



Gymnastics Application

Cossio Insurance Agency • 864-688-0121 • Fax: 864-603-2348 • P.O. Box 5987, Greenville, SC 29606

- DIRECTIONS:** 1. Fill in the application by filling in the blue fields on all pages.
2. Please fill in all the fields with the correct information.
3. Email the application to apps@cossioinsurance.com or Fax to 864-603-2348

POLICY RECOMMENDATIONS (Please check any you are interested in)

| | | |
|--|---|---|
| <input type="checkbox"/> General Liability | <input type="checkbox"/> Accident Medical | <input type="checkbox"/> Earthquake |
| <input type="checkbox"/> Inland Marine | <input type="checkbox"/> Workers Compensation | <input type="checkbox"/> Commercial Auto |
| <input type="checkbox"/> EPLI | <input type="checkbox"/> Flood | <input type="checkbox"/> Hired & Non-Owned Auto |
| <input type="checkbox"/> Umbrella | <input type="checkbox"/> Abuse/Molestation | <input type="checkbox"/> Cyber Liability |

Section 1: General Information

1. How did you hear about us?

2. Name of Insured: (as it should appear on policy)
(the legal name of the business or organization; an individual name is acceptable if you are sole proprietor)

3. Doing Business as (DBA):
(additional name(s) under which the named insured operates)

4. Mailing Address:

5. Physical Address:

6. Contact Person:

Telephone:

Website:

Email:

7. Risk Management Contact:

Risk Management Phone:

Risk Management's Email:

8. Business Type: ☐ Corporation ☐ Partnership ☐ Individual ☐ Non-Profit ☐ Government Entity ☐ Other:

Year business was established?

of year under present management:

FEIN:

Birth Date:

9. Desired Effective Date:

10. List all named insureds and their interests: Note: The First Named Insureds require common/majority ownership of each named insured - if not, explain the relationship to insured:

11. Is the applicant compliant with the Zackery Lystedt Law? ☐ Yes ☐ No (Only applicable in WA)



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Section 1: General Information (continued)

12. Is the applicant a member of a sanctioning body? (i.e. USA Gymnastics) ☐ Yes ☐ No

13. Is the applicant a franchisee? ☐ Yes ☐ No If yes, name of the franchise to which you belong:

14. Has coverage been declined, canceled or non-renewed in the past 3 yrs? ☐ Yes ☐ No

Section 2: General Liability

| Activities | Annual Number of Participants | | Annual Receipts |
|--|-------------------------------|--|-----------------|
| Gymnastics: | | | |
| Ages 1-12 | | | |
| Ages 13-19 | | | |
| Aerobics | | | |
| Cheerleading | | | |
| Ages 1-12 | | | |
| Ages 13-19 | | | |
| Dance | | | |
| Martial Arts | | | |
| Swimming (monthly # of participants / # of months) | | | |
| Open gym or parents night out | | | |
| Birthday Parties (annual # of participants) | | | |
| Day Care: | | | |
| Day Camps: | | | |
| Overnight Camps: | | | |

1. Identify all programs/activities included in your operations (check all activities that apply)

Your operations must include gymnastics/tumbling to be eligible for this program.

- ☐ Adult and child gymnastics classes (Mommy & Me, Parent-Tot, Me & My Grown-Up, etc)
☐ Cheerleading ☐ Competitive/artistic gymnastics What levels are trained?
☐ Group gymnastics ☐ Mobile gymnastics programs ☐ Parkour, Urban/Extreme Gymnastics/Tricking/Free Running/etc. (subject to approval and separate underwriting questions) ☐ Preschool gymnastics or motor skill development programs ☐ Recreational gymnastics ☐ Rhythmic gymnastics ☐ Sports acrobatics ☐ Trampolines (instruction/training/classes/programs only) ☐ Tumbling (floor activity only) ☐ Tumble buses ☐ Other: (please describe)

Section 2: General Liability (continued)

2. Does the applicant sponsor any non-sanctioned gymnastics or cheerleading competitions?

☐ Yes ☐ No

3. Do you have activities that occur away from the facility location/premises other than competitions, demonstrations, exhibitions, parades or fundraising activities? ☐ Yes ☐ No If yes, please describe:

4. Do you have aerial performance training (e.g.:circus)? ☐ Yes ☐ No

5. Does the Applicant use a mat or springboard floor? ☐ Yes ☐ No

6. Does the Applicant provide classes, instruction or demonstration of Parkour or Freerunning?

☐ Yes ☐ No

7. Do you have dance programs or classes and/or drama and theater programs or classes that are separate from your gymnastics program? ☐ Yes ☐ No

8. Do you host meets, competitions or events involving other schools/clubs? ☐ Yes ☐ No

9. Does the Applicant provide Cross Fit Training or Sports Enhancement Training (other than standard gymnastics training) for adults or children? ☐ Yes ☐ No If yes, provide detailed description:

10. Does the applicant obtain waivers and releases for all participants including adults?

☐ Yes ☐ No If yes, attach a copy.

