



Kulin-Sohn Insurance Agency, Inc.
P.O. Box 1357, Arlington Heights, IL 60006-1357
Phone: (800) 640-6601 Fax: (847) 991-4351
Email applications to: Gmnst33@aol.com
Website: <http://www.gymnasticsinsurance.com/>

Dance General Liability Application

Kulin-Sohn Agent #:

Business Name: _____

Phone #: _____ Fax #: _____ Email: _____

Mailing Address: _____ City: _____

County: _____ State: _____ Zip Code: _____ Website: _____

Contact Person & Phone Number: _____

Section 1 - Applicant Information

- Type of Ownership: Corporation Individual Partnership Joint Venture LLC For-Profit
 Not-For-Profit 501c3
- Liability Limit requested: \$500,000 (minimum premium \$550) \$1,000,000 (minimum premium \$850)
NOTE: Minimum premium or rates may vary by state.
- Years in business: _____ If less than 3 years, please submit a résumé.
- Desired effective date: _____

Section 2 - Insurance Information

- Are you currently insured? Yes No
If yes, annual premium: \$ _____ Insurance Company name (not agency): _____
- Have you had any claims in the last five years? Yes No
 - If yes, have you had more than three claims in one year? Yes No
 - Has any one claim been greater than \$10,000? Yes No
- Any prior coverage been cancelled (other than non-pay) or non-renewed in the last five (5) years? Yes No
If yes, explain: _____

Section 3 - Description of Operations

- Do you operate a dance club? Yes No
- Do you charge an entrance fee for admittance (excluding tuition)? Yes No
- Do you meet at a hall, lodge, or restaurant/bar? Yes No
- Do you perform on cruise ships/showboats? Yes No
- Do you receive tips for performances? Yes No
- Do you use Gymnastics equipment? Yes No
If yes, complete the Kulin-Sohn Gymnastics Application instead:
www.gymnasticsinsurance.com Yes No
- Do you use Pilates equipment? Yes No
If yes, go to www.gymnasticsinsurance.com

8. Do you teach the following dances at any of your locations?
- | | |
|--------------------------|--|
| Aerials | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Belly dancing | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Bikram (Hot Yoga) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Middle Eastern | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Pole dancing | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Social dances (Ballroom) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
9. Are signed Waivers kept on file for each student/participant? Yes No
- If yes, a. Are parents or legal guardians' signatures required for minors? Yes No
- b. Is it a standalone document titled Waiver or Release? Yes No
- c. Does it describe the risk(s) being accepted and potential harm associated with the activities? Yes No
- d. Does your Waiver provide release of liability for your business? Yes No
10. Do you have any of the following at any of your locations?
- | | | |
|-------------------------------|--|--------------------------------|
| a. Birthday parties | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, number annually: _____ |
| b. Exhibitions/Demos | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, number annually: _____ |
| c. Sleepovers | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, number annually: _____ |
| d. Recitals/Performances | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, number annually: _____ |
| e. Fundraisers/Special Events | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, number annually: _____ |
- Total annual events: _____
11. Do you have camps with activities other than dance/aerobics/pilates/yoga? Yes No
- If yes, please complete the Camp Supplement which can be downloaded from our web site.
12. Do you have inflatable devices at any of your locations? Yes No
- If yes, please complete the Inflatable Supplement.

Section 4 - Census and Financial Information

1. Total annual gross receipts from tuition/membership fees from all locations: \$_____
2. Do you sell products at any location? Yes No
- If yes, a. Annual gross receipts for product sales from all locations: \$_____
- | | |
|--|--|
| b. Do you manufacture products? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Do you re-label products as your own? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you sell instructional videos or CDs that you produce to other than your students? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
3. Do you hold any off premises/after school instruction? Yes No
- If yes, a. Do you conduct activities other than your normal dance instruction? Yes No
- If yes, please describe the activities: _____
- b. Enrollment number at the off-site premises: _____
- c. Address of the off-site premise: _____

If more than one off premise location, please complete the Additional Location Form found on our website for each location.

4. Do you provide open Dance? Yes No
If yes, number annually: _____
5. Do you travel to dance competitions or perform at sporting event half-time shows? Yes No
If yes, number annually: _____
6. Do you have a performing company that is a separate business entity or filed non-profit? Yes No
7. Do you sponsor dance competitions? Yes No
If yes, please complete the Sponsored Competition Supplement.

Section 5 - Location Information

Number of locations: _____ *If more than one location, please complete an Additional Location Form for each one.*

Location 1: Street Address: _____

City: _____ State: _____ Zip: _____

1. Is this location a private residence? Yes No
2. Do you own or rent the facility? Own Rent
If renting, does your landlord require a Certificate of Insurance? Yes No
Landlord's name: _____
Landlord's mailing address: _____
3. Do you sublease, rent, or allow other people, organizations to use your facility or equipment at any time for any reason? Yes No
If yes, a. to whom? _____
b. For what purpose? _____
c. Do you require a Hold Harmless or Certificate of Insurance? If yes, please attach a copy. Yes No
4. Please indicate the maximum number of students expected to be annually enrolled at peak times: _____
How many are: a. Dance, Yoga, Aerobic, Pilates students? _____
b. Preschool Gymnastic students under age six (6)? _____
c. Regular Gymnastics students (includes Acrobatics, Cheerleading, and Tumbling)? _____
d. Other: _____ Explain: _____

Section 6 - Transportation Information

1. Do you transport students/participants? Yes No
2. Do you have business owned autos? Yes No
If yes, do you have commercial auto coverage on those vehicles? Yes No
3. Do you need hired and non-owned coverage? Yes No
If yes, do you require all drivers to provide proof of personal auto coverage with limits of at least \$300K? Yes No

Optional: Personal Property Coverage (for Building Contents/Equipment). Please complete the Property application.

Fair Credit Report Act Notice: Personal information about the applicant, including information from a credit or other investigative report, may be collected from persons other than the applicant in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by the insurer or the insurer's agents may in certain circumstances be disclosed to third parties without the applicant's authorization. Credit scoring information may be used to help determine either the applicant's eligibility for insurance or the premium the applicant will be charged. The insurer may use a third party in connection with

the development of the applicant's score. The applicant has the right to review the applicant's personal information in the insurer's files and can request correction of any inaccuracies. A more detailed description of the applicant's rights and the insurer's practices regarding such information is available upon request. Contact the applicant's agent or broker for instructions on how to submit a request to the insurer.

Fraud Warning: 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 AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, WA, and WV) (insurance benefits may also be denied in LA, ME, TN, and VA.)

STATE FRAUD STATEMENTS

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

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

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

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 KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Please send my insurance policy by: E-mail (Be sure to complete the email address at the top of this application.)
 Please mail my policy. (Allow 7-10 business days.)

How did you hear about us? Magazine ad Referral Convention/conference Website Other

Describe:

NOTE: Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued. Before electronically signing this document, verify your information is correct. Electronically signing will disable further editing of your application.

Applicant's signature: _____ Date: _____

Agent's signature: _____ Date: _____

(Florida only) Agent license number: _____

Thank you for choosing Kulin-Sohn!