

Section III – Insurance Information

6. Is facility currently insured? Yes No Annual Premium: \$ _____
 Insurance Company Name (not agency): _____
7. Has a liability or medical claim been made in the last 4 years? Yes No
- | If Yes:
Date of Loss | Type of Loss
(Acc. Med, Liability) | Description of Loss | Amount of Loss |
|-------------------------|---------------------------------------|---------------------|----------------|
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
8. Has similar insurance been canceled or declined in the last 5 years? Yes No
 If Yes, explain: _____

Section IV – Census/Eligibility Information

9. Number of instructors: Full Time: _____ Part Time: _____ Student: _____
10. Do you have any instructors under 21? Yes No
 If Yes, is there always adult supervision overseeing their activities? Yes No
 (Adult is defined as 21 years of age or older.)
11. What is the student/instructor ratio in a typical class? _____ students per instructor
12. What is the maximum number of students projected to be enrolled at the busiest time of year?
- | <u>By Age:</u> | | <u>By Classification:</u> | |
|---------------------------|--------------------|---------------------------|--------------------|
| | Number of Students | | Number of Students |
| Under 6 years of age: | _____ | Recreational: | _____ |
| 6 to 23 years of age: | _____ | Compulsory Competitive: | _____ |
| Over 23 years of age: | _____ | Optional Competitive: | _____ |
| Total number of students: | _____ | Total number of students: | _____ |
13. Do you require a waiver be signed by both parents/guardians for each student? Yes No
 (If yes, please attach a sample copy.)
14. Do you instruct "special needs" children? Yes No
 If Yes: a) Number of participants with "special needs": _____
 b) Number of participants per instructor: _____ participants per instructor
 c) Have instructors had any special training: Yes No
 If Yes, what kind of training? _____
15. Do you have a current USAG safety certification and follow USAG guidelines? Yes No
16. Do you currently have USAG Kinder Accreditation or other USAG preschool safety courses? Yes No
17. Have coaches/instructors completed safety certification or continuing education programs? Yes No
 If Yes: When? _____ Conducted by whom? _____
18. Is all equipment supervised by a certified gym instructor when being used by students? Yes No
19. Is the gym practice area secured when not in use? Yes No
20. Do you have any homemade or modified equipment or landing mats? Yes No

21. Do you have inflatable equipment? Yes No
 If Yes: a) Is it used: To enhance gymnastics performance only (ex. AirTrak) or For play/recreational purposes
 b) Is equipment used off site? Yes No
 c) Is it rented out? Yes No

Section V – Financial Information

22. Annual gross receipts from tuition/membership fees: \$_____
23. Do you sell products? Yes No
 If Yes: a) Annual gross receipts from products: \$_____
- b) Describe products sold: _____
- c) Do you manufacture or re-label any as your own product? Yes No
- d) If Yes, which products? _____
24. Do you have fitness equipment and/or weights that are used by anyone other than your gymnastics students?
 Yes No If Yes, annual gross receipts for this operation? \$_____

25. Do you have any of the following:

			# Annually	# of Participants	# of Instructors/Chaperones	Receipts
a) Birthday parties?	<input type="checkbox"/> Yes <input type="checkbox"/> No		_____	_____	_____	\$_____
b) Exhibitions/Demos?	<input type="checkbox"/> Yes <input type="checkbox"/> No		_____	_____	_____	\$_____
c) Sleepovers?	<input type="checkbox"/> Yes <input type="checkbox"/> No		_____	_____	_____	\$_____
d) Bring-a-Friend?	<input type="checkbox"/> Yes <input type="checkbox"/> No		_____	_____	_____	\$_____
e) Open Gym?	<input type="checkbox"/> Yes <input type="checkbox"/> No		_____	_____	_____	\$_____
f) Fundraisers/Special Events?	<input type="checkbox"/> Yes <input type="checkbox"/> No		_____	_____	_____	\$_____

If Yes, describe events: _____

g) Other income? Yes No Amount: \$_____

If yes, describe sources (including other businesses or activities): _____

26. Do you want your excess accident medical to include your birthday parties and "bring-a-friend" attendees? Yes No

Section VI – Safety/Activities Information

27. Do you have formalized curriculum including lesson plans and predetermined teaching/skills progressions? Yes No
28. Do you keep performance charts or similar records on each student? Yes No
29. How often do you inspect your equipment/apparatus? Daily Weekly Monthly Other _____
30. Do you keep a maintenance log for your equipment/apparatus? Yes No
31. Do you have Martial Arts? Yes No (If Yes, please complete our Martial Arts Application.)
32. Do you have Dance students? Yes No (If Yes, please complete our Dance Application.)
33. Do you have Cheerleading and/or Aerobatics? Yes No
 If Yes: a) Do you do pyramids? Yes No
 b) Do you participate in competitions? Yes No
 c) What % of your total enrollment is Cheer? _____
34. Do you have Camps with activities other than gymnastics? Yes No
 (If yes, please complete our Travel/Tournaments/Camps & Competitions Supplement.)

35. Do you travel for any events (other than USAG sanctioned events)? Yes No

(If yes, complete our Travel/Tournaments/Camps & Competitions Supplement.)

36. Do you have Tanning Beds? Yes No (If Yes, please complete our Tanning Bed Supplement.)

37. Do you have swimming pools? Yes No (If Yes, please complete our Swimming Pool Supplement.)

38. Do students from other schools or gymnastic programs participate in competitions on your premises that are not sponsored by USAG? Yes No

39. Do you have a climbing wall? Yes No (If Yes, please complete our Climbing Wall Supplement.)

40. Do you have other indoor recreational facilities/soft play equipment? Yes No
If Yes, please attach list of equipment.

41. Please list any other activities you offer: _____

42. Do you want non-owned and hired car coverage? Yes No

If yes, please complete the following questions if you are interested in non-owned & hired auto coverage. (Not available in MA)

43. Do you have a commercial automobile policy enforce now? Yes No

If yes, you do not qualify for non-owned and hired car coverage under this policy

44. How many people routinely use their vehicles on your company business? _____

45. Do you require minimum personal auto liability limits of 100/300/100 or 300,000 single limits from regular drivers? Yes No

46. Please attach the following information on people who routinely drive on your behalf:

- a) Full name as it appears on their driver's license
- b) State the driver's license is issued
- c) Driver's license number
- d) Birth date

Section VIII – Day Nursery/Babysitting (Complete if applicable)

47. Does facility operate a licensed child care center? Yes No (If Yes, please complete our Child Care Application.)

If No, complete Questions 42–48 below.

48. Square footage of nursery area: _____ Sq. Feet

49. What is the ratio of children to attendants? _____ children per attendant

50. What is the age range of the children? _____

51. Are parents/guardians required to be on premises while the child is in your care? Yes No

52. Do you have written sign-in and sign-out procedures? Yes No

53. Is there a smoke alarm in the day nursery? Yes No

54. Is the nursery in a stand alone/separate building? Yes No

Please Note: Coverage is not included for booster club activities unless the booster club is operating in the corporate name and is not a separate entity.

Fraud Warning: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which materially affects this insurance has been withheld:

Applicant's Signature: _____ Date: _____

Producer's Signature: _____ Date: _____

How did you hear about us? (Check one) Previously Insured with Markel
 Magazine Ad (specify): _____ Referred by: _____
 Web site/search engine: _____ Other (specify): _____

Agency Information		
Agency Name: Kulin-Sohn Insurance Agency, Inc.	Contact: Mark Sohn	
Agency Address: -P.O. Box 1357		
City: Arlington Heights	State: IL	Zip: 60006-1357
Phone: 800-640-6601	Fax: 847-991-4351	E-mail: Gmnst33@aol.com

KULIN-SOHN

INSURANCE AGENCY, INC.

P.O. Box 1357, Arlington Heights, IL 60006-1357
Phone: 800-640-6601 Fax: 847-991-4351
Email: Gmnst33@aol.com

Additional coverages are available. If you would like a quote on any of the following, please check the appropriate box(es), and applications will be mailed to you. For faster service, call us at 800-900-1155. .

Coverage	Please send me an application:
Property:	
Building	<input type="checkbox"/>
Contents/Equipment	<input type="checkbox"/>
Glass	<input type="checkbox"/>
Sign	<input type="checkbox"/>
Crime	<input type="checkbox"/>
Business Income	<input type="checkbox"/>
Umbrella Liability	<input type="checkbox"/>

Please include the following with your application:

- Ⓟ Hold Harmless Agreements or Certificates of Insurance (if you lease or sublease space)
- Ⓟ Resumes of Directors and Instructors (if business has been in operation less than 3 years)
- Ⓟ Claims experience ("loss runs") from current insurer
- Ⓟ List of products sold
- Ⓟ List of indoor soft play equipment and photos of equipment
- Ⓟ Supplements where required, as stated throughout this application