

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*

A+ Rated
Companies

Superior Claim
Service

Knowledgeable
Staff

Payment Plans

No charge for
Certificates

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, or fax to 913-498-0212. We will prepare a written proposal which will be emailed to you. If you like what you see, coverage can be issued the same day with a premium payment over the phone or an electronic check!

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. Licensed child /daycare operations excluded without separate application.



Children's Fitness Center Program

NEW BUSINESS QUOTE REQUEST – REQUESTED EFFECTIVE DATE: _____

Business Name		DBA	
Mailing Address		City	State
How many locations do you have? _____ <input type="checkbox"/> Same as above		City	State
List address for each location you want insured		Zip	Owned or 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 or Tumblebus Program Only? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Contact Name		Email		Website	
Work Phone:		Fax	Cell		Home
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: My Business has had no **General Liability** claims or losses in the past 3 years unless stated. Please list claims and losses here even if nothing was paid on the claim or if you don't know how much was paid:

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, they must be listed 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: _____
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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 <u>AVERAGE</u> Monthly Participation: <table style="margin: 0 auto; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">Jan</td><td style="padding: 2px 5px;">Feb</td><td style="padding: 2px 5px;">Mar</td><td style="padding: 2px 5px;">Apr</td><td style="padding: 2px 5px;">May</td><td style="padding: 2px 5px;">June</td><td style="padding: 2px 5px;">July</td><td style="padding: 2px 5px;">Aug</td><td style="padding: 2px 5px;">Sept</td><td style="padding: 2px 5px;">Oct</td><td style="padding: 2px 5px;">Nov</td><td style="padding: 2px 5px;">Dec</td> </tr> <tr> <td style="padding: 2px 5px;">100</td><td style="padding: 2px 5px;">100</td><td style="padding: 2px 5px;">90</td><td style="padding: 2px 5px;">0</td><td style="padding: 2px 5px;">0</td><td style="padding: 2px 5px;">0</td><td style="padding: 2px 5px;">90</td><td style="padding: 2px 5px;">100</td><td style="padding: 2px 5px;">100</td><td style="padding: 2px 5px;">100</td><td style="padding: 2px 5px;">200</td><td style="padding: 2px 5px;">200</td> </tr> </table> $1,080 \div 12 = 90 \text{ Average Monthly Participants}$ <table style="margin: 0 auto; border-collapse: collapse; text-align: center;"> <tr> <td style="border: 2px solid red; padding: 5px;">12 & Under</td> <td style="border: 2px solid red; padding: 5px;">13-15</td> <td style="border: 2px solid red; padding: 5px;">16-18</td> <td style="border: 2px solid red; padding: 5px;">19 & Over</td> </tr> </table>				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 _____																												
Motion Evolution	➔																																
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-No licensed Day Care)	➔			Licensed Child/Day Care is excluded A separate application is required Please contact us!																													
Birthday Parties <small>(If none, check here <input type="checkbox"/>)</small>		How many Parties Per Year? _____																															
Open Gym or Swim/Parents Night Out <small>(If none, check here <input type="checkbox"/>)</small>		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 participants per open gym? ___																															
Competitions/Dance Recitals <small>*Only include Non-sanctioned Events hosted by you* (If none, check here <input type="checkbox"/>)</small>		Total number of DAYS competitions or Recitals are held per year _____ Estimated number of participants PER DAY (not total per Event) = _____ Type of event: _____ <small>*If a sanctioned event you should obtain a certificate from the insuring company*</small>																															
Day Camps <small>(If none, check here <input type="checkbox"/>)</small>		Total number of camp days per year = _____ Number of daily campers NOT enrolled as regular Students = _____ Per Day																															
Overnights/Sleepovers <small>(If none, check here <input type="checkbox"/>)</small>		Total number of nights per year = _____ Number of overnight campers NOT enrolled as regular Students = _____ per Night.																															
Rock or Traverse Wall <small>(If none, check here <input type="checkbox"/>)</small>		If yes, How Many? _____ (*Harness & helmets required for walls over 10 feet) Height of your wall: Wall #1 Height _____ ft Wall #2 Height _____ ft Wall #3 Height _____ ft Is Rock Wall Portable and removed from premises at any time? <input type="checkbox"/> Yes <input type="checkbox"/> No (No coverage provided off premises)																															
Climbing Rope <small>(If none, check here <input type="checkbox"/>)</small>		Height of Rope _____																															
Zip Line <small>(If none, check here <input type="checkbox"/>)</small>		Height _____ Length _____																															
Inflatables or Inflatable Foam Pit <small>(If none, check here <input type="checkbox"/>)</small>		(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 <small>(If none, check here <input type="checkbox"/>)</small>		(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 <small>(If none, check here <input type="checkbox"/>)</small>		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: _____																															
COVERAGE MAY BE EXCLUDED UNLESS DISCLOSED ABOVE – IF PROGRAMS OR LOCATIONS ARE ADDED, OR IF YOU CHANGE LOCATIONS YOU MUST CONTACT US!																																	

