K&K INSURANCE
Insuring the world's fun!

GYMNASTICS SCHOOLS/CLUBS
Insurance Program and Enrollment Form

REQUIRED TO QUOTE - Complete pages 3 - 7, plus page 17
Pages 8 - 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 <u>not eligible</u> 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

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.**

NEW: Expanded eligibility for Ninja/Obstacle/Parkour programs including youth and adult, warp walls, manufactured equipment only
(subject to underwriting approval)

WAYS TO ENROLL FOR COVERAGE

Submit this enrollment form for a quote.

E-MAIL info@gymnasticsinsurance-kk.com

FAX 1-260-459-5940

MAIL

Regular:	Overnight:
K&K Insurance Gymnastics RPG P.O. Box 2338 Fort Wayne, IN 46801-2338	K&K Insurance Gymnastics RPG 1712 Magnavox Way Fort Wayne, IN 46804

QUESTIONS **Call 1-800-648-6406**

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 12.

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: K&K Insurance Group, Inc., 1712 Magnavox Way, Fort Wayne, IN 46804.

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.

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

K&K INSURANCE
Insuring the world's fun!

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 administration 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 and payment plan options.

TO AVOID PROCESSING DELAYS: 1. Complete all applicable sections (print legibly) 2. Sign and date where required 3. Remit completed enrollment form (pages 3 - 17)

GENERAL INFORMATION

❍ I am a new account ❍ I am renewing my coverage

Full legal name of business: _____

Note: This is the name that will appear on your Certificate of Insurance. If your company is a Sole Proprietorship, then this will be your personal name or DBA.

Applicant is a: ❍ Sole Proprietorship ❍ Limited Liability Co. ❍ Corporation ❍ Partnership
❍ Other (describe): _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Contact name: _____ Phone: (_____) _____

Cell: (_____) _____ Fax: (_____) _____

E-mail: _____ Website: _____

(By listing an email address, you are giving us permission to contact you by email about your policy. Refer to page 17 for Electronic Disclosure/Consent)

LOCATIONS

Please list locations you own or operate on a 24 hour basis, if different than the mailing location above.

(Note: Temporary leased spaces or mobile program sites should not be listed here, only your owned/operated location sites. You can add temporary/mobile locations on the certificate request section if evidence of coverage or additional insured status is needed on page 16)

Location 1: _____
Street Address City State Zip

Location 2: _____
Street Address City State Zip

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).

❍ Start my coverage on this date: _____ / _____ / _____

BUSINESS INFORMATION

1. # of years in business? _____ # of years of current management? _____
2. What are your total annual gross sales from all operations (before expenses)? $ _____
3. # 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.sportsinsurance-kk.com)
4. Are any of your instructors under the age of 21? ❍ Yes ❍ No

   If yes, do you always have a staff member over the age of 21 on site during open hours? ❍ Yes ❍ No
5. Are all instructors/coaches who are training and instructing students to compete in events at the optional routine levels (levels 7-10 & Elite) certified? ❍ N/A ❍ Yes ❍ No
6. Is at least one instructor/coach CPR/first aid certified and on-site during open hours? ❍ Yes ❍ No
7. Is your student/instructor ratio for a typical class 10:1 or less? ❍ Yes ❍ No

BUSINESS INFORMATION CONTINUED

8. 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:_____

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

10. 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.

❍ Child/adult instructional gymnastic classes
(Adult participates with child in class, ex: Mommy & Me)
❍ Cheerleading
❍ Competitive/Artistic gymnastics
What levels are trained?_____
❍ Mobile gymnastic programs
❍ Trampolines (instruction/training classes/programs only)
❍ Pre-school gymnastics
❍ Recreational gymnastics
❍ Rhythmic gymnastics
❍ Sports acrobatics (USAG sanctioned only)
❍ Tumble bus
❍ Tumbling (floor activity only)

Ancillary instructional or learning programs

❍ Dance
❍ Drama/Theater
❍ Martial arts
❍ Pilates/Yoga/Aerobics
❍ Swimming (instructional classes/programs only)
❍ Strength conditioning area/programs
❍ Weightlifting
❍ Other:_____

