



MIC Insurance Brokerage
552 S. Washington Street Suite 200
Naperville, Illinois 60540

GYMNASTICS APPLICATION

630.428.4062
TOLL FREE: 888.293.5001
FAX: 630.428.4072
WEB: www.micib.com

Renewal Date

Business Name -		DBA -	
Mailing Address -		City -	State - Zip -
Contact Name -		Email -	Website -
Work Phone -	Fax -	Cell -	Home -
STATUS (check one) <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> S-corp <input type="checkbox"/> Other			
Tax ID or SS# -		Year business started -	

How many students have been injured in the last 3 years? none listed below

Type of injury	1.	2.	3.
	4.	5.	6.

**Have you had any general liability claims in last 3 years? yes no (if yes, reason and date)

I, the undersigned, declare to the best of my knowledge, the loss of information and all attached are said to be true and that not material fact(s) have been suppressed or misstated.

X _____ X _____
Applicant signature Date

PREMISES INFORMATION

Address of operations/activities (address must be listed below in order to be covered if different than mailing address) If same, write SAME	Square feet	Owned	Leased
#1		<input type="checkbox"/>	<input type="checkbox"/>
#2		<input type="checkbox"/>	<input type="checkbox"/>
#3		<input type="checkbox"/>	<input type="checkbox"/>
If operations are held outdoors, estimated total acreage (or sq. feet) used			
		Yes	No
1. Is this a Mobile or Tumblebus Program?		<input type="checkbox"/>	<input type="checkbox"/>
2. If premises are leased, are you responsible for maintaining the building or premises?		<input type="checkbox"/>	<input type="checkbox"/>
3. If facility includes a parking lot for your customers, are you responsible to maintain the lot?		<input type="checkbox"/>	<input type="checkbox"/>
4. If the public is allowed in your facility, are you responsible for security and crowd control?		<input type="checkbox"/>	<input type="checkbox"/>

If you need to name an Additional insured or send proof of Liability Insurance to anyone, they must be listed below. This includes your landlord or building owner if you lease your building from a person or entity whose name is different than your business name shown above.

Name: Address: City/State/Zip: <input type="checkbox"/> landlord <input type="checkbox"/> loss payee <input type="checkbox"/> mortgagee <input type="checkbox"/> additional insured <input type="checkbox"/> evidence of insurance only	Name: Address: City/State/Zip: <input type="checkbox"/> landlord <input type="checkbox"/> loss payee <input type="checkbox"/> mortgagee <input type="checkbox"/> additional insured <input type="checkbox"/> evidence of insurance only
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Questions *1-7 require mandatory compliance
Non-compliance with any or all of these requirements will nullify this application

	Yes	No
*1. Are waivers and releases obtained from all participants, including adults?	<input type="checkbox"/>	<input type="checkbox"/>
*2. Do you obtain national criminal background checks on all employees and volunteers? (mandatory)	<input type="checkbox"/>	<input type="checkbox"/>
*3. Is the ratio of students to instructors for your overall activities 10:1 or less?	<input type="checkbox"/>	<input type="checkbox"/>
*4. Have all your coaches completed a National Safety/Coaching Certification Program?	<input type="checkbox"/>	<input type="checkbox"/>
*5. Do you have a written safety program, including procedures and rules concerning all activities?	<input type="checkbox"/>	<input type="checkbox"/>
*6. Do you inspect equipment daily, keep inspection checklist & record of regularly scheduled maintenance?	<input type="checkbox"/>	<input type="checkbox"/>
*7. Do you have any trampolines or other rebound tumbling devices with posted rules for usage?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have there been any claims relating to Sexual Abuse/Molestation, discrimination or negligent hiring?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has any applicant been convicted of any crime during the past 10 years? (If yes, please explain below)	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you rent space in your gym to anyone for any reason including teaching their own students? *If yes, they must provide you with a Certificate of Insurance listing your business as an Additional Insured and liability limits must be equal to or greater than yours.	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you offer licensed Day Care services? (If yes, please explain below) a separate policy may be required.	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you utilize any Soft Play, Pay for Play? (ie: climbing apparatus with slides) (If yes, please explain below)	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you have a Foam Pit? If yes, are sides padded? Describe padding Is it supervised at all time? Depth of pit	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
14. Do you offer parent's day out or open gym? (If yes, please explain below)	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you have a booster club? If yes, are they a separate legal entity? Do you have a separate General Liability policy for booster club? How many times a year do you have fundraisers? Type (ie: bake sale/car wash etc)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Explanations for question 1 - 15: (please attach additional pages if necessary)		

Do you offer Birthday Parties? <input type="checkbox"/> YES <input type="checkbox"/> NO (If NO skip this section)	Yes	No
Are Birthday Party attendees Allowed on any gymnastic "skilled" equipment?	<input type="checkbox"/>	<input type="checkbox"/>
If your facility includes a Rock or Climbing Wall, are the Birthday Party attendees allowed on that apparatus?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any type of Inflatable or mechanical amusement devise used by attendees of parties?	<input type="checkbox"/>	<input type="checkbox"/>
Are Birthday Party attendees allowed on trampolines? (If yes, explain protection used and supervision below)	<input type="checkbox"/>	<input type="checkbox"/>
What is the average number of attendees per party?		
What is the ratio of staff members or instructors to attendees?		
Briefly explain the type of activities normally offered at Birthday Parties or similar activities. Also list all equipment they are allowed to use:		

