



7450 W. 130th Street – Suite 230, Overland Park, KS 66213 1-800-874-6704 (Fax:913-498-0212) Text 913-689-0398 megan@InsureAsset.com

Renewal Quote Request - Childrens Fitness Center Program

Expiration Date	
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Business Name:		Dba (if any):				
Type of entity	LLC	Corporation	Individual	Other	Federal Tax ID#	Year established
Mailing Address: (Street)		(City)		(State)		(Zip)
Business Phone:			Contact Name:			
Cell Phone:			Email Address:			

How many locations do you have?	City	State	Zip	
Must list address for each location you want insured Same as above				Owned Leased
1.				Owned Leased
2.				Owned Leased
3.				Owned Leased

Is this a Mobile Bus Program Only with no physical location? Yes No

What type of locations do you go to? Commercial locations such as schools/daycares Residential homes Both

Certificates of Insurance): If you need to name an additional insured or provide 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 _____ 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
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Describe any General Liability claims or losses in the past 3 years (Not Accident claims). If None check here

Date of Claim	Description of Injury or Claim	Amount Paid

	YES	NO
Do you hold classes, instruction, or demonstration of Parkour or Free running? These activities are excluded		
Are waivers and releases obtained from all participants and parties, including adults? (Mandatory)		
Do you provide Cross Fit Training or Sports Enhancement Training? (other than standard gymnastics training) If yes, please provide detailed description:		
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		
Do you have a Foam Pit? If yes, are sides padded? Yes No Describe Padding: _____ Depth of Pit _____ Are any rebounding devices adjoining pit? If yes, describe _____		
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 with Liability Limits equal to or greater than yours		

The following are exclusions to your General Liability policy: EPLI, 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. 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. A separate application will be required for any of these activities.

Students over Age 23 should be limited on dismount equipment

Enter your Total # of AVERAGE participants in this column for each activity

Calculate your AVERAGE monthly students by adding Each month's total and divide by 12

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
20	20	50	50	20	0	0	0	10	10	0	0	180

Example: 180 total divided by 12 = 15 Average Monthly Kids

ENTER YOUR AVERAGE MONTHLY #'S PER AGE CATEGORY BELOW

12 & Under	13-15	16-18	19 & Over
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Aerial Silks			
Height # of Silks			
Cheer	Team	Team	Team
	NonTeam	NonTeam	NonTeam
Gymnastics –Tumbling, Arts, Crafts Music and Games	Team	Team	Team
DO NOT include Mommy & Me	NonTeam	NonTeam	NonTeam
Mommy & Me	Children		Adults
Dance/Rhythmic Exercise	Team	Team	Team
Aerobics	NonTeam	NonTeam	NonTeam
Ninja Program			
Bus / Mobile Program			
Martial Arts			
Swimming	Team	Team	Team
	NonTeam	NonTeam	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 AVERAGE MONTHLY	Team Non Team	Team Non Team	Team Non Team

Birthday Parties <small>If none check here</small>	How Many Parties Per Year?
Open Gym/Swim/Parents Night Out <small>If none check here</small>	If this is only considered (Practice time for existing students answer "NONE" Only count participants not enrolled in other activities. How many days per year? Number of participants per open gym?)
Competitions/Dance Recitals <small>*Only include Non-sanctioned Events hosted by you*</small> <small>If none check here</small>	Total number of DAYS competitions or Recitals are held per year: # of participants per day Type of event: *If a sanctioned event you should obtain a certificate from the insuring company*
Day Camps <small>If none check here</small>	Total number of camp days per year How many campers per day DO NOT include participants that are included in the activities above, only ones not registered
Overnights/Sleepovers <small>If none check here</small>	Total number of nights per year Number of overnight campers per night How many of these overnights are registered in activities above?
Rock, Traverse or Warped Wall <small>If none check here</small>	How Many? (*Harness & helmets required for walls over 10 feet) What is the 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 <small>If none check here</small>	Number of climbing ropes Height of each Rope #1 #2 #3 #4 #5 #6
Zip Line <small>If none check here</small>	Height Length
Inflatables or Inflatable Foam Pit <small>If none check here</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</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</small>	If yes, are they a separate legal entity? Yes 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
Do you have any retail sales? If yes, estimated annual sales amount \$		
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 2 for before/after school drop off) If Licensed, number of average kids/month _____ Number of months they attend per year _____		
Do you want to include Hired & Non-Owned Auto Coverage? (For personal vehicles used for business Errands, excludes transporting passengers). Accident policy provides Excess Medical for passengers in transit.		
Would you like to include Accident coverage for your coaches for an additional premium charge of \$5.40 per coach per 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 answered 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.		
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		Not applicable

Our Liability Program includes \$1,000,000 Per Occurrence-\$3,000,000 Aggregate General Liability, \$1,000,000 Per Occurrence Limit for Products & Completed Operations and Professional and Participant Legal Liability, \$300,000 Rented Premises, \$5,000 Medical payments, \$25,000 per Occurrence/\$100,000 Aggregate Sexual Abuse and Molestation. Sports Accident is written with \$25,000 or \$100,000 limits and option to add an additional \$1,000,000. If you need higher Liability Limits or additional coverage due to your Landlord's requirements please enter below:

General Liability _____	Sexual Abuse _____
Primary & Noncontributory _____	Professional Liability _____
Other required by Landlord _____	Rented Premises _____

The undersigned authorized officer of the applicant declares that the statements set forth herein are true. If the information supplied on this application changes between the date of this application and the effective date of the insurance, he/she 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. Signing of this application does not bind the applicant or the insurer for insurance coverage. All 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.

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.

This application is for General Liability and Accident only. If you need coverage for Property, Workers Compensation, Commercial Auto, EPLI, Cyber or any other type of policy, or to make changes to any other insurance policy please contact us!

SIGN HERE _____

Name Date Title (must be authorized representative)

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.