



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

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### 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

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### 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

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**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.

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 Market  
 Magazine Ad *(specify):* \_\_\_\_\_  Referred by: \_\_\_\_\_  
 Web site/search engine: \_\_\_\_\_  Other *(specify):* \_\_\_\_\_

<b>Agency Information</b>
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"/>

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## 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