Does the waiver include use of all equipment including inflatables and rock walls, if any?

☐ Yes ☐ No

11. Total number of employees/workers/volunteers:

12. Ratio of instructors to students in day care:

Other than day care

Ages 0-18 months to

Ages 18 months to 3 years: to

Ages 3-4: to

Ages 5 -6: to

Ages 7-12: to

Ages 13 and over: to

13. Trampolines, zip lines, trapeze, tumble-bus or other rebounding equipment posted with safety rules? ☐ Yes ☐ No

14. Does the applicant have a foam pit? ☐ Yes ☐ No If yes, describe padding:

Supervised at all times? ☐ Yes ☐ No

Depth of pit:

15. Sales of sports equipment or apparel? ☐ Yes ☐ No

If yes, type:

Annual receipts: \$

16. Has the applicant completed any National Certification program? ☐ Yes ☐ No

If yes, what certifications do you hold:



Section 2: General Liability (continued)

17. Does the applicant own/maintain a swimming pool? ☐ Yes ☐ No

18. Does the applicant own or lease the facility? ☐ Own ☐ Lease

If leased, who is responsible for building maintenance? ☐ Applicant ☐ Building Owner

If leased, who is responsible for parking lot? ☐ Applicant ☐ Building Owner

19. Does the applicant lease the facility or equipment to others? ☐ Yes ☐ No

If yes, does the applicant obtain certificates of insurance? ☐ Yes ☐ No

20. Is there a minimum of one staff member certified in first aid present at all times? ☐ Yes ☐ No

21. Is there a minimum of one staff member certified in CPR present at all times? ☐ Yes ☐ No

22. Limit of participant accident coverage: Per person: \$ Catastrophic: \$

23. Additional insured(s) required? ☐ Yes ☐ No Please provide a list and advise relationship to insured:

24. Does the applicant have a concussion awareness and management program in place?
☐ Yes ☐ No

25. If a concussion is suspected, does the applicant comply with state requirement to leave a game or practice immediately and return only after at least 24 hours and with permission of a healthcare professional? ☐ Yes ☐ No

26. Does the applicant currently utilize any concussion impact monitoring technology? ☐ Yes ☐ No

If yes, name of manufacturer:

If yes, who monitors data: ☐ Coaches ☐ Employees ☐ Volunteers ☐ 3rd Party

Section 3: Abuse & Molestation

1. Does the applicant's current insurance program include Abuse and Molestation coverage?
☐ Yes ☐ No

2. Does the applicant's employment process (for employees and volunteers) include verification of whether the individual has ever been convicted of any crime, including sex-related or child abuse related offenses, before an offer of employment is made? ☐ Yes ☐ No

3. Do you verify employment references for employees & volunteers? ☐ Yes ☐ No

4. Do you conduct personal interviews? ☐ Yes ☐ No

5. Are formal written procedures in place for hiring? ☐ Yes ☐ No (If yes, attach a copy)

6. Is there a written supervision plan that monitors staff in day-to-day relationships with clients, both on and off premises? ☐ Yes ☐ No (If yes, attach a copy)

Section 3: Abuse & Molestation (continued)

7. Do you have a written crisis plan for dealing with employees, volunteers, victims, parents, authorities, and the media if you have an incident of abuse? ☐ Yes ☐ No (If yes, attach a copy)

8. Have any incidents resulted in an allegation of sexual abuse? ☐ Yes ☐ No

If yes, was the case settled? ☐ Yes ☐ No

Was the case taken to trial? ☐ Yes ☐ No

Amount paid for damages to the victim: \$

9. Does your state allow criminal background checks? ☐ Yes ☐ No

If yes, do you run criminal background checks prior to hire for: Employees? ☐ Yes ☐ No
Volunteers? ☐ Yes ☐ No

Section 4: Day Care Centers

1. Is the day care center licensed? ☐ Yes ☐ No

2. Has your license ever been denied, suspended or revoked? ☐ Yes ☐ No
If yes provide details:

3. Is the day care separated from the gymnastics facility? ☐ Yes ☐ No

If no, how are children kept away from equipment:

