



GALES CREEK INSURANCE SERVICES
 800 NW 6TH AVENUE, SUITE 335
 PORTLAND, OR 97209
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Gymnastics & Cheerleading Insurance Application Form

New Account

Renewing Coverage

Section I – General Information

Requested Effective Date _____

Named Insured (as it should appear on the policy) _____

Doing business as (DBA) _____

Mailing Address _____

City _____ State _____ Zip _____

Contact Name _____

Daytime Telephone () _____ Fax () _____

Email _____ Web Site _____

List operating locations if different from mailing address:

Location 1 _____
Street City State Zip

Location 2 _____
Street City State Zip

Additional Insured Information – List the name and address of any entity requiring a Certificate of Insurance evidencing them as an additional insured on your policy and indicate their relationship to you.

	Name	Mailing Address	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Are you a Jam Brands Rewards member? _____

If yes, what is your rewards member number? _____

FOR NEW ACCOUNTS ONLY, please complete the following:

What is the name of your current insurance carrier(s) and expiration date(s) of coverage?

Is your current carrier non-renewing your coverage? Yes No

If yes, please explain: _____

Have there been any general liability or accident medical losses in past 5 years? Yes No

If yes, please specify type of claim and dollar amount paid for each policy year:

Section II – Primary Business Information

Please indicate the type of programs that are included in your operations (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Adult and Child Classes (ie, Mommy & Me) | <input type="checkbox"/> Recreational Gymnastics |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Rhythmic Gymnastics |
| <input type="checkbox"/> Competitive/Artistic Gymnastics | <input type="checkbox"/> Sports Acrobatics |
| What levels are trained? _____ | <input type="checkbox"/> Trampolines |
| <input type="checkbox"/> Dance Team | <input type="checkbox"/> Tumbling |
| <input type="checkbox"/> Mobile Gymnastics Programs | <input type="checkbox"/> Tumble Buses |
| <input type="checkbox"/> Preschool Gymnastics or Motor Skills Development | <input type="checkbox"/> Other (please describe): _____ |

Do you require a waiver and release form be signed by the student and/or their parent/guardian as part of your registration? Yes No

If Cheerleading Gym, do you follow USASF guidelines? Yes No

Please complete the following for Optional Routine Level Training and Instruction (Levels 7-10)

Is your school/club a member of USA Gymnastics? Yes No

Is at least one instructor/coach at your facility CPR/first aid certified and on-site during optional level instruction? Yes No

Are all instructors/coaches who are training and instructing students to compete in events at the optional routine levels certified? Yes No

If yes, please identify the certifying organization(s): _____

Section III – Premises and Operations Information

Does your facility have any of the following operations or services?

Aerial Performance Training (ie, circus skills training) Yes No
Describe the type of training offered (ie, high wires, ribbon/fabric performing devices)

_____ If performers are more than 5 feet from the ground, are safety harnesses used? Yes No

Camps or Clinics Yes No
Do non-members attend? Yes No

Describe the type of camps or clinics offered (include brochure, if available):

_____ Describe all activities that occur away from the facility, if any (ie, field trips):

Childcare, Babysitting Services or Accredited Preschool Programs Yes No

Climbing Devices (ie, climbing/bouldering wall, cargo net, ropes) Yes No
If yes, describe the device(s):

_____ List maximum height of climbing device: _____

Is a safety harness required? Yes No

Section III – Premises and Operations Information (Cont'd)

- Host meets, competitions or tournaments involving other schools/clubs Yes No
- Inflatable devices not used for gymnastics/cheerleading training or instruction Yes No
 If yes, describe the inflatable(s): _____
- Is the device used outside of facility? Yes No
 Is the device rented to others? Yes No
- Programs involving professional medical or behavioral treatments or counseling Yes No
- Swimming pool, sauna, steam room, jacuzzi, hot tub, whirlpool or spa Yes No
(A separate questionnaire is required for underwriting approval.)

Section IV – Participant Information

Please report the total number of gymnastics/cheerleading participants registered at your busiest time of year.

- Ages 4 and Under** _____
- Ages 5 – 6** _____
- Ages 7 – 12** _____
- Ages 13 and Over** _____

Ancillary Activities and Birthday or Social Party Coverage

Please select all of the activities you may have and report the total number of registered members and/or the number of separately enrolled participants in each of the activities listed below. The total number of birthday or social parties you may have at your facility on an annual basis should be reported.

<u>Activity/Program Offered</u>	<u># of Participants</u>	<u>Activity/Program Offered</u>	<u># of Participants</u>
<input type="checkbox"/> Arts and Crafts	_____	<input type="checkbox"/> Music Lessons	_____
<input type="checkbox"/> Basketball Programs/Classes	_____	<input type="checkbox"/> Swimming Programs/Classes	_____
<input type="checkbox"/> Camps or Clinics	_____	<input type="checkbox"/> Trial Classes or Open Gym	_____
<input type="checkbox"/> Dance, Drama, Theater Art Programs List the styles of dance offered: _____	_____	<input type="checkbox"/> Volleyball Programs/Classes	_____
<input type="checkbox"/> Martial Arts Programs/Classes List the styles of martial arts offered: _____	_____	<input type="checkbox"/> Yoga and/or Exercise Classes	_____
<input type="checkbox"/> Other (please describe) _____	_____	<input type="checkbox"/> Birthday or Social Parties (Report # of parties annually)	_____

Section V – Optional Coverage (Equipment & Contents Coverage)

If you wish to receive a quote for this coverage, please complete the following information:

TO AVOID A CO-INSURANCE PENALTY, YOU MUST INSURE 100% OF THE REPLACEMENT COST OF YOUR EQUIPMENT AND CONTENTS FOR ALL OF YOUR LOCATIONS.

Step 1: Fill in the values to determine your total replacement cost amount for ALL locations

Individually list any items with values over \$5,000

Value

_____	\$ _____
_____	\$ _____
_____	\$ _____

Provide values for categories below. DO NOT include those values already shown above.

Supplies & Inventory (office supplies, items held for sale) \$ _____

Equipment & Contents (athletic equipment, electronics, furniture, phone/fax system, office contents, etc) \$ _____

Improvements & Betterments (items you have installed or altered at your expense, such as flooring, mirrors, ceiling tile, window treatments, lighting, shelving, etc) – Receipt of purchase is required at the time of loss to show verification of purchase. \$ _____

Signs (indoor or outdoor) \$ _____

Misc. equipment (please describe below) \$ _____

Total replacement value for all location(s) (add all lines above) \$ _____

Step 2: List physical addresses where equipment and contents are stored (PO boxes cannot be accepted.)

Location 1: _____

Location 2: _____

Section VI – Optional Coverage (Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement Coverage)

If you wish to receive a quote for this coverage, please complete the following information:

Coverage is contingent upon underwriting review and approval. Coverage provided includes \$100,000 limit for defense costs only. **Additional premium of \$500 per location will apply, if approved.** Coverage is not available with all carriers.

1. Are all prospective employees required to complete a written employment application? Yes No
2. Does your employment application ask the applicant if they have ever been convicted of a crime? Yes No
3. Are references obtained and checked prior to hiring a staff member? Yes No
4. Do you have frequent discussions with your staff on the importance of providing a safe environment for the children in your care? Yes No
5. Do you have written procedures for responding to a reported abuse incident? Yes No
6. Is a copy of the written procedure provided to each member of your staff? Yes No
7. Is mandatory notification to local law enforcement included in your written procedures? Yes No
8. Is suspension of the accused employee part of your written procedures? Yes No
9. Has any member of your organization ever been involved in an incident which resulted in an allegation of abuse or molestation? Yes No

Section VII – Warranty and Disclosure Statement

I understand that the insurance company, in determining whether to provide insurance coverage, will rely on the information contained in this form and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and accurate.

I am aware that the insurance company expects accurate reporting for the projected attendance for my program, and should my figures exceed my estimates during the coverage term, I will make arrangements to pay the additional premium. I understand that my books and records may be examined or audited by the insurance company at any time during the coverage period and up to three years afterwards. Intentional misrepresentations or misreporting may jeopardize coverage.

Authorized Representative Signature

Date

Printed Name

Title

To receive an insurance proposal for your school/club, send completed form to:

Gales Creek Insurance Services

Attn: Nancy Rohde

800 NW6th Ave Ste 335

Portland OR 97209

Phone: 1-800-755-1575 **Fax:** 1-503-227-0927

www.galescreek.com