

SIS Snyder Insurance Services

7450 W 130th Street – Suite 230
Overland Park, KS 66213
1-800-874-6704 (Fax: 913-498-0212)

Thank you for your interest in our insurance programs. Snyder Insurance Services, Inc. specializes in Amateur Sports Insurance and has been a leader in the industry for 21 years! You can be assured that our staff is fully trained to recognize and address all of your insurance needs.

Following are some of the areas where we provide five-star rates and service:

*Gymnastics & Cheer
Ninja Programs
Learn To Swim
Pool Management
Mobile Gym Bus
Dance
Martial Arts
Mommy & Me*

*Child Care/Preschool
Aerial Silks
Camps and Clinics
Special Events
Yoga/Exercise
Birthday Parties
Inflatables
Fencing*

*Business Equipment & Building
Personal Insurance
Improvements to Leased Space
Commercial Auto
Workers Compensation
Directors & Officers Liability
Major Medical
Life*



We have very competitive rates with excellent coverage for all your insurance needs. Attached is an application which can be used for your sports program to include General Liability, Participant Accident, Property, and Workers Compensation. Please visit our website for more information and additional applications at www.snyder1stop.com.

Just complete this application and email back to our office at megan@InsureAsset.com, fax to 913-498-0212 or text to 913-689-0398. We will prepare a written proposal which will be emailed to you. If you like what you see, coverage could be issued the same day with a premium payment over the phone or an electronic check form along with required signature pages!

Please return the following for an accurate quote:

- Completed and signed application
- Copy of previous 3 year loss history or signed no loss statement

If you have any questions, feel free to contact our office anytime. Our friendly staff is happy to guide you!

Thank you,

WHAT ELSE CAN GO RIGHT?™

The Snyder Team

The following are exclusions to your General Liability policy: Speed and agility training, Parkour and activities related to the practice, training or instruction of Parkour – including but not limited to free running and tricking, snowboarding, wakeboarding, inline skating and bicycling whether as part of Parkour activities and training or independent of Parkour activities. EPLI, Bungee jumping, tackle football, concerts, water attractions (water attractions does not include swimming pools), amusement devices (amusement devices does not include inflatable structures), go-carts or other motorized racing, carnivals/circuses/fairs, laser tag, family entertainment centers, paintball.

Children's Fitness Center Program

NEW BUSINESS QUOTE REQUEST – REQUESTED EFFECTIVE DATE: _____

Business Name		DBA	
Mailing Address		City	State
Zip		City	State
How many locations do you have? _____		City	State
Address for each location you want insured		Zip	Owned or Leased
Same as above			<input type="checkbox"/> Owned <input type="checkbox"/> Leased
1.			<input type="checkbox"/> Owned <input type="checkbox"/> Leased
2.			<input type="checkbox"/> Owned <input type="checkbox"/> Leased
3.			<input type="checkbox"/> Owned <input type="checkbox"/> Leased
Is this a Mobile Bus Program Only with no physical location? (Participants only enter bus for all activities) <input type="checkbox"/> Yes <input type="checkbox"/> No			
What type of locations do you go to? <input type="checkbox"/> Commercial locations such as schools/daycares <input type="checkbox"/> Residential homes <input type="checkbox"/> Both			

Contact Name		Email		Website	
Work Phone:		Fax		Cell	
Home		Year Business Started		Years prior ownership/related experience	
Tax ID or Social Security #		Year Business Started		Years prior ownership/related experience	
Type of Company (Check One)		<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> S-Corp <input type="checkbox"/> Other _____			

Prior Carrier Information	Current Year	2 nd Prior Year	3 rd Prior Year
Liability Carrier:			
Policy Number:			
Policy Expiration:			
Annual Premium:			

LOSS STATEMENT: List any **GENERAL LIABILITY** claims or losses in the past 3 years. Please list claims here even if nothing was paid on the claim or if you do not know how much was paid: (Do not list claims reported to or paid by your Accident carrier)

Date of Claim	Description of Injury or Claim	Amount Paid

Additional Insured Information - Certificates

If you need to name an Additional Insured or send proof of Liability Insurance to anyone, please list them below. This should include your landlord or building owner if you lease your building from a person whose name is different than your business name shown above	
Name: _____ Address: _____ City/State/Zip _____ <input type="checkbox"/> Landlord <input type="checkbox"/> Loss Payee <input type="checkbox"/> Mortgage Company <input type="checkbox"/> Additional Insured <input type="checkbox"/> Proof of Insurance Only Email address if available: _____	Name: _____ Address: _____ City/State/Zip _____ <input type="checkbox"/> Landlord <input type="checkbox"/> Loss Payee <input type="checkbox"/> Mortgage Company <input type="checkbox"/> Additional Insured <input type="checkbox"/> Proof of Insurance Only Email address if available: _____

Average Monthly Class Participation (Coverage for Parkour and Free Running Classes EXCLUDED) Do not allow students over Age 23 on any dismount equipment	TOTAL AVERAGE Monthly Enter your AVERAGE monthly then break down by age to the right	Following is an example how to calculate your AVERAGE Monthly Participation: <div style="text-align: center; margin-top: 5px;"> <table style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 0 5px;">Jan</td><td style="padding: 0 5px;">Feb</td><td style="padding: 0 5px;">Mar</td><td style="padding: 0 5px;">Apr</td><td style="padding: 0 5px;">May</td><td style="padding: 0 5px;">June</td><td style="padding: 0 5px;">July</td><td style="padding: 0 5px;">Aug</td><td style="padding: 0 5px;">Sept</td><td style="padding: 0 5px;">Oct</td><td style="padding: 0 5px;">Nov</td><td style="padding: 0 5px;">Dec</td> </tr> <tr> <td style="padding: 0 5px;">100</td><td style="padding: 0 5px;">100</td><td style="padding: 0 5px;">90</td><td style="padding: 0 5px;">0</td><td style="padding: 0 5px;">0</td><td style="padding: 0 5px;">0</td><td style="padding: 0 5px;">90</td><td style="padding: 0 5px;">100</td><td style="padding: 0 5px;">100</td><td style="padding: 0 5px;">100</td><td style="padding: 0 5px;">200</td><td style="padding: 0 5px;">200</td> </tr> </table> <p style="margin: 0; text-align: center;">$= 1,080 \div 12 = 90$</p> <p style="margin: 0; text-align: center;">Average Monthly Participants</p> <table style="margin: auto; border-collapse: collapse; border: 2px solid red;"> <tr> <td style="padding: 5px; border: 1px solid black; background-color: #003366; color: white;">12 & Under</td> <td style="padding: 5px; border: 1px solid black; background-color: #003366; color: white;">13-15</td> <td style="padding: 5px; border: 1px solid black; background-color: #003366; color: white;">16-18</td> <td style="padding: 5px; border: 1px solid black; background-color: #003366; color: white;">19 & Over</td> </tr> </table> </div>								Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	100	100	90	0	0	0	90	100	100	100	200	200	12 & Under	13-15	16-18	19 & Over
Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec																										
100	100	90	0	0	0	90	100	100	100	200	200																										
12 & Under	13-15	16-18	19 & Over																																		
Aerial Silks Height _____ # of Silks _____	➔																																				
Cheer	➔	Team	NonTeam	Team	NonTeam	Team	NonTeam	Team	NonTeam																												
Gymnastics –Preschool Tumbling, Arts /Crafts Music and Games <u>DO NOT</u> include Mommy & Me	➔	Team	NonTeam	Team	NonTeam	Team	NonTeam	Team	NonTeam																												
Mommy & Me	➔	Children _____						Adults: _____																													
Dance/Rhythmic Exercise/Aerobics	➔	Team	Nonteam	Team	NonTeam	Team	NonTeam	Team	NonTeam																												
Ninja Program	➔																																				
Tumblebus/Funbus Mobile Program	➔																																				
Fencing	➔																																				
Martial Arts	➔																																				
Swimming	➔	Team	NonTeam	Team	NonTeam	Team	NonTeam	Team	NonTeam																												
Other Activity Not Listed Type: _____	➔																																				
Before / After School Drop Off (Unlicensed Only-Licensed on next page)	➔							See next page for Licensed Child/Day Care Operations																													
TOTAL (COMPANY USE ONLY)		Team	NonTeam	Team	NonTeam	Team	NonTeam	Team	NonTeam																												
Birthday Parties If none, check here	How many Parties Per Year? _____																																				
Open Gym or Swim/Parents Night Out If none, check here	If this is only considered (Practice time for existing students answer "NONE" If open to public, how many open gym/swim Do you have per year? _____ Average number of kids per open gym? _____																																				
Competitions/Dance Recitals *Only include Non-sanctioned Events hosted by you* If none, check here	Total number of DAYS competitions or Recitals are held per year _____ Estimated number of participants PER DAY (not total per Event) = _____ Type of event: _____ *If a sanctioned event you should obtain a certificate from the insuring company*																																				
Day Camps If none, check here	Total number of camp days per year = _____ Number of daily campers NOT enrolled as regular Students = _____ Per Day																																				
Overnights/Sleepovers If none, check here	Total number of nights per year = _____ Number of overnight campers NOT enrolled as regular Students = _____ per Night.																																				
Rock, Traverse or Warped Wall If none, check here	If yes, How Many? _____ (*Harness & helmets required for walls over 10 feet) Height of your wall: Wall #1 Ft Wall #2 ft Wall #3 ft Is Wall Portable and removed from premises at any time? Yes No (No coverage provided off premises)																																				
Climbing Rope If none, check here	Number or climbing ropes _____ Height of each Rope _____																																				
Zip Line If none, check here	Height _____ Length _____																																				
Inflatables or Inflatable Foam Pit If none, check here	(Does not mean air tracks) If yes, how many? _____ NO coverage if used off premises! Must be used in accordance with the manufacturer's safety standards & tethered if used outside. List name of each inflatable: _____																																				
Soft Play or Pay for Play If none, check here	(Such as Discovery ZONE) Adults 23 & over should not be allowed on ANY equipment! If this is "Pay for Play" what are your annual receipts? _____																																				
Booster Club If none, check here	If yes, are they a separate legal entity? <input type="checkbox"/> Yes <input type="checkbox"/> No (Additional \$175.00 per year) If you want this coverage, enter legal name of Booster Club: _____																																				