4. Exits directly to the outside on the ground floor? ☐ Yes ☐ No

5. Are bathroom doors locked? ☐ Yes ☐ No

Can they be unlocked from the outside? ☐ Yes ☐ No

6. Are premises child proofed to eliminate potential hazards? ☐ Yes ☐ No

7. Has lead abatement been performed since 1971? ☐ Yes ☐ No

8. Any exposure to asbestos materials? ☐ Yes ☐ No

9. Any staff under the age of 18 years old? ☐ Yes ☐ No

10. Do you have volunteers? ☐ Yes ☐ No If yes, indicate duties:

11. Do you provide sick child, drop in, latch-key, boarding or camp services? ☐ Yes ☐ No

12. Do you care for special needs children? ☐ Yes ☐ No
If yes, describe:

13. Do you maintain the following: Immunization records - updated annually? ☐ Yes ☐ No

Written instructions from child's physician for dispensing medication? ☐ Yes ☐ No

Records for each child indicating unusual conditions the child has? ☐ Yes ☐ No

Signed releases for emergency medical treatment obtained from parents? ☐ Yes ☐ No

Section 4: Day Care Centers (continued)

14. Is there an outside play area? ☐ Yes ☐ No

If yes, describe security, i.e. fencing, gates, locks, etc.

Section 5: Inflatables

1. Please provide a list of inflatables commonly owned/used.

2. Are inflatables used for anything other than gymnastics training or instruction? ☐ Yes ☐ No

3. Do you use any inflatables outside of your building? ☐ Yes ☐ No

4. Are inflatables checked daily and maintenance logs maintained? ☐ Yes ☐ No

Section 6: Rock Climbing and Bouldering Walls

1. Does rock wall meet all CWIG (Climbing Wall Industry Group) standards and local codes?
☐ Yes ☐ No

| | |
|------------------------------------|---|
| 2. What is the height of the wall: | Bouldering wall only - 6' or less? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|------------------------------------|---|

3. Are participants allowed to climb on their own? ☐ Yes ☐ No

4. What is the check-in procedure:

5. What kinds of verbal contacts or warnings given:

6. When is safety testing done:

7. What type of certification system is used:

8. What type of equipment is used:

Describe the belay system:

9. What type of landing surface is used : (Describe makeup, thickness and extent of fall protection)

10. Who is responsible for daily maintenance and checks:

| | |
|---|-----------------|
| 11. Are spotters required? <input type="checkbox"/> Yes <input type="checkbox"/> No | At what height: |
|---|-----------------|

12. Do you have a portable wall? ☐ Yes ☐ No

If yes, what is frequency of use off premises:

13. Is there a separate charge for use of the wall? ☐ Yes ☐ No

If yes, please provide annual receipts: \$

Section 7: Martial Arts

1. Are instructors certified in Martial Arts? ☐ Yes ☐ No

If yes, list qualification, including belt rank:

2. List styles taught and age groups:

3. Do you sponsor on site tournaments with other schools? ☐ Yes ☐ No

4. Are kicking motions to the head permitted during sparring? ☐ Yes ☐ No

5. Do you offer other self defense programs? ☐ Yes ☐ No

6. Do you offer weight/strength training? ☐ Yes ☐ No

7. Is free sparring permitted? ☐ Yes ☐ No If yes, light or full contact:

If yes, are rules posted and signed by owner? ☐ Yes ☐ No

Are kicking motions to the head permitted in sparring? ☐ Yes ☐ No

8. Describe protective gear required:

Section 8: Birthday Parties

1. Are birthday party attendees allowed on gymnastics equipment, trampolines or rock walls?
☐ Yes ☐ No If yes, please describe protection & supervision:

2. What is the average number of attendees per party: Age Group:

3. What is the ratio of staff to attendee:

4. Do you serve food? ☐ Yes ☐ No If yes, what type:

5. Are parents permitted to bring food on premises for parties? ☐ Yes ☐ No

6. Briefly describe activities and equipment attendees are permitted to use for parties:

Section 9: Camps / Clinics

1. Day Camp # of Campers # of Camper Days

Overnight Camp # of Campers # of Camper Days

2. All counselors/leaders 18 years or older? ☐ Yes ☐ No

3. Supervisor on duty at least 25 years or older at all times? ☐ Yes ☐ No

Section 9: Camps / Clinics (continued)

4. Overnight camps? ☐ Yes ☐ No

Describe sleeping arrangements:

Any water hazard exposure? ☐ Yes ☐ No

Describe:

Are camps co-ed? ☐ Yes ☐ No

Section 10: Cheerleading

1. Do you participate in competitive cheerleading? ☐ Yes ☐ No

If yes, what levels (i.e. junior high, senior high?):

Are individual cheerleader abilities and skill levels assessed on an annual basis for team placement? ☐ Yes ☐ No

2. Do you follow NACCC or USASF recommended guidelines for spotters? ☐ Yes ☐ No

3. Do you train students on proper spotting techniques? ☐ Yes ☐ No

4. Are teams/individuals supervised at all times by qualified coaches? ☐ Yes ☐ No

5. Type of floor protection: ☐ Mats ☐ Springboard

6. Are pyramids permitted higher than 2 1/2 people? ☐ Yes ☐ No

Are only advanced students allowed to perform pyramids higher than 2 people? ☐ Yes ☐ No

Do you allow tossing from one base to another base? ☐ Yes ☐ No

7. Do you participate in competitions governed by NACCC/USASF rules? ☐ Yes ☐ No

If no, provide rules that are followed:

Section 11: Swimming Pools

1. Are swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act?]
☐ Yes ☐ No If no, provide timetable and action plan:

2. Is use of the pool limited to registered students only? ☐ Yes ☐ No If no, describe:

3. Are birthday party attendees (if any) permitted to use the pool? ☐ Yes ☐ No

4. Is a lifeguard on duty at all times pool is in use? ☐ Yes ☐ No

Section 11: Swimming Pools (continued)

| | |
|---|---|
| 5. What is the depth of the pool: _____ ft | Distance between depth markers: _____ ft |
| 6. Do you have any of the following features: <input type="checkbox"/> Diving Board: Height of board <input type="checkbox"/> Water Slide: Height of slide | |
| 7. Above Ground? <input type="checkbox"/> Yes <input type="checkbox"/> No | In Ground? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Indoor? <input type="checkbox"/> Yes <input type="checkbox"/> No | Outdoor? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Is there a slip-proof surface surrounding pool area? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Section 12: Hired & Non-Owned Auto

| |
|--|
| 1. Does the insured have any owned automobiles? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| NOTE: If insured has owned autos, the hired car and non-owned auto coverage should be placed with the automobile carrier. Explain if an exception is requested: |
| 2. Do you allow employees to use their own personal vehicles for your business purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, how many employees use their own personal vehicles: |
| If yes, how often? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: |
| 3. Do you obtain Motor Vehicle Reports? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, how often? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: |
| 4. Do you confirm that all employees who regularly use their cars for business purposes carry minimum personal auto limits? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, what minimum limits are required: \$ |
| 5. Please provide the approximate cost of hire for all hired or leased autos during the course of the policy period: \$ |
| 6. Is hired auto physical damage required? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, what is the maximum value of hired vehicle you would like insured? \$ |
| NOTE: Hired Car Physical Damage deductibles: \$100 comprehensive / \$1,000 collision provided. |

Section 13: Equipment Contents and Coverages

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 listed 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) | |
| Complete following ONLY if your replacement cost value if 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? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: | |
| 4. Please attach a complete inventory list with values of each item | |

Section 14: Cyber Liability

1. Do you process payment cards? ☐ Yes ☐ No

2. Estimated annual number of payment card transactions

Section 15: WARRANTY

(Applies to all parts of this application and attachments submitted)

It is hereby understood and agreed that if insurance is issued by virtue of completing this application and any applicable supplemental applications, the Insurance is only issued on the reliance on the applicant's warranty of answers to the questions above and on any such supplemental applications. If, at the time a certificate/policy is issued and ANY OF THE ABOVE WARRANTIES IS IN ANY RESPECT INCORRECT, INCLUDING CLAIMS OR GROSS RECEIPTS, THE COVERAGE AFFORDED UNDER THE CERTIFICATE/POLICY shall, without notice to the applicant, immediately and automatically cease, & the certificate/policy shall BECOME NULL AND VOID. Warranties will survive a certificate/policy if issued.

Section 16: SIGNATURE

Print Name of Applicant

Title:

Signature of Applicant (Mandatory)

Date:

SUBMISSION CHECKLIST

We must receive a copy of these documents with your application: (If applicable)

- ☐ Complete ACORD Property, Auto and Umbrella Liability if coverages requested
- ☐ Evidence of Participant Accident coverage
- ☐ Standard accident waiver for participants
- ☐ Complete event schedule for special events of competitions sponsored by you
- ☐ Latest annual financial
- ☐ Currently valued insurance company loss run for the current policy period plus 3 prior years
- ☐ Emergency Evacuation Plan
- ☐ Copy of safety program including rules and procedures
- ☐ Sample equipment inspection checklist



FRAUD NOTICE

GENERAL STATEMENT: Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

APPLICABLE IN COLORADO: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORDIA: Any person who 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.

APPLICABLE IN HAWAII: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS: 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 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 MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT: Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA: Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

I understand that the insurance company, in determining in whether to provide insurance coverage, will rely on the information contained in this form and all other information submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Insured Signature:

Date: