____

If yes, please provide limits, coverage and premium: _____

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

Policy term		Paid claims	Reserved claims	Total incurred claims
From	To			
/ /	/ /			
/ /	/ /			
/ /	/ /			
/ /	/ /			
/ /	/ /			

Attach/ upload a five-year loss/claims history, including details (if unable to upload will need detailed summary in order to provide valid indication).

Are you aware of any incident, event, or occurrence, loss that might reasonably be expected to lead to a claim, lawsuit, notice of loss, or loss which was not reported to your prior carrier? Yes No

If yes, please explain: _____

C. Desired Insurance

Per act/aggregate OR Per person/per act/aggregate

<input type="checkbox"/>	\$50,000/\$100,000	<input type="checkbox"/>	\$25,000/\$50,000/\$100,000
<input type="checkbox"/>	\$150,000/\$300,000	<input type="checkbox"/>	\$75,000/\$150,000/\$300,000
<input type="checkbox"/>	\$250,000/\$1,000,000	<input type="checkbox"/>	\$100,000/\$250,000/\$1,000,000
<input type="checkbox"/>	\$500,000/\$1,000,000	<input type="checkbox"/>	\$250,000/\$500,000/\$1,000,000
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____

Self-Insured Retention (SIR): \$1,000 (Minimum) \$1,500 \$2,500 \$5,000 \$10,000

Business Activities

Length of season: _____

Does the applicant engage in any other business operations? Yes No

Check all apparatus and training tools available at your gymnasium:

ITEM	QUANTITY	ITEM	QUANTITY
<input type="checkbox"/> Spring/foam floor		<input type="checkbox"/> Solid foam training pit	
<input type="checkbox"/> Loose foam training pit		<input type="checkbox"/> Trapeze	
<input type="checkbox"/> Overhead mounted spotting belt		<input type="checkbox"/> Still rings	
<input type="checkbox"/> Vaulting horse vaulting		<input type="checkbox"/> Pommel horse	
<input type="checkbox"/> Uneven parallel bars		<input type="checkbox"/> Balance beam	
<input type="checkbox"/> Horizontal bar		<input type="checkbox"/> Trampoline	
<input type="checkbox"/> Mini trampoline		<input type="checkbox"/> Double mini trampoline	
<input type="checkbox"/> Tumble track		<input type="checkbox"/> Other: _____	

List all other activities taking place at this location, and the annual number of students:

ACTIVITY	NUMBER OF STUDENTS	ACTIVITY	NUMBER OF STUDENTS
<input type="checkbox"/> Martial arts		<input type="checkbox"/> Dance	
<input type="checkbox"/> Aerobics		<input type="checkbox"/> Weight training	
<input type="checkbox"/> Swimming		<input type="checkbox"/> Other: _____	

D. Premises/Location

Please include any information that adequately describes your premises (i.e. photos, brochures, and a diagram of the premises).

List all parties with an interest in premises:

Owner: _____

Address: _____

Tenant: _____

Address: _____

Other (explain): _____

Address: _____

Is the gymnasium practice area secure from use by any other persons than coaches or trainees under supervision during regular operating hours? Yes No

Number of square feet: _____

Number of enrollees annually: _____

Equipment:

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

Risk management:

YES	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you use trampolines? If yes, a trampoline supplement must be filled out.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all activities taking place on the trampoline supervised?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you put USGF safety posters and warnings in your gymnasium?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you obtain pre-participating medical information on participation?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a medical emergency plan and procedures?

Please enclose resumes of your key personnel and minimum requirement for persons charged with safety.

Include a list of all gymnastics instructors, including their name, age, and years of experience.

What is the minimum age of employees? 16-18 18-21 21+

Are all coaches or teachers of gymnastics first-aid trained and certified? Yes No

Are all employees filing W-2 Forms? Yes No

Are all gymnastics activities supervised by appropriately experienced and/or certified personnel? Yes No

Total maximum enrollment last year? _____

What is the maximum amount of people that you could have participating in one day? _____

Are students, regardless of talent, required to master each step in a skill progression before advancing to more difficult skills? Yes No

Do you keep USGF "Performance Chart" record or skill sheet equivalent on each trainee? Yes No

Do you obtain "Liability Release" and "Consent for Medical Treatment" forms from each trainee's parent or legal guardian? Yes No

What is your instructor/student ratio? _____

Do you control and own all business operating on your premises? Yes No

Have you obtained certificates of insurance from all independent contractors or concessions? Yes No

If yes, please enclose copies.

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					

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.

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

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