

SIS *Snyder Insurance Services*

**7450 W 130th Street – Suite 230
Overland Park, KS 66213
1-800-874-6704 (Fax: 913-498-0212)
www.snyder1stop.com**

**This application is a Fillable PDF and may be used
for all Sports including the following:**



**GYMNASTICS
DANCE
CHEER
MARTIAL ARTS
SWIM (For Swim only please see Swim application)
NINJA
AERIAL SILKS
PARTIES
MOMMY & ME
FENCING
COMPETITIONS**

The following are exclusions to our Sports 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. If you participate in any of these activities please contact us for a special application.



Children's Fitness Center Program

NEW BUSINESS QUOTE REQUEST – REQUESTED EFFECTIVE DATE:

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

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)		Individual	Partnership	Corporation	S-Corp
		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 Policy)

Check here if No Liability Claims in past 3 years

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 _____ Landlord Loss Payee Mortgage Company Additional Insured Proof of Insurance Only	Name: _____ Address: _____ City/State/Zip _____ Landlord Loss Payee Mortgage Company Additional Insured Proof of Insurance Only
Email address if available:	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: Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec 100 100 90 0 0 0 90 100 100 100 200 200 = 1,080 ÷ 12 = 90 Average Monthly Participants			
		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	➔				
Fencing	➔				
Martial Arts	➔				
Swimming – Pool is <input type="checkbox"/> Owned <input type="checkbox"/> Leased	➔	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	
Birthday Parties (If none, check here <input type="checkbox"/>)		How many Parties Per Year? _____			
Open Gym or Swim/Parents Night Out (If none, check here <input type="checkbox"/>)		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 *Only include Non-sanctioned Events hosted by you* (If none, check here <input type="checkbox"/>)		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 <input type="checkbox"/>)		Total number of camp days per year = _____ Number of daily campers NOT enrolled as regular Students = _____ Per Day			
Overnights/Sleepovers (If none, check here <input type="checkbox"/>)		Total number of nights per year = _____ Number of overnight campers NOT enrolled as regular Students = _____ per Night.			
Rock or Traverse Wall (If none, check here <input type="checkbox"/>)		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? Yes No (No coverage provided off premises)			
Climbing Rope (If none, check here <input type="checkbox"/>)		Number or climbing ropes _____ Height of each Rope _____			
Zip Line (If none, check here <input type="checkbox"/>)		Height _____ Length _____			
Inflatables or Inflatable Foam Pit (If none, check here <input type="checkbox"/>)		(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 <input type="checkbox"/>)		(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 <input type="checkbox"/>)		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
		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 hold any special events? If yes describe type of event: _____ Number of days per event _____ Number of participants per event _____
		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.	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.

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

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.