Yes	No	THIS SECTION MUST BE COMPLETED
		Do you have a license for Childcare or Preschool? This coverage is excluded unless checked "Yes" and number of kids are Shown in this section. (If not licensed put kids on Page 3 for before/after school drop off). If Licensed, number of average kids/month _____ Number of months they attend per year _____
		Do you have a Foam Pit? If yes, are sides padded? Describe Padding: _____ Depth of Pit _____ Are any rebounding devices adjoining pit? If yes, describe _____
		Do you have a retail store on premises? If yes, annual sales \$ _____
		Do you want to add Hired & Non owned Auto Coverage? For personal vehicles used for business errands (Transporting students excluded). Accident policy will provide Excess Medical for students while in transit
		Would you like to include Accident coverage for your coaches for an additional premium charge of \$5.40 per coach/year? Only covers injuries that occur while coaching and Catastrophic coverage is not included. If yes, number of full and part time coaches must be entered or coverage cannot be included) Number of coaches: _____ *If you have Workers Compensation, work related injuries are covered by that policy. Accident coverage is not a replacement for Workers Compensation that is required in most states.

		Yes	No
	What are your Total Estimated Annual Gross Receipts? _____		
1.	Are waivers and releases obtained from all participants, including adults? (Mandatory)		
2.	Do you have a written safety program, including procedures & rules concerning all activities?		
3.	Do you inspect equipment daily, keep inspection checklist & record of regularly scheduled maintenance?		
4.	Do you obtain national criminal background checks on primary coaches and volunteers?		
5.	Is the ratio of students to instructors for your overall activities 10:1 or less?		
6.	Do you have any trampolines or other rebound tumbling devices with posted rules for usage?		
7.	If you have an above ground trampoline is there at least 6" of padding surrounding the entire outer perimeter? If not, you will be required to send photos for underwriting approval in our Program N/A		
8.	Do you hold classes, instruction or demonstration of Parkour or Free running? These Activities are Excluded		
9.	Do you provide Cross Fit Training or Sports Enhancement Training (other than standard gymnastics training) If yes, please provide detailed description below.		
10.	Do you have your own written rules of conduct regulations or by-laws for membership into your organization?		
11.	Has any policy or coverage been declined, cancelled or non-renewed in past 3 years? (If yes, explain below)		
12.	Do you have a Concussion Awareness Program? (Mandatory!) This must be communicated to all participants and part of your safety handbook. Free online training at http://www.cdc.gov/concussion/headsup/online_training.html		
13.	Do you rent space to anyone for any reason including teaching their own students? If yes, they must provide you with a Certificate of Insurance listing your business as an Additional Insured and their Liability Limits must be equal to or greater than yours.		
14.	Do you have an evacuation procedure and appropriate signs posted?		
Explanations for Questions 1-14 above (Attach additional pages if necessary)			