THIS SECTION MUST BE COMPLETED. (If any answer is Yes, complete supplemental pages as shown)	Yes	No
Do you offer overnight activities? (If yes, complete Page 7)	<input type="checkbox"/>	<input type="checkbox"/>
Does your facility include a Rock Wall? (If yes, complete Page 6)	<input type="checkbox"/>	<input type="checkbox"/>
Do you offer any type of Martial Arts? (If yes, complete Page 6)	<input type="checkbox"/>	<input type="checkbox"/>
Do you own/operate any Inflatable devices? - does not mean air tracks (If yes, complete Page 6)	<input type="checkbox"/>	<input type="checkbox"/>
Do you offer instructional swimming? (If yes, ask us for a Swimming Pool Supplement)	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL LIABILITY RATING SECTION

Business Name:	dba
Address:	City/State/Zip:
Phone:	Email:

This section is for class participation ONLY Indicate AVERAGE monthly student enrollment for one year.			Please complete this SECTION if you have any of the below activities
INSTRUCTIONAL and CLASS PARTICIPATION ONLY	Youth	Adult 23 & over	
Aerobics			Birthday Parties Number of parties per year Annual party receipts Charge per party
Cheerleading Use mat or springboard floor <input type="checkbox"/> Y <input type="checkbox"/> N			
Gymnastics (no one over age 22)			Day Camps Total Number of Camp Days per year Number of DAILY Campers NOT included other section as regular students /DAY
Preschool Gymnastics & Tumbling including arts/crafts, music & games Don't include gymnastics or tumblebus #'s			
Martial Arts (complete supplement page 6) Type			Overnight Camps & Sleepovers (Must Complete Page 7) Total Number of nights per year Number of Day/Night Campers NOT included in other section as regular students /NIGHT
Tumblebus (Mobile Program)			
Dance			Cheerleading and Gymnastics Competitions (only include Non-Sanctioned Competitions hosted by you) Total Number of DAYS competitions are held per year Number of student PER DAY (not per competition)
Climbing Wall (complete supplement page 6)			
Mommy & Me (must have Adult waiver)			
Swimming - monthly # of swimmers Number of months/year (complete pool supplement)			
Rhythmic Floor Exercise/Motor Skills			

*Total number of participants above must match the total number of participants for Accident coverage on Page 4.

I verify the above information and all other statements on this application by my signature on Page 5.

EXCESS ACCIDENT AND CATASTROPHIC MEDICAL SECTION

Business Name:	dba
Address:	City/State/Zip:
Phone:	Email:

Student Age Classification	# of Students in this age class	Total # of Coaches (for all categories)	For Underwriting Use Only	
12 & under				
13 - 15				
16 - 18				
19 - 22				
*23 & Above				
*23 & Above - Be sure to include parents that participate in Mommy and Me classes, Dance, Aerobics, Martial Arts, Swimming or any other classes Adults participate in.				
Number of Birthday Parties Per Year				

** Total number of students shown above must match the total number of participants on Page 3

Benefit Amounts	
Medical Expense (Excess) with \$100 Deductible (Unless otherwise stated)	\$100,000 per accident
Accidental Death & Dismemberment	Included
Catastrophic Accident	1,000,000 Maximum

I verify the above information and all other statements on this application by my signature on Page 5.

MIC Insurance Brokerage
552 S. Washington St., Suite 200
Naperville, IL 60540
(630)428-4062
(630)428-4072 FAX

This page MUST be signed and returned to MIC Insurance Brokerage by one of the following methods:

FAX 630-428-4072
email: bsnow@micib.com
mail: 552 S. Washington St., Suite 200, Naperville, IL 60540

Applicants Statements and Declarations

The applicant(s) declares to the best of his/her knowledge, the information contained in this application and all supplements attached to be true and that no material fact(s) have been suppressed or misstated. The applicant(s) further understand that any false or fraudulent statement or misrepresentations could result in termination or voidance of any insurance contract issued from the information stated herein.

It is also understood and agreed that Accident and Catastrophic coverage is "excess." No benefits will be payable for expenses covered under the medical expense benefit to the extent that benefits are provided therefore under any other policy or prepayment plan (including a plan under federal, state or other governmental law, unless it is a requirement of such laws that insurance benefits be paid first).

I understand by signing below that Sexual Abuse and Molestation Coverage is excluded. This coverage is available upon request for an additional premium. (Subject to underwriting approval.)

Applicant Signature _____ Date Signed _____

Business Name _____

City _____ State _____

Agent Signature _____ Date _____

MIC Insurance Brokerage offers the following policies, which are not part of your Sports Liability and Accident coverage. If not already being provided by MIC Insurance, I would like a quote(s) on the following:

- Workers Compensation Property Business Auto Sexual Abuse
 Employment Practice Liability Insurance Bonds Directors & Officers

SLEEPOVER/OVERNIGHT CAMP SUPPLEMENT

Legal Business Name:	
Address:	City/State/Zip:

1. Director's # of years experience in camp management: ____
2. Are national criminal background checks done on all staff & volunteers (current & new)? ____
3. Are any activities unsupervised (If yes, describe all) ____
4. Is at least 1 person over the age of 25 on-site all night? ____
5. Are counselors/group leaders at least 18 years of age? ____
6. What is the ratio of instructor/supervisor to student/camper? ____
7. Describe the sleeping arrangements and facilities, including supervision: ____
8. Describe the physical characteristics of the camp (include distance to nearest non-related facility)

9. Is there any water-related activity or water hazards? (If yes, explain) ____
10. Provide details of each counselors training, including First Aid training. ____
11. Is the camp classified as a "special needs" camp? (for persons with special needs, due to mental or physical handicap or medical condition) ____
12. Is the camp coed? ____

Applicant Signature _____ Date Signed _____