Yes	No	THIS SECTION MUST BE COMPLETED
		<p>Do you have a License for Childcare or Preschool? If licensed, please contact us for a separate application. This coverage is excluded unless you complete a separate application. Coverage is automatic if you are not required to have a license. If Licensed, number of average kids/month _____ Number of months they attend per year _____</p>
		<p>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 _____</p>
		<p>Do you have a retail store on premises? If yes, annual sales \$ _____</p>
		<p>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</p>
		<p>Would you like to include Accident coverage for your coaches? Additional premium charge of \$5.40 per coach/year. If yes, total number of full and part time coaches at your facility = _____ (Must be answered or coverage cannot be included) Catastrophic coverage is not included. *If you have Workers Compensation, work related injuries are covered by that policy, Accident coverage is not a replacement for Workers Compensation which most states require and only covers injuries that occur while coaching.</p>

		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.	Do you hold classes, instruction or demonstration of Parkour or Free running? These Activities are Excluded		
8.	Do you provide Cross Fit Training or Sports Enhancement Training (other than standard gymnastics training) If yes, please provide detailed description below.		
9.	Do you have your own written rules of conduct regulations or by-laws for membership into your organization?		
10.	Has any policy or coverage been declined, cancelled or non-renewed in past 3 years? (If yes, explain below)		
11.	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		
12.	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.		
13.	Do you have an evacuation procedure and appropriate signs posted?		
Explanations for Questions 1-13 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.

IF YOU ARE IN THE STATE OF CA, NJ, MI, OR, RI, LA, NY, AR, IL, MA YOU ARE REQUIRED TO HAVE AN AED (AUTOMATIC EXTERNAL DEFIBRILLATOR ON PREMISES AT ALL TIMES – THIS IS A STATE LAW. OTHER STATES MAY HAVE BEEN ADDED TO THIS LIST, PLEASE CHECK WITH YOUR STATE AND SEE IF THIS IS MANDATED!

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, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, 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

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.



Child Activity Center Industry Risk Mitigation New or Renewal Application Form

Benefits include:

- ✓ **Peace of mind.** Knowing that your organization Industry-standard Risk Management systems.
- ✓ **Operational integration.** Your Safety Culture and daily/weekly/monthly activities match up.
- ✓ **Economy.** Earn Risk Mitigation Premium Credits by verifying your proactive safety actions.
- Industry Association professional requirements (i.e., background checks, SafeSport®, etc.). Please submit copies of these certifications with the application.
- Safety Organization Culture documentation. Please submit recent membership paid invoice.
 - 3rd Level Consulting SmartEDGE© membership – www.3rdLevelConsulting.com
 - Monitor RiskSmart and FacilitySmart KPIs
- RiskAssure Solutions™ app (included in 3rd Level membership; or www.RiskAssure.net). Please submit screen shot of your use of RiskAssure Solutions.
 - Equipment Inspection and Maintenance tracking
 - Incident/Accident logging and tracking
- Video Surveillance Cameras – i.e., www.spottv.pro. Please submit either photos of your camera array, along with a description of the area(s) covered, and the plan for monitoring them.
- On Site Equipment Inspections (equipment companies) – i.e., AAI - steve.cook@fotlinc.com. Please submit receipt for the last on-site equipment inspection.
- Virtual or On-Site Risk Assessment (full Interior/Exterior) – i.e., Strategos - Guy.Beveridge@strategosintl.com. Please submit receipt for either the Virtual or On-Site Risk Assessment engagement.
- Expert Sport, Art and Education Curriculums and Staff Training – i.e., www.LeapLearn.net. Please submit receipt for a recent paid invoice or verify in writing that your curriculums have an educational basis, and that documented staff training programs are in place.
- Child-friendly facility cleaning products – i.e., www.truceclean.com. Please submit the specifications of the cleaning products that your facility uses at this time.

The more criteria that the Client Organization can check off, the greater the Premium Credit percentage.

4 checks equate to a 2% credit, 6 checks equate to a 3.5% credit; all 8 checks equate to a 5% credit.

WORKER'S COMPENSATION QUOTE REQUEST

Business Name		dba	
Mailing Address		City	State Zip
Phone	Email	Contact Name	
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

Burglar Alarm: None Central Local Manufacturer _____

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: _____	<input type="checkbox"/> Landlord <input type="checkbox"/> Loss Payee <input type="checkbox"/> Mortgage Company
Street Address: _____	<input type="checkbox"/> Additional Insured <input type="checkbox"/> Evidence of Insurance Only
City/State/Zip _____	(If more than 1, attach additional pages if necessary)

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:** _____