**Please note that Property, Automobile, Workers Compensation, EPLI, or other types of policies
Are not included in this sports package. If you need coverage for any of these other policies, separate
Applications must be completed.**

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT ALL STATEMENTS SET FORTH HEREIN ARE TRUE and **that coverage for Parkour and Free Running Classes will be excluded.** . THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE. WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. **ALL ACTIVITIES MUST BE DISCLOSED ON THIS APPLICATION IN ORDER FOR COVERAGE TO BE INCLUDED. IF ACTIVITIES OR LOCATIONS ARE ADDED OR CHANGED DURING THE POLICY TERM YOU MUST CONTACT US!**

By signing below you consent to receive communications from Snyder Insurance Services, electronically. You are agreeing that documents and official notices which you are required to receive may be sent to you electronically rather than in paper form and these paperless communications are the legal equivalent of officially required communications relating to your policy(s) which you would otherwise receive in paper form. These communications may include, but are not limited to, policy declarations, policy forms and endorsements and related forms, billing statements, legally required notices, and other official correspondence. YOU AGREE TO RECEIVE ALL MAILINGS AND COMMUNICATIONS ELECTRONICALLY. SUCH ELECTRONIC MAILING OR COMMUNICATIONS MAY EVEN INCLUDE CANCELLATION OR NONRENEWAL NOTICES. This applies to all policies we service for you. Paper copies will be sent upon request.

Sign Here



Name

Title : _____

Must be authorized owner or officer

Business Name

Date

Attest: Snyder Insurance Services, Inc. Producer: Raymond F. Snyder

**COVERAGE MAY BE EXCLUDED UNLESS DISCLOSED IN ABOVE ACTIVITIES
IF PROGRAMS OR LOCATIONS ARE ADDED OR CHANGED,
YOU MUST CONTACT US!**

IMPORTANT NOTICES

Concussion Awareness – There are risks that your clients take when they participate in any type of sports activity. Concussions may occur and not been recognized. This type of injury can lead to critical medical emergencies. Your business could be subject to a lawsuit that could be avoided: **As of September 1, 2013 it is now required to have a Concussion Awareness Program** as a part of your training handbook, along with communicating concussion signs to participants. You must keep a written concussion policy that is compliance with your current state legislation. Your written concussion policy should be distributed to your coaches, parents and players. All coaches need to participate in concussion training at least once every two years. Keep parent’s acknowledgement that they have received and reviewed your policy. You should request a doctor’s release prior to the child returning to play.

We suggest you learn more about promoting this safety program which will benefit you and your participants. To assist you with proper education on how to handle concussion situations, there is a free online course offered by Centers for Disease Control and Prevention. You can access this prevention course at: http://www.cdc.gov/concussion/headsup/online_training.html.

Automatic External Defibrillators – In some states it is required by law to have an AED on premises if your business is related to the Health & Fitness Industry. So far, the states where these are required are: CA, NJ, MI, OR, RI, LA, NY, AR, IL and MA. (This is not an all-inclusive list and more states are requiring this every year). You should check with your state and see if this is mandatory. Even if this is not required in your State these devices can save lives! We recommend that you have at least one of these devices on premises at all times and train your employees how to operate them.

WORKER'S COMPENSATION QUOTE REQUEST

Business Name		dba	
Mailing Address		City	State Zip
Phone	Email	Contact	
REQUESTED EFFECTIVE DATE: _____			

Type of Business: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> S-Corp <input type="checkbox"/> Other _____			
Years in Business	Federal Tax ID number	# of Locations _____	

LOCATIONS-Each location must be listed for coverage to apply

	Street	City	County	State	Zip Code
1					
2					
3					

****List partners, officers, relatives working in the business and if they should be Included or Excluded from coverage**

#	Name	Birth Date	Title / Relationship	Duties Performed	Include or Exclude	Payroll Amount	Percent of Ownership
1							
2							
3							

Included Owners/Officers may be required to pay premium for amounts higher than actual salary depending on your state minimum requirements

Employees – DO NOT include Partners/Officers shown above

State of Employment	Location Number	Duties Performed (ie: Clerical/Coach/Manager)	Employees		* Estimated Annual Payroll
			#Full Time	#Part Time	

