



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/>

Gymnastics 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 \$840) \$1,000,000 (minimum premium \$1,000)
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

- Are you a member of USAG? Yes No
- List the name(s) of any other gymnastics federation(s) or associations(s) with which you are affiliated: N/A

- Do you subscribe to USAG safety guidelines and rules? Yes No
- Have coaches/instructors completed a safety certification by USAG? Yes No
If yes, when? _____ Conducted by whom? _____
- Is all equipment supervised by an instructor when being used by students? Yes No
- Is the gym/practice area secured when not in use? Yes No
- Is this your primary occupation? Yes No If not, what is? _____

8. Please describe other business activities you own, operate or manage: N/A
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9. Other income at any of your locations? Yes No If yes, income amount \$_____ and describe sources (including other business or activities): _____
10. Are signed Waivers kept on file for each student/participant? Yes No
 If yes, a. Are parents and 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
11. Do you have any of the following at any of your locations?
 a. Open gym Yes No If yes, number annually: _____
 b. Birthday parties Yes No If yes, number annually: _____
 c. Sleepovers Yes No If yes, number annually: _____
 d. Exhibitions/demos Yes No If yes, number annually: _____
 e. Hosted competitions Yes No If yes, number annually: _____
 f. Fundraisers/special events Yes No If yes, number annually: _____
Total annual events: _____
12. Do you allow "ninja"/obstacle training, Parkour or free running at your facility? Yes No
13. Do you have silks or circus arts at your facility? Yes No
14. Do you have any homemade or modified equipment or landing mats? Yes No
 If yes, please describe type of equipment/mats: _____
15. Do you have an Air Trak/Tumbl Trak at any of your locations? Yes No
 If yes, a. Is it used to enhance gymnastics training only
 for play/recreational purposes
 b. Is equipment used off site? Yes No
16. Do you have any other inflatable equipment at any of your locations? Yes No
If yes, please complete our Inflatable Supplement.
17. Do you use trampolines or mini-trampolines? Yes No If yes, number of beds: _____
18. Do you have a climbing wall? Yes No
 If yes, a. How many climbing walls do you have on premises? _____
 b. Was the climbing wall constructed by a professional with a Certificate of Insurance covering completed operations liability? Yes No
 c. What is the height of each wall? Wall 1: _____ Wall 2: _____ Wall 3 _____
If any wall is over 8 feet in height, complete our Climbing Wall Supplement.
19. Do you have Tanning Beds? Yes No
 If yes, number of beds _____ and **complete our Tanning Bed Supplement.**
20. Do you provide childcare services at any of your locations? Yes No
If yes, please complete our Childcare Supplement.

21. Do you have camps with activities other than gymnastics? Yes No

If yes, please complete our Camp Supplement.

Section 4 - Concussion Management

Does your concussion management include the following?

1. Require coaches/instructors to complete a course that addresses concussion awareness and how to manage potential concussions prior to coach/instructor being allowed to serve in a capacity managing participant activity. Yes No
2. EMS personnel at all hosted/sponsored competitions/events. Yes No
3. Immediate removal of a participant from class or activity who appears to have suffered a head injury or concussion. Yes No
4. A policy in place requiring a participant be cleared by a licensed health care professional before returning to class. Yes No
5. Provide staff/volunteers, participants and youth participant's parents/guardians with educational material regarding concussion awareness such as the free *Heads Up: Concussion in Youth Sports*. Yes No
Information can be obtained at the following website: www.cdc.gov - go to Concussions. At a minimum, review the following:
 - Fact sheet for coaches on concussion
 - Fact sheet for athletes on concussion
 - Fact sheet for parents on concussion
 - Clipboard with concussion facts for coaches
6. Require a concussion and head injury information/awareness sheet be signed and returned by the youth participant and the participant's parents/custodial parent/or guardian prior to the youth participant's participation, return to practice or competition after a head injury or concussion. Yes No
7. A concussion fact sheet posted and visible during class. Yes No
8. A protocol for handling potential concussion events outlined as part of your emergency action plan. Yes No

Section 5 – Safety information

1. Are individual gymnast's abilities and skill level assessed annually for team placement? Yes No
2. Do you require proficiency before skill progression? Yes No
3. How often do you inspect your equipment/apparatus? Daily Weekly Monthly Other: _____
Do you keep a maintenance log? Yes No
4. Do you follow the USAG's recommended guidelines for number of spotters? Yes No
Do you train students for proper spotting techniques? Yes No
5. Are teams/individuals supervised at all times by a qualified coach in a safe facility with proper floors and mats? Yes No
6. Do you mandate floor mats for complex stunts if not on a spring floor? Yes No
7. Is someone trained in First Aid and CPR present at all practices? Yes No

Section 6 - Census and Financial Information

1. Total annual gross receipts from tuition/membership fees from all locations: \$_____

2. At any location, do you have any fitness equipment and/or weights that are used by anyone other than your gymnastics students? Yes No
 If yes, total annual gross receipts for this operation: \$_____
3. 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? Yes No
- c. Do you re-label products as your own? Yes No
- d. Do you sell instructional videos or CDs that you produce to other than your students? Yes No
4. Do you hold any off premises after school/instructions? Yes No
 If yes, a. Do you conduct activities other than your normal gymnastics instructions? 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.***
5. Do you sponsor competitions other than USAG sanctioned events? Yes No
If yes, complete our Competition Supplement to obtain coverage.

Section 7 - 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 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, clubs or associations 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. Enrollment information: (If this is a new venture, provide an estimate.)
 a. Maximum number of students enrolled in the last twelve months: _____
 b. Instructor to student ratio: _____

c. STUDENT BREAKDOWN

By age group		By competition/classification level	
Age Group	# of students	Level	# of students
Under 6 years		Beginner	
6 to 23 years		Intermediate	
Over 23 years		Advanced	
		Adult	
TOTAL		TOTAL	

- d. Do you have cheerleading? Yes No
- If yes,
- (1) What % of total enrollment is cheer? _____
- (2) Do your pyramids go higher than 2-1/2 people? Yes No
- (3) Do you allow only advanced students to perform pyramids higher than 2 people? Yes No
- (4) Do you toss from one base to another base? Yes No
- (5) Do you participate in more than 10 competitions per year? Yes No
- e. Do you have Dance students? Yes No If yes, how many: _____
- f. Do you have Martial Arts students? Yes No If yes, how many: _____

Section 8 - Transportation Information

1. Do you transport students/participants? Yes No
2. Do 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 you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You may have the right to review your personal information in our files and request correction of any inaccuracies. You may also have the right to request in writing that we consider extraordinary life circumstances in connection with the development of your credit score. These rights may be limited in some states. Please contact your agent or broker to learn how these rights may apply in your state or for instructions on how to submit a request to us for a more detailed description of your rights and our practices regarding personal information.

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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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!