Other operations/exposures:

❍ Batting cages *
❍ Birthday parties
❍ Camps/Clinics
❍ Circus arts/skills training *
❍ Climbing walls/ropes/cargo nets
❍ Inflatables
❍ Massage therapy *
❍ Obstacle course type training classes/activities such as USA Ninja Challenge™, USAIGC Warrior Program, etc.
❍ Open gym
❍ Ninja, Parkour, Urban/Extreme gymnastics, Tricking, Free-running
❍ Parents night out
❍ Physical/Sports rehab therapy*
❍ Restaurants*
❍ Snack/juice bars
❍ Social events
❍ Spas and spa services *
❍ Steam rooms or saunas*
❍ Swimming pools
❍ Tanning beds*
❍ Trampolines
❍ Whirlpools, Hot tubs, or Jacuzzis*
❍ Ziplines/slack lines/trapezes
❍ Other:_____

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

FACILITY/OPERATIONS INFORMATION

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, are your events USAG sanctioned? ❍ Yes ❍ No

NOTES • USAG sanctioned events are ineligible for this optional coverage, since they are covered by USAG.

• 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 13.

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: _____

(Note: Must submit pictures if you have homemade or modified equipment for your equipment to be considered and approved)

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

❍ Climbing Wall	Maximum Height? _____	Safety Harness Used?	❍ Yes ❍ No
❍ Cargo Net	Maximum Height? _____	Safety Harness Used?	❍ Yes ❍ No
❍ Climbing Rope	Maximum Height? _____	Safety Harness Used?	❍ Yes ❍ No
❍ Slack Lines	Maximum Height? _____	Safety Harness Used ?	❍ Yes ❍ No
❍ Trapeze	Maximum Height? _____	Safety Harness Used?	❍ Yes ❍ No
❍ Zip Line	Maximum Height? _____	Safety Harness Used?	❍ Yes ❍ No
❍ Other: _____ _____	Maximum Height? _____	Safety Harness Used?	❍ Yes ❍ No

6. Do you have padding underneath your device(s)? ❍ N/A ❍ 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.

7. 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? _____ (i.e.: once a month, once a year, etc.)

f) How often do you: Fluff/rotate the blocks?_____ (i.e.: once a week, once a month, etc.)

g) What is the depth of the total pit?_____

h) Identify the pit base (please check): ❍ Solid floor ❍ Cushion/mat ❍ Trampoline/suspension

8. 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? $_____

9. 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

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

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

If yes, and you take participants away from your premises,

a) Check when this occurs (check all that apply) ❍ Gymnastics programs ❍ Camps/clinics ❍ Other:_____

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:

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

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
❍ Bus/Vehicle (owned by you)
❍ Other (please describe): _____
❍ Walk – distance walked: _____
❍ Public Transportation (subway, bus, etc.)

(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).

FACILITY/OPERATIONS INFORMATION CONTINUED

12. Do you host any overnight events/activities? ❍ Yes ❍ No

If yes:

a) What programs/activities have overnight events/activities? (check all that apply)

❍ Parent's night out ❍ Overnight Camps/clinics ❍ Other:_____

b) Typical age group attending _____

c) Typical hours of the event/activity _____ am/pm to _____ am/pm

d) Are all supervisors over the age of 21? ❍ Yes ❍ No

e) 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

f) Do you have at least 2 employees on-site during the event/activity? ❍ Yes ❍ No

g) Describe the type of activities that take place during the event/activity: _____

h) Do you require separate waivers to be signed by all participants and/or their parents and/or guardian? ❍ Yes ❍ No

i) Do these overnight events/activities take place at your facility? ❍ Yes ❍ No

If no, please explain: _____

13. If you suspect an 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

14. **FOR NEW ACCOUNTS ONLY**

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

Are you a new business operation? ❍ Yes ❍ No

If no, do you have current insurance coverage in place? ❍ Yes ❍ No

If yes:

a) Name(s): _____ Expiration date(s): _____

b) Is your current carrier non-renewing your coverage? ❍ Yes ❍ No

If yes, why? _____

c) Please <u>provide</u> 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._____

Note: We cannot provide a quote without loss history documentation

GYMNASTIC / TUMBLING / TRAMPOLINE / SPORTS ACROBATICS / CHEERLEADING 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. Are you seeking limits of insurance above 1,000,000? ❍ Yes ❍ No

If yes, please advise limit requested $_____

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 and cheerleading 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 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. Is your student/instructor ratio for a typical class 10:1 or less? ❍ Yes ❍ No

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. Do you host/hold open gym, parents night out, special events or other social parties? ❍ Yes ❍ No
   If yes:
   a. Are these events open to the public/non-member guests? ❍ Yes ❍ No
   b. Describe: _____

7. Do you have birthday parties? If yes, please complete section below.

Type of Birthday Party	Number of Birthday Parties
Birthday Parties (a party for the honoree who is age 15 or younger with the majority of the attendees/participants being age 15 or younger)	

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. Is your student/instructor ratio for a typical class 10:1 or less? ❍ Yes ❍ No

5. 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. _____

6. Do you hold any activities off-site (other than at your gymnastics facility)? ❍ Yes ❍ No
   If yes, please make sure to complete question #11 on page 6.

7. 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.**

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

The activity or sport of moving rapidly through an area (often an obstacle course) by negotiating apparatuses or obstacles by running, jumping, rolling, flipping, and/or climbing.

Coverage for these activities will be excluded unless reported to and approved by us, and for which a premium (if applicable) is paid.

❍ **Check here if you do not offer any of these types of classes/programs**

1. What type of programs/classes/activities do you provide? (check all that apply and advise if your organization is part of a particular program, e.g.: USA Ninja Challenge, Ninja Kids™, Ninja Zone™, USAIGC Warrior Program or is self-designed)

   ❍ Indoor obstacle course:_____ ❍ Parkour:_____
   ❍ Ninja:_____ ❍ Other:_____
   ❍ Outdoor obstacle course or training: _____

2. 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

3. Do you require all staff to be certified to teach these classes? ❍ Yes ❍ No
   If yes: Please list all the certifications held by your instructors other than USAG: _____
   _____

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

5. Is your student/instructor ratio for a typical class 10:1 or less? ❍ Yes ❍ No

6. Do you use a written skills-based graduated training method? ❍ Yes ❍ No
   (Please provide a copy of your curriculum, a layout of the course, and include pictures of the area & equipment used for program)

7. Do you utilize equipment specifically designed for obstacle courses/ninja/extreme tumbling/parkour/free-running? ❍ Yes ❍ No
   If yes, please attach a list of the equipment and their manufacturers
   If no, please list each type of equipment/obstacles that is used for training/instruction:_____

8. Does your equipment include warped walls? ❍ Yes ❍ No
   If yes, how many?_____ Please list height of each unit:_____

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

10. Do you use any homemade or modified equipment? ❍ Yes ❍ No
    If yes, please explain and provide photos: _____

11. Is your facility equipped with video cameras to monitor use of equipment? ❍ Yes ❍ No

12. Does any of the equipment have a fall height above 5 ft? ❍ Yes ❍ No
    If yes, please describe and provide pictures: _____

13. Is equipment protected or locked off during non-use hours to prevent unsupervised use? ❍ Yes ❍ No
    If yes, describe precaution taken:_____

14. Do you conduct any instruction outdoors? ❍ Yes ❍ No
    (Note: any outdoor instruction\events\activities are excluded under this program)

15. 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)

16. Do you have open gym time for these programs/activities? ❍ Yes ❍ No
    If yes,
    a) Can non-members/general public attend? ❍ Yes ❍ No
    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

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

Age Group	No. of Students/Members	Age Group	No. of Students/Members
Under Age 7		Ages 13 - 17	
Ages 7 - 12		Ages 18 +	

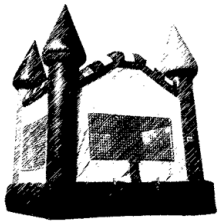
INFLATABLE AMUSEMENT DEVICE

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.

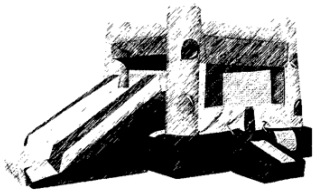


❍ Bounce House

# of units:_____
Model/serial #(s):_____

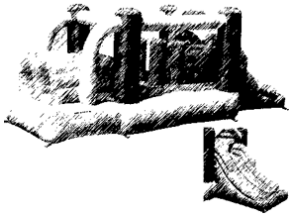
❍ Bounce House with entry ramp

# 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

FACILITY/OPERATIONS INFORMATION CONTINUED

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:_____

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?_____

AGENT INFORMATION

AGENTS:

Please complete the information below.

Agency name:_____ Agent/contact name:_____

Agency complete mailing address:_____

Agency telephone: (_____) _____ Agency fax: (_____) _____

Agent/contact e-mail address: _____ Tax I.D._____

OPTIONAL COVERAGES PREMIUM CALCULATIONS

Sexual Abuse or Sexual Molestation Liability Coverage OR Abuse, Molestation or Harassment or Sexual Conduct Defense Cost Reimbursement

❍ **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 independent contractors? ❍ Yes ❍ No
   The term "Volunteers" means someone, including parent volunteers, who exerts control over or supervises participants.
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 be reported to law enforcement? ❍ Yes ❍ No
   b. Are written procedures provided or available to each employee, volunteer, independent contractor or sanctioning/governing body member? ❍ Yes ❍ No
   c. Does your written plan include reasonable procedures to limit one-on-one interactions between a minor and an adult (who is not the minor's legal guardian) to those that are observable by another adult and within an interruptible distance, except under emergency circumstances? ❍ Yes ❍ No
4. Please complete the following questions regarding employee, volunteer, or independent contractor screening controls used by your organization.

Please Complete All Questions The term "Volunteers/Independent contractors" in the following questions means someone who exerts control over or supervises participants.	**Employees (Check Here if No Employees ❍)**	**Volunteers/Independent contractors (Check Here if No Volunteers/Independent contractors ❍)**
Are employee/volunteer applications required?	❍ Yes ❍ No	❍ Yes ❍ No
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?	❍ Yes ❍ No	❍ Yes ❍ No
If yes and applicant checks yes, do you reject the applicant?	❍ Yes ❍ No	❍ Yes ❍ No
Are background checks provided by a third party vendor/service?	❍ Yes ❍ No	❍ Yes ❍ No
If yes, do you reject an applicant with any history of physical violence or sex related offenses?	❍ Yes ❍ No	❍ Yes ❍ No

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

_____

_____

_____

_____

OPTIONAL COVERAGES PREMIUM CALCULATION CONTINUED

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

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CERTIFICATE REQUESTS

Once your enrollment form is approved, you will receive a Certificate of Insurance as evidence that coverage is bound.
Complete this section if you require additional certificates listing a facility, property owner or similar third-party as an additional insured on your policy. Provide a separate request for each additional certificate needed.

Note: Please request all additional insureds needed for this policy term. Additional insureds from the expiring policy term will not be automatically renewed.

When is this certificate needed? : _____/_____/_____

This certificate is for: ❍ General Liability Coverage ❍ Equipment & Contents/Inland Marine Coverage (if applicable)
❍ Hosted Tournament Coverage

What is the additional insured's relationship to you?
❍ Owner/manager/lessor of premises (facility or venue) ❍ Sponsor ❍ Co-promoter
❍ Lessor of equipment/contents (liability) ❍ Loss Payee (equipment/contents))
❍ Other (please identify/explain):_____

NOTE: The certificate holder will automatically be an Additional Insured for an Owner/manager/lessor, Sponsor or Co-Promoter relationship

Certificate holder/additional insured name:_____

Mailing address: _____

City: _____ State: _____ Zip:_____

Does the certificate holder/additional insured require any special wording or endorsements? ❍ Yes ❍ No
If yes, check all that apply: ❍ CG2026 ❍ Primary ❍ Waiver of subrogation
❍ Other (please explain):_____

NOTE: If you are not sure, please attached a copy of the insurance requirements/instructions you've received.

For specific events: Date(s) of event/activity: _____/_____/_____ 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: _____
Replacement cost value:_____
For Loss Payee: Type of equipment (please describe):_____ Replacement cost value: _____

The most common delay in certificate processing is caused by providing partial or incorrect name and/or instructions. Please check your request carefully before submitting.

GENERAL FRAUD STATEMENT

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.

IMPORTANT INFORMATION. PLEASE READ.°

Warranty & Electronic Disclosure and Consent
PLEASE READ, COMPLETE #9 BELOW, AND SIGN BELOW

Electronic Signature Disclosure and Consent

The Electronic Signatures in Global and National Commerce Act (15 U.S.C. § 7001, et seq.) provides that a signature, contract or other record may not be denied legal effect, validity or enforceability solely because it is in electronic form or because an electronic signature was used in a transaction.

K&K Insurance Group (K&K), whether on its own behalf, and/or on behalf of an insurer and/or third parties, may utilize the internet, email, cloud services, digital storage, digital media or similar electronic means to transmit Policy Documents to its clients. This Agreement informs you of your rights when we are delivering and you are receiving such documents from us electronically.

By agreeing to proceed with this transaction, you acknowledge and consent to the following:

1. I hereby voluntarily consent to proceeding with this transaction, and all subsequent actions related to this transaction, electronically.
2. I understand that further documents relating to this insurance purchased through K&K, including but not limited to correspondence, communications, confirmations, requests for premium payments and policy documents, may, to the extent permitted by law, be transmitted by electronic means to me, including by e-mail sent to the e-mail address I have provided as part of this transaction and/or my on-line registration. I consent to such documents being provided to me electronically.
3. Notwithstanding paragraph 2, any notice of cancellation shall be sent to me by mailing to the address I have provided as part of my registration and/or application for insurance, or to such other address for which I have provided notice pursuant to the terms of the policy.
4. Any change or revision to the e-mail address or other electronic contact information which I have provided as part of this transaction and/or my on-line registration process shall be requested by me by logging onto this website, or by mailing a written notice to: K&K Insurance; 1712 Magnavox Way; Fort Wayne, IN 46804.
5. I understand that I have the right to obtain a paper copy of any electronic record provided to me pursuant to this transaction or any subsequent transaction involving my coverage by mailing a written request to the address provided in paragraph 4.
6. In order to access the electronic records provided, the following hardware and software are required: (a) a personal computer or other device through which Internet access is available, (b) an Internet connection, (c) an e-mail account with an Internet service provider, and (d) Adobe Acrobat Reader.
7. I understand that I have the right and option to withdraw my consent to the receipt of further electronic documents at any time, by mailing a written request to the address provided in paragraph 4. By withdrawing my consent to electronic delivery of documents I understand that I will receive a paper copy of future policy documentation.
8. Information relating to this transaction is subject to the terms of our privacy statement, a copy of which is provided at www.kandkinsurance.com.
9. DOCUMENT DELIVERY. After this enrollment form is approved, you will receive a certificate of insurance showing evidence that coverage has been bound. When submitted through an insurance agent or broker, this coverage document will only be delivered to them. Additional certificate requests will be issued to the same person. Please select preferred method for document delivery. Providing an email address in this application will be deemed consent to us to deliver documents and communication to you electronically.

❍ E-mail to: _____ attn: _____

❍ Fax to: _____ attn: _____

❍ Mail to: _____ attn: _____

READ AND SIGN.

Warranty and Disclosure Statement: 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 book 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. We reserve the right to decline/void any ineligible 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 business name (from page 3): _____

Applicant or agent signature: _____ **Date:** _____

Printed name: _____ **Title:** _____

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