Do you have Workers Compensation now? YES NO (If yes, complete the following showing the last 5 years)

Effective Date	Company & Policy Number	Annual Premium	# of Claims	Amount Paid

If you have a Workers Compensation policy, please return the following items with your quote request:

- 1) Copy of current policy (1st pages), 2) Copy of Loss Runs for last 3 years, 3) Last four quarterly 941 forms**

Has there been a change in ownership within the last 3 years? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, explain below Explanation:	Do you have any volunteers? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, explain duties performed below Explanation:
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Sign Here



Name

Date

*Workers Compensation Policies are rated based on “estimated” payroll. Policies will be audited at the end of the policy term and premium will be adjusted based on “actual” payroll. Be sure to check with your state to see if this coverage is Mandatory!

PROPERTY QUOTE REQUEST

Business Name: _____		DBA: _____	
Mailing Address: Street: _____		City: _____	State: _____ Zip: _____
Location: <input type="checkbox"/> Same as Mailing			
<input type="checkbox"/> Different than mailing: Street: _____		City: _____	State: _____ Zip: _____
Work # _____	Fax # _____	Email: _____	Cell # _____
Number of Years in Business: _____		Number of Years related experience: _____	
Current Insurance Company: _____		ANNUAL GROSS RECEIPTS: _____	
Requested Effective Date: _____		Property located in _____ County _____	
		Name of Fire Department/District: _____	

Section 1 – BUILDING COVERAGE (If you own your building or need to insure it (ie: Triple Net Lease). If you do not need building coverage, skip Section 1 and Go to Section 2)

Who Occupies your Building? Self Leased to Tenant: **Tenant Business name:** _____

Type of Business: _____

Coverage amount requested for Building: \$ _____ **Loss of Rents \$** _____ **Liability \$** _____

Any Other coverage requested? If yes, describe and list amount (To include Business Equipment, see Section 2)

Type: _____ **Amount requested \$** _____ **Sewer Backup** YES NO

FLOOD AND EARTHQUAKE COVERAGE EXCLUDED

Section 2 – BUSINESS EQUIPMENT (If you Lease your Space and are not required or need to insure the Building)

Personal Property	Business Interruption	Improvements
Total value of ALL contents You own within your rented Space: \$ _____	If you desire Coverage to help pay monthly expenses in the event of a claim, enter your estimated monthly expenses: \$ _____	Coverage Requested for improvements you have made to your rented space (such as special flooring/lighting/pit or other changes) \$ _____
Sewer Backup <input type="checkbox"/> YES <input type="checkbox"/> NO	Company Use: BI Amount \$ _____	

Square footage of Entire Building _____ Square Footage Occupied _____ Year Built _____

Type of Construction: Metal/Steel Brick/Masonry Wood Frame Other _____ Inside City Limits: Yes No

Type of other business occupancies that are in your building _____

In a strip Mall: Yes No In an Industrial Park Yes No Deadbolts Yes No How many solar panels? _____

Burglar Alarm: None Central Local Manufacturer _____ How may skylights? _____

Fire Alarm: None Central Local Manufacturer _____

What percentage of building has a working Fire/Sprinkler System? _____% What is Roof material? _____

If building is over 25 years old check the following items that have been updated and when work completed:

Wiring/year _____ **Roof/year** _____ **Heating/year** _____ **Plumbing/year** _____

Distance to Fire Department _____ miles Distance to hydrant _____ Ft # of stories in building 1 1½ 2 Other _____

Number of Enclosed Pools _____ **N/A** **Indoor** **Outdoor** **# of Diving boards** _____ **Fenced:** Yes No

Sign Coverage requested? Yes No If yes, type of sign and value: _____

Complete this section if a landlord, leasing company for equipment or mortgage company will need proof of coverage

Name: _____ Street Address: _____ City/State/Zip _____	<input type="checkbox"/> Landlord <input type="checkbox"/> Loss Payee <input type="checkbox"/> Mortgage Company <input type="checkbox"/> Additional Insured <input type="checkbox"/> Evidence of Insurance Only (If more than 1, attach additional pages if necessary)
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Following is a complete list of Property claims we have incurred in the last **five (5) years:** None Details Below

Date: _____ **Type of Claim:** _____ **Amount Paid:** _____

Date: _____ **Type of Claim:** _____ **Amount Paid:** _____



Sign Here

Date: