



PO Box 3870, Glen Allen, VA 23058-3870
(804) 527-2700 (800) 900-1155 Fax (804) 273-6144
www.markelinsurance.com

Gymnastics General Liability
Insurance Application
(Application required for each location)

Section I - General Information

Name, as it should appear on the policy:
Owner's Name: E-mail:
Mailing Address:
City: State: Zip:
Phone: Fax: Web site:

Section II - Business Information

Corporation Individual LLC Partnership Organization

Please indicate liability limit requested: \$500,000 \$1,000,000

Please indicate desired accident medical limit: \$50,000 \$25,000 \$10,000

(Note: Accident Medical coverage is required, either through Markel or another carrier.)

years experience of current management:

Years in Business: Years at this location:

Please indicate the desired effective date: month / day / year

Location Address:

City: State: Zip:

1. Do you own or rent facility? Own Rent If private residence, check here:

If renting, Landlord Name:

Landlord Mailing Address:

2. Do you sublease space to others? Yes No

If Yes: a) To whom do you sublease?

b) For what purpose?

c) Do you require a Hold Harmless or Certificate of Insurance? Yes No
(If Yes, please attach a copy.)

3. Is this your primary occupation? Yes No If not, what is?

4. Please describe other business activities you own, operate, or manage:

5. Gymnastics federation(s) or association(s) with which you are affiliated:

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?

By Age:

Number of Students

Under 6 years of age: _____
6 to 23 years of age: _____
Over 23 years of age: _____
Total number of students: _____

By Classification:

Number of Students

Recreational: _____
Compulsory Competitive: _____
Optional Competitive: _____
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
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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.

Certification: 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.

How did you hear about us? *(Check one)*

Magazine Ad *(specify):* _____

Web site/search engine: _____

Previously Insured with Markel

Referred by: _____

Other *(specify):* _____

Agency Information

Agency Name: _____ Contact: _____

Agency Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____



MARKEL INSURANCE COMPANY

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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. Insurance Agents may submit ACORD applications for this coverage.

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