



## CHEER GYMS

# Insurance Program and Enrollment Form

This brochure is valid for effective dates from 7/1/26 through 3/31/27

### PROGRAM DESCRIPTION

This program has been designed for U.S.-based cheerleading gyms specializing in the instruction of cheerleading, dance, tumbling, trampolines, and related programs. Coverage includes important liability protection for the gym, including its employees and volunteers, for liability claims arising out of its operations.

For eligible cheer gyms, covered operations and activities include your operations and activities at your locations involving registered members/participants, under your direct supervision or organized by you, that have been reported to and approved by the Company and for which the applicable premium has been paid; off-site competitions, demonstrations, parades, and fundraising activities directly associated with the foregoing that are under your direct supervision or organized by you; and ancillary events or activities at off-site locations involving registered members/participants under your direct supervision or organized by you, that have been reported to and approved by the Company and for which the applicable premium has been paid.

“Covered Operations” may also include birthday parties or special events (e.g., parent’s night out) at your premises that are under your direct supervision or organized by you, that have been reported to and approved by the Company, and for which the applicable premium has been paid; activities involving non-member participants or participants/students of separately charged classes or programs, under your direct supervision or organized by you, that have been reported to and approved by the Company, and for which the applicable premium has been paid; and meets, competitions, or events hosted by you, under your direct supervision or organized by you, that have been reported to and approved by the Company and for which the applicable premium has been paid.

Coverage is provided by a carrier rated A (Excellent) by A.M. Best Company.

### INELIGIBLE OPERATIONS

Operations not eligible for this program include, but are not limited to, the following:

- Gymnastics facilities/operations or operations that utilize gymnastics apparatuses (e.g.: foam pits, rings, high bars, pommel horse). Contact us for gymnastics school coverage.
- Circus skills training
- Your operations as a sports complex or multi-purpose facility, except for those sport(s) and/or subsidiary activities you have reported to us, have been approved by us, and the appropriate premium paid.
- Trampoline parks/facilities

### ELIGIBLE OPERATIONS

Cheer gyms providing any of the following operations are eligible for this program. Operations with gymnastics activities should contact us regarding information on our gymnastics program.

- Cheerleading
- Dance
- Trampolines (instruction/training classes/programs only)
- Tumbling

### WAYS TO ENROLL FOR COVERAGE

**WEB** For information and applications visit us online at [www.gymnasticsinsurance-kk.com](http://www.gymnasticsinsurance-kk.com)

OR

Submit this enrollment form, with payment, to us.

**FAX** 1-260-459-5940

**MAIL** Regular K&K Insurance  
Cheer RPG  
P.O. Box 2338  
Fort Wayne, IN 46801-2338

Overnight K&K Insurance  
Cheer RPG  
1690 Broadway, Building 19, Suite 110  
Fort Wayne, IN 46802

### FOR SERVICE REQUESTS ONLY

**E-MAIL** [info@gymnasticsinsurance-kk.com](mailto:info@gymnasticsinsurance-kk.com)

**QUESTIONS** Call 1-800-648-6406

This brochure is for illustrative purposes only and is not a contract of insurance. You must refer to the actual policy for complete information regarding coverage terms, conditions, and exclusions, as they may change from one coverage period to the next. You may request a copy of the full policy by submitting a written request to us.

## EXCLUSIONS

The following represent only some of the exclusions contained in this policy. State variations may apply.

- Abuse, molestation, or exploitation (unless reported to and approved by us, and the appropriate premium paid)
- Amusement devices (e.g.: rides, slides, inflatables—unless reported to, and approved by us, bungees, or dunk tanks)
- Bodily injury to participants while in a hired auto or non-owned auto
- Climbing walls - exceeding ten (10) feet in height, unless reported to and approved by us
- Communicable disease
- Cryogenic chambers/therapy
- Cyber incident, data compromise, and violation of statutes related to personal data
- Employment-related practices
- Fungi or bacteria
- Multi-passenger vehicles
- Operations listed as ineligible
- Parkour activities/programs\*
- Pollution
- Sexually transmitted disease

\*Please contact us if you have this exposure for coverage options.

## COVERAGES AND LIMITS - Contact us if higher limits are needed.

Commercial General Liability (CGL):	Option 1		Option 2	
	Limits		Limits	
Each Occurrence	\$ 1,000,000		\$ 2,000,000	
General Aggregate (Other than Products-completed Operations)	\$ 5,000,000 per location		\$ 5,000,000 per location	
Products-completed Operations Aggregate	\$ 1,000,000		\$ 2,000,000	
Personal and Advertising Injury	\$ 1,000,000		\$ 2,000,000	
Bodily Injury to Participants Liability	\$ 1,000,000		\$ 2,000,000	
Professional Liability	\$ 1,000,000		\$ 2,000,000	
Hired Auto Liability & Non-owned Auto Liability (not available in: IL, LA, UT, VT & WI)	\$ 1,000,000		\$ 2,000,000	
Damage to Premises Rented to You (Fire Legal Liability)	\$ 1,000,000		\$ 1,000,000	
Medical Expense (other than participants)	\$ 5,000		\$ 5,000	
Medical Payments for Participants (excess) \$250 per claim deductible applies	\$ 150,000		\$ 150,000	
Rates (per student/member, per age group)	All States, except Hawaii	Hawaii Applicants	All States, except Hawaii	Hawaii Applicants
Ages 13 and over	\$ 57.11	\$ 51.91	\$ 77.55	\$ 70.49
Ages 7 through 12	\$ 33.31	\$ 30.28	\$ 43.93	\$ 39.93
Ages 5 and 6	\$ 26.76	\$ 24.32	\$ 35.93	\$ 32.66
Ages 4 and under	\$ 14.28	\$ 12.98	\$ 19.57	\$ 17.79
<b>Minimum Premiums</b>	\$ 1,000.00	\$ 1,000.00	\$ 1,500.00	\$ 1,500.00

### Coverage provided under this program includes:

**Commercial General Liability with Enhancement Endorsement** – coverage which protects the insured against liability claims for bodily injury and property damage arising out of premises, operations, products-completed operations, and personal and advertising injury. Additional or broadening coverages added with the enhancement endorsement are:

Extended Property Damage – expected or intended injury resulting from use of reasonable force to protect persons or property; Non-Owned Watercraft – extended to 58 feet; Property Damage to Borrowed Equipment; - \$10,000 each occurrence; Property Damage to Customers' Goods - \$10,000 each occurrence; Broadened Coverage – Damage to Premises Rented to You – definition expanded; Property Damage from Elevator Use; Personal and Advertising Injury from Televised or Videotaped Material (if not professionally produced); Medical Personnel - \$100,000 any one person; Broadened Definition of Insured – Newly Acquired or Formed Organization for Up to 180 Days; Supplementary Payments - \$2,500 Bail Bonds, \$500 a Day Loss of Earnings; Knowledge or Notice of Occurrence; Unintentional Failure to Disclose all Hazards; Waiver of Transfer of Rights of Recovery Against Others to Us (Waiver of Subrogation); Mental Anguish Resulting from Bodily Injury; Broadened Definition of Mobile Equipment

### Additional Coverages:

- Emergency Real Estate Consultant Fee - \$25,000
- Identify Theft Exposure - \$25,000
- Key Individual Replacement Cost - \$50,000
- Lease Cancellation Moving Expense - \$2,500
- Temporary Meeting Place - \$25,000
- Terrorism Travel Reimbursement - \$25,000
- Workplace Violence Counseling - \$25,000

## COVERAGES AND LIMITS CONTINUED

**Damage to Premises Rented to You** – coverage for the premises, and the contents of such premises, rented to you if the damage is caused by fire, lightning, explosion, smoke, or leaks from sprinklers.

**Bodily Injury to Participants Liability** – coverage that offers protection against bodily injury liability claims brought by persons participating in covered activities of your cheer operations.

**Professional Liability** – coverage that provides protection against wrongful acts (negligent act, error, omission, or breach of duty in the discharge of cheer activities) that occur under the operations of the insured.

**Medical Payments for Participants** – coverage that pays the medical and dental expenses incurred by a “participant” when an accidental injury occurs while participating in your covered cheer operations. “Participant” means any:

- a. Person practicing for or participating in any physical exercise, athletic or recreational activity, game, sport, contest, performance, exhibition, or entertainment activity; or
- b. Member of the audience participating in any physical exercise, athletic or recreational activity, game, sport, contest, performance, exhibition, or entertainment activity.

“Participant” does not include any instructor, coach, official, referee, volunteer, or compensated member of your staff, including “employees” or independent contractors; nor does it include any member of the audience not described in Paragraph b. of this definition. Coverage is provided on an excess basis, responding after all other medical coverage available to the participant has been exhausted. If no other medical coverage exists, the coverage becomes primary. A \$250 deductible applies to each claim, and the benefit period is two years from the date of the accident.

**Hired Auto Liability and Non-Owned Auto Liability** (not available for facility locations in: IL, LA, UT, VT, or WI) – coverage that protects the insured against liability claims arising out of the maintenance or use of motor vehicles hired, leased, rented, or borrowed by the insured on a short-term basis, as well as coverage for those autos your organization does not own, lease, hire, rent, or borrow that are used in conjunction with your operations. Coverage does not extend to bodily injury to participants while in a hired auto or non-owned auto; to the use of a multi-passenger vehicle (designed to carry 9 or more persons); or to those vehicles that are rented, leased, hired, or borrowed on a long-term basis.

## ADDITIONAL OPERATIONS COVERAGES AVAILABLE

### Coverage for Non-Members and Separately Charged Classes/Programs

This coverage is available for events and/or activities you conduct at your facility that involve non-members or participants/students paying a separate fee for classes, camps, and clinics that are incidental to your cheer gym operations. When reported and paid for, coverage is extended to provide liability and excess medical coverage for those individuals while participating in an event or activity you are hosting and supervising. Examples of such events and activities include dance programs or classes; camps or clinics; crafts; music programs or classes; yoga classes; gymnastics programs or classes; and theater arts or drama classes or programs. Unless this option is purchased, coverage is excluded for non-members and participants/students paying a separate fee who participate in any of the activities referenced above.

Coverage Conditions:

1. Coverage is not available on a stand-alone basis. You must have Commercial General Liability coverage for your cheer gym with our Cheer Gyms RPG insurance program.
2. The same coverages and limits would apply to this optional coverage as purchased for your gym.
3. Birthday parties and special events are not considered to be a subsidiary activity and a separate premium charge will apply.
4. Non-members are only to be counted once in your premium calculation, regardless of the number of times that they may participate in those activities. Also include participants/students of your school if they are charged a separate registration fee to participate in the activity.

Rates - per participant/student	Option 1 - \$1,000,000 CGL		Option 2 - \$2,000,000 CGL	
	All States Applicants, except Hawaii	Hawaii Applicants	All States Applicants, except Hawaii	Hawaii Applicants
Martial arts activities	\$ 15.95	\$ 14.50	\$ 21.07	\$ 19.15
Camps/clinics	\$ 5.78	\$ 5.25	\$ 7.52	\$ 6.83
All other activities	\$ 15.95	\$ 14.50	\$ 21.07	\$ 19.15

### Birthday Parties and Special Events Coverage

Coverage can be extended to cover birthday parties and special events (e.g., parent’s night out) held at your cheer gym premises.

Coverage Conditions:

1. Coverage is not available on a stand-alone basis. You must have Commercial General Liability coverage with our Cheer Gyms RPG insurance program.
2. The same coverages and limits would apply to this optional coverage as purchased for your gym.

Rates (per party/event)	Option 1 - \$1,000,000 CGL		Option 2 - \$2,000,000 CGL	
	All States Applicants, except Hawaii	Hawaii Applicants	All States Applicants, except Hawaii	Hawaii Applicants
	\$ 34.26	\$ 31.14	\$ 46.47	\$ 42.24

## OPTIONAL COVERAGES AVAILABLE CONTINUED

### Sexual Abuse or Sexual Molestation Liability OR Abuse, Molestation, or Exploitation Defense Reimbursement

This program includes two options for coverage for claims arising out of sexual abuse or sexual molestation:

- Option 1: Sexual Abuse or Sexual Molestation Liability - \$1,000,000 for each perpetrator with a \$1,000,000 aggregate for sums the insured becomes legally obligated to pay as damages because of loss arising out of or in any way involving sexual abuse or sexual molestation, whether threatened or actual. Limit is part of, and not in addition to, the General Aggregate Limit of Insurance.
- Option 2: Abuse, Molestation, or Exploitation Defense Reimbursement - \$100,000 each claim with a \$100,000 aggregate limit of coverage for reimbursement of defense costs only resulting from claims arising out of abuse, molestation, or exploitation.

Coverage Conditions:

1. Coverage is contingent upon completion of a supplemental questionnaire. Please contact us for a supplemental form to complete and return for review and approval.
2. Coverage is not available on a stand-alone basis. You must have Commercial General Liability coverage for your gym with our Cheer Gyms RPG insurance program.
3. Only one option may be purchased.
4. This coverage is 100% fully earned at inception (may vary by state).
5. This coverage may not be available for all submissions, or different limit options may only be available.

### Equipment and Contents Coverage (Inland Marine)

This coverage provides protection for direct loss of or damage to your supplies and equipment; furnishings; improvements and betterments; signs and leased personal property; and HVAC or building glass at locations where you are a tenant and have a contractual responsibility to insure, when the loss or damage is caused by fire, theft, vandalism, or other covered causes (subject to actual policy terms and conditions). You must insure the full replacement cost of all of your equipment and contents to avoid a coinsurance penalty at the time of loss. If you add additional equipment or contents to your inventory, please contact us to have your insured value amended to avoid a coinsurance penalty.

Additional coverages automatically included in the coverage form are

- Business Income with Extra Expense – actual loss sustained (up to \$50,000)
- Money and Securities Coverage - \$10,000 any one occurrence
- Valuable Papers and Records Coverage - \$10,000 on premises / \$2,500 off premises
- Accounts Receivable Coverage - \$10,000 on premises / \$2,500 off premises
- Employee Theft - \$5,000 any one occurrence
- Forgery or Alteration - \$10,000 any one occurrence
- Robbery or Safe Burglary of Other Property - \$10,000 inside the premises / \$10,000 outside the premises
- Additional Acquired Property – up to \$15,000
- Concession Equipment - \$50,000 any one occurrence
- Pollutant Cleanup - \$25,000

Coverage Conditions:

1. Coverage is not available on a stand-alone basis. You must have Commercial General Liability coverage with our Cheer Gyms RPG insurance program.
2. Coverage will be effective the day after we receive the properly completed enrollment form with premium and will expire on the expiration date of your Cheer Gyms RPG insurance program.
3. A receipt of purchase is required at the time of loss to show verification of purchase for any improvements or betterments.
4. This coverage may not be available in all states.

Total Value per Location	All States Applicants, except Hawaii Rates	Hawaii Applicants Rates	Deductible	Minimum Premium
\$ 1 - \$ 10,000	\$ .033	\$ .03	\$ 250	\$ 100.00
\$ 10,001 - \$100,000	\$.0286	\$ .026	\$ 1,000	\$ 100.00
\$ \$ 100,001 +	\$.0286	\$ .026	\$ 2,500	\$ 100.00

## Meets, Competitions & Events Coverage

If your gym is hosting or organizing a meet, competition, or event that involves participants who are not members of your gym, please contact us to obtain additional information about the coverages and programs we may have available. Your cheer gym coverage excludes liability and medical payments for participants claims by non-registered members/participants who take part in meets, competitions, or events you host, unless additional coverage is purchased. The named insured and their registered members are automatically covered for participation in meets, competitions, and events conducted by others.

### FREQUENTLY ASKED QUESTIONS

**1. We are a newly formed gym and we are not sure how many students we will have. How should I report my student count?**

You need to report the number of members/students you project to have enrolled at the busiest time of year. You may add additional members/students at any time by using the cheer supplemental form.

**2. Is coverage under this policy extended to independent contractors (non-employees) working on behalf of the gym?**

Independent contractors (non-employees) are not covered under this program. We, however, do offer an insurance program specifically designed for independent contractors who directly supervise an individual or group engaged in cheer activities. Within this coverage, the independent contractor instructor can list your gym as an additional insured while instructing at your gym or as a part of your operations. Coverage for independent instructors can be purchased online or by contacting us.

**3. Is my gym covered for a meet or competition that we are hosting that involves non-registered students/members?**

Coverage is included for meets or competitions you host that only include students/members of your gym. To obtain coverage for an event that includes non-registered students/members, please contact us for coverage options available.

**4. Am I allowed to transport students to activities such as meets, competitions or events?**

This insurance program does not provide coverage for the transportation of members/participants/students. Should the transportation of members/participants/students be necessary for your operation, we suggest that you consult a licensed insurance agent in your area to provide you with commercial automobile coverage for this type of exposure.

**5. I have been asked by my landlord or sponsor to add them as an "additional insured" to my policy. What does this mean?**

An additional insured is a person or organization not automatically included as an insured under an insurance policy, but who is included or added as an insured under the policy at the request of the named insured. By providing an entity additional insured status, it now is entitled to defense and indemnity (if policy limits have not been exhausted) under your policy with no responsibility for premium payments.

You can add an entity as an additional insured under the certificate request section of the enrollment form. Please provide their complete name, address, and relationship to you. All requests must be made in writing.

**6. Will we receive a policy after submitting the enrollment form?**

No. You will receive a certificate of insurance as proof of coverage. By applying for this insurance, you are applying for membership in the Sports, Leisure and Entertainment Risk Purchasing Group (RPG), a group formed and operating pursuant to the Liability Risk Retention Act of 1986 (15 USC 3901 et seq.). Coverage is offered exclusively through the Sports, Leisure and Entertainment Risk Purchasing Group (RPG). The RPG receives a master policy from the insurance company. Submission of this enrollment form confirms your desire to receive coverage through the RPG. Each member receives their own certificate of insurance as evidence of coverage. The limits of insurance apply individually to each insured member organization - there are no shared limits of liability with any other members. For a copy of the RPG master policy, please submit your request in writing to: K&K Insurance Group, Inc., P.O. Box 2338, Fort Wayne, IN 46801-2338.

**7. Do I have coverage for virtual training?**

Coverage does extend to incidental virtual training provided by you (the named insured) to your clients/members. The policy is intended to extend bodily injury coverage only for training available to your clients/members only (through a private platform such as a password protected website or a closed Facebook group). Coverage does not extend to any training material that is accessible to the general public. Reasonable precautions should be taken when assessing potential new clients/members online, including but not limited to health assessments, waivers/release forms, and interviews prior to instruction or training. We encourage you to consult with an attorney to consider special waiver/release agreements that will apply specifically to virtual training. Virtual training/instruction does not extend to any training/instruction that includes gymnastic apparatuses, tumbling, or stunting (including pyramids), or to any in-water activities. We do not provide coverage for cyber liability, so if you are taking payment or collecting personal information online and it is compromised, there would be no coverage under the general liability policy.



# Enrollment Form Cheer Gyms

Valid for effective dates from 7/1/26 through 3/31/27

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group, a group formed and operating pursuant to the Liability Risk Retention Act of 1986 (15 USC 3901 et seq.). A risk purchasing group (RPG) provides group purchasing power for similar risks resulting in potentially advantageous coverage terms, and competitive rates for favorable group loss experience. An RPG administration fee may be charged. The submission of this enrollment form and/or the acceptance of payment does not guarantee coverage. Certain operations are not eligible for coverage by this program. We reserve the right to decline any request for coverage.

- TO AVOID PROCESSING DELAYS:**
1. Complete all sections (print legibly)
  2. Sign and date where required
  3. Remit completed enrollment form (pages 6 - 19) with payment (page 20)

## GENERAL INFORMATION

I am a new account     I am renewing my coverage

Full legal name of business: \_\_\_\_\_

Note: This is the name that will appear on your Certificate of Insurance. If your company is a Sole Proprietorship, then this will be your personal name or DBA.

Applicant is a:  Sole Proprietorship     Limited Liability Co.     Corporation     Partnership

Other (describe): \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Insured contact name: \_\_\_\_\_ Insured phone: (\_\_\_\_) \_\_\_\_\_

Insured cell: (\_\_\_\_) \_\_\_\_\_ Insured e-mail: \_\_\_\_\_

Website: \_\_\_\_\_

(By listing an email address, you are giving us permission to contact you by email about your policy. Refer to page 16 for Consent for Electronic Transactions.)

## LOCATIONS

Please list locations you own or operate on a 24-hour basis, if different than the mailing location above.

(Note: Temporary leased spaces or mobile program sites should not be listed here, only your owned/operated location sites. You can add temporary/mobile locations in the certificate request section if evidence of coverage or additional insured status is needed.)

Location 1: \_\_\_\_\_

Street address	City	State	Zip
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Location 2: \_\_\_\_\_

Street address	City	State	Zip
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## DATES

Annual coverage will begin the day after the completed enrollment form and premium are received and approved by us, or on a later date you specify below. (If renewing coverage, please provide the expiration date of your current policy.)

Start my coverage on this date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## BUSINESS INFORMATION

1. Form of business:  Not-for-profit     For-Profit

2. Identify all programs/activities that are included in your operations (check all that apply)

Your operations must include cheerleading to be eligible for this program.

Cheerleading

Dance

Trampolines (instruction/training classes/programs only)

Tumbling

Other (please describe) - subject to approval: \_\_\_\_\_

**Note:** Gymnastics activities or operations that utilize gymnastics apparatuses are not covered by this program. (Contact us for information on our gymnastics program.)

## BUSINESS INFORMATION CONTINUED

3. Do you have activities that occur away from the facility/premises other than camps, competitions,  Yes  No demonstrations, exhibitions, parades, or fundraising activities?

If yes, please check those types of activities that apply and describe:

- Training (describe): \_\_\_\_\_
- Day at the park (describe): \_\_\_\_\_
- Trip to amusement park or beach
- Other: \_\_\_\_\_

(Activities held off-site must be reported prior to occurring and approved by us except for competitions, demonstrations, parades and fundraising activities.)

4. Do you use any homemade or modified equipment in your operation?  Yes  No

If yes, please describe: \_\_\_\_\_

**Note: If you use any homemade or modified equipment, you must submit photos of the equipment for it to be considered for approval.**

5. Do you have birthday parties?  Yes  No

If yes, please advise the max age of the honoree: \_\_\_\_\_

Note: Coverage is limited to events where the honoree is age 15 or younger and the majority of attendees/participants are also age 15 or younger. Events that do not meet these criteria may be considered on an individual basis and are subject to additional review and approval.

6. Do you have camps or clinics?  Yes  No

If yes:

- a. Do non-members attend?  Yes  No

(Non-member campers are excluded from coverage under this policy, unless you purchase the optional subsidiary activity coverage available.)

- b. Describe the type of camps or clinics you may have along with the activities/events taking place at the camps/clinics: \_\_\_\_\_

(Coverage can only be extended for those types of operations/activities that coverage has been purchased for under this program. Ancillary activities are not covered unless reported to us and approved by us, prior to occurring.)

- c. Describe any activities that occur away from your facility: \_\_\_\_\_

(Activities held off-site are not covered unless reported to us and approved by us, prior to occurring.)

7. Do you provide any of the following services? (If yes, check all that apply.)

- Childcare/daycare  All-day preschool  Before-school programs  
 Babysitting  Part-day preschool  After-school programs

If you checked part-day preschool, before-school, or after-school programs above, is cheerleading instruction a part of that program?  Yes  No

If yes:

- What percentage of the program is dedicated to cheerleading? \_\_\_\_\_
- What percentage of your overall operations includes these programs? \_\_\_\_\_

Note: Childcare/daycare, babysitting services, full-day preschool, or substitute parental care are not eligible and are excluded under this program. Part-day preschool, before-school, and after-school programs must be incidental to be considered for coverage.

8. Do you host any overnight events/activities?  Yes  No

If yes, what programs/activities have overnight events/activities? (check all that apply)

- Parent's night out  Overnight camps/clinics  Other: \_\_\_\_\_

(Coverage for these types of events/activities are excluded under this program, unless reported to and approved by us prior to occurring. Please contact us for additional information needed to consider.)

9. Does your operation utilize gymnastic apparatuses? (e.g.: foam pits, high bars, pommel horse, rings)  Yes  No

## BUSINESS INFORMATION CONTINUED

10. Please identify all devices utilized in your operations. (check all that apply and provide pictures of any checked):

Check here if you do not have any of the devices referenced below or any similar-type devices.

- |                                     |                       |                      |  |
|-------------------------------------|-----------------------|----------------------|--|
| <input type="radio"/> Climbing wall | Maximum height? _____ | Safety harness used? | <input type="radio"/> Yes <input type="radio"/> No |
| <input type="radio"/> Cargo net     | Maximum height? _____ | Safety harness used? | <input type="radio"/> Yes <input type="radio"/> No |
| <input type="radio"/> Climbing rope | Maximum height? _____ | Safety harness used? | <input type="radio"/> Yes <input type="radio"/> No |
| <input type="radio"/> Slack lines   | Maximum height? _____ | Safety harness used? | <input type="radio"/> Yes <input type="radio"/> No |
| <input type="radio"/> Trapeze       | Maximum height? _____ | Safety harness used? | <input type="radio"/> Yes <input type="radio"/> No |
| <input type="radio"/> Zip line      | Maximum height? _____ | Safety harness used? | <input type="radio"/> Yes <input type="radio"/> No |

Pit  Foam  Resi  Inflatable

Above ground  Below ground

Depth of pit: \_\_\_\_\_ Base type, describe: \_\_\_\_\_

How often are blocks replaced? \_\_\_\_\_ or  N/A How often are they fluffed/rotated? \_\_\_\_\_ or  N/A

Other: \_\_\_\_\_ Maximum height? \_\_\_\_\_ Safety harness used?  Yes  No

Please complete the following questions regarding the devices checked above:

- a. Do you have padding underneath your device(s)?  Yes  No
- b. Do you have a written maintenance and use procedures manual in place, and is it provided to all staff?  Yes  No
- c. Are these devices supervised at all times by a certified trainer/instructor?  Yes  No
- d. Do you review safety procedures with all members/participants before use?  Yes  No

**NOTE:**

- High wires, ribbon/fabric, zip lines, slack line performing devices, or trapeze systems more than 5 feet from the ground without a safety harness, are not eligible for coverage under this program.
- If you have climbing devices exceeding 10 feet in height, you must include pictures of the device with this submission for review. For climbing walls over 10 feet, please review and sign the guidelines required for consideration of coverage on page 13.
- Circus skills training is excluded under this program.

11. Do you have dance programs or classes and/or drama and theater programs or classes that are separate from your cheer program?  Yes  No

(The following types of dance operations are not eligible for coverage under this program: ballroom rental facilities, banquet and reception halls, cabarets, dance halls, discotheques, nightclubs, production companies, professional dance companies, and professional touring companies.)

12. Do you host meets, competitions, or events involving other gyms or organizations?  Yes  No

(Please contact us for additional information on coverages available for this type of exposure.)

13. Do you have inflatable devices that are not used for cheerleading training or instruction?  Yes  No

(This program contains an exclusion for amusement devices. Amusement devices do not include any video or computer games or any device that is specifically designed for the training or instruction of the activity for which you are enrolled (e.g. tumbl trak). Limited coverage for inflatables is available. Please contact us for additional information.

14. Do you have martial arts programs and classes?  Yes  No

(The following styles of martial arts are not eligible for coverage under this program: contact or sparring boxing; dim mak; haganah; kali/escrima; mixed martial arts; savate; sayoc kali; thai boxing/muay thai; training programs for law enforcement, public safety, and military personnel; ultimate fighting, extreme fighting, cage fighting, or wrestling.)

15. Do you have parkour, ninja, indoor obstacle course, extreme tumbling, urban/extreme gymnastics, tricking, free-running, and/or similar types of programs/activities?  Yes  No

(Coverage for these types of operations is excluded under this program. Please contact us for possible coverage options.)

16. Do you or your staff ever transport, or arrange transportation, for your students/members/participants?  Yes  No

(Transportation of students/members/participants is excluded under this policy. If you transport any students/members/participants, you will need to carry a separate commercial auto policy.)

## BUSINESS INFORMATION CONTINUED

17. Do you have a swimming pool?  Yes  No  
 (Please contact us for additional information on coverages available for swimming pools and a questionnaire to complete. If approved, an additional premium charge of \$670.00 applies per pool.)
18. Do you sublease your facility to others?  Yes  No  
 If yes, do you obtain a certificate of insurance and require that you be named as an additional insured?  Yes  No  
 (This policy does not cover subleased events/activities, and a certificate of insurance naming you as an additional insured is required to be eligible for this program.)
19. If you suspect a student/participant has a concussion, do you have an action plan that includes:  
 a. Immediately removing the student/participant from play or practice?  Yes  No  
 b. Keeping the student/participant out of play or practice until they provide written clearance from a licensed physician?  Yes  No

**20. FOR NEW ACCOUNTS ONLY**

- Do you have current coverage in place?  Yes  No  
 If no, please check/explain:  
 New business operation  Other, please explain: \_\_\_\_\_
- If yes:  
 a. Name(s) of current carrier(s): \_\_\_\_\_ Expiration date(s): \_\_\_\_\_  
 b. Is your current carrier non-renewing your coverage?  Yes  No  
 If yes, why? \_\_\_\_\_  
 c. In the past 5 years, have you had more than \$5,000 in claims?  Yes  No  
 If yes, please provide current valued loss runs (dated within 90 days of the effective date) with at least 5 years of loss history, including your current year. In addition, please describe any liability or medical claims over \$5,000 that have been paid under your insurance coverage for those years.

## PROGRAM PREMIUM CALCULATION

Premium is determined by applying the appropriate option and rate for your gym or organization to the greatest number of students/registered members that your program could have annually. The same option must be used for all groups.

Coverages	Option 1- \$1,000,000 CGL w/ \$150,000 Med Pay		Option 2 - \$2,000,000 CGL w/ \$150,000 Med Pay	
	All States Applicants, except Hawaii	Hawaii Applicants	All States Applicants, except Hawaii	Hawaii Applicants
Ages 13 and over	\$ 57.11	\$ 51.91	\$ 77.55	\$ 70.49
Ages 7 through 12	\$ 33.31	\$ 30.28	\$ 43.93	\$ 39.93
Ages 5 and 6	\$ 26.76	\$ 24.32	\$ 35.93	\$ 32.66
Ages 4 and under	\$ 14.28	\$ 12.98	\$ 19.57	\$ 17.79
<b>Minimum Premiums</b>	\$ 1,000.00	\$ 1,000.00	\$ 1,500.00	\$ 1,500.00

Rate/Premium Calculations						
Option	Age Groups	Rate	X	No. of Students/Members	=	Premium
	Age 13 and over		x		=	\$
	Ages 7 - 12		x		=	\$
	Ages 5 and 6		x		=	\$
	Ages 4 and under		x		=	\$
<b>Premium</b> (add all lines above)						\$
<b>Program Minimum Premium</b>						\$
<b>Program Premium</b> If the premium is less than the minimum premium, the program premium due is the minimum premium						\$

## ADDITIONAL OPERATIONS COVERAGE PREMIUM CALCULATION

### Coverage for Non-Members and Separately Charged Classes/Programs

Please check here and skip this section if you do not have these exposures or do not want these options covered.

For each type of activity listed below that you offer at your facility, please provide the total number of non-members or separately enrolled participants. Use the same liability limit/rate option that you selected on the previous page when reporting these numbers. These activities should be incidental to your primary cheer gym program.

1. Do you offer martial arts programs or classes?  Yes  No  
 If yes,
  - a. Do you offer any type of martial arts involving sharpened weapons?  Yes  No
  - b. Do you offer any type of sparring or full-contact martial arts, including (but not limited to) kickboxing, Brazilian Jiu-jitsu, mixed martial arts, or ultimate fighting?  Yes  No
2. Do you offer any open water activities (e.g., in lakes, ponds, ocean, or rivers)?  Yes  No  
 (Any activities taking place on open water are excluded under this policy.)
3. Calculate your premium.

Rates	Option 1 \$ 1,000,000 CGL		Option 2 \$ 2,000,000 CGL	
	All States Applicants, except Hawaii	Hawaii Applicants	All States Applicants, except Hawaii	Hawaii Applicants
Martial Arts Programs & Classes	\$ 15.95	\$ 14.50	\$ 21.07	\$ 19.15
Camps or Clinics	\$ 5.78	\$ 5.25	\$ 7.52	\$ 6.83
All Other Activities, Classes or Programs	\$ 15.95	\$ 14.50	\$ 21.07	\$ 19.15

	Type of Activity	Number of Participants	X	Rate	=	Premium
<input type="radio"/>	Arts and/or craft classes		X		=	\$
<input type="radio"/>	Camps or clinics		X		=	\$
<input type="radio"/>	Dance, drama and/or theater art programs or classes List the styles of dance offered: _____ _____		X		=	\$
<input type="radio"/>	Martial arts programs or classes List the styles of martial arts offered: _____ _____		X		=	\$
<input type="radio"/>	Swimming (instructional classes/programs only)		X		=	\$
<input type="radio"/>	Trial or open cheer		X		=	\$
<input type="radio"/>	Yoga and/or exercise classes		X		=	\$
<input type="radio"/>	Other (please describe): _____ _____  Note: This is subject to approval by us		X		=	\$
	<b>Additional Operations Premium</b> (add all lines above)					\$

## FACILITY/OPERATIONS INFORMATION CONTINUED

### BIRTHDAY PARTIES

### PARENTS' NIGHT OUT/SPECIAL EVENTS

Coverage for parties and special events activities will be excluded unless reported to and approved by the insurance company, and any applicable premium is paid.

**Check here and skip this section, if you do not offer any birthday, special events or parents' night out events.**

1. Please check all types of events you host at your facility along with the types of activities offered at each:

a)  Birthday parties

Coverage is limited to events where the honoree is age 15 or younger and the majority of attendees/participants are also age 15 or younger. Events that do not meet these criteria may be considered on an individual basis.

Parents' night out

Special events, describe: \_\_\_\_\_

b) Types of activities offered: (check all that apply)

- |  |   |
|--|---|
| <input type="radio"/> Cargo nets<br><input type="radio"/> Cheerleading<br><input type="radio"/> Climbing ropes<br><input type="radio"/> Climbing walls<br><input type="radio"/> Crafts<br><input type="radio"/> Dance<br><input type="radio"/> Drama/theater<br><input type="radio"/> Foam pits or resi pits<br><input type="radio"/> Gymnastics apparatuses (bars, rings)<br><input type="radio"/> Other, describe: _____ | <input type="radio"/> Inflatables (e.g., bounce house, slides)<br><input type="radio"/> Martial arts, describe: _____<br><input type="radio"/> Ninja and/or obstacle-course-type activities<br><input type="radio"/> Swimming – pool only with lifeguard<br><input type="radio"/> Trampolines<br><input type="radio"/> Tumbling (no gymnastic apparatuses)<br><input type="radio"/> Water activities, describe: _____<br><input type="radio"/> Yoga<br><input type="radio"/> Zip lines or slack lines |
|--|---|

**Note:** Coverage for birthday parties, parents' night out, and special events is limited to your facility. If you need coverage to extend beyond your facility for any of these events, please provide additional details regarding the event: \_\_\_\_\_

2. Please confirm whether the following protocols are in place and enforced for these activities/events.

Yes, they are.  No, they are not. Please explain: \_\_\_\_\_

- A waiver is signed by all participants and/or their parents/legal guardians prior to participation in these activities.
- All attendees receive a safety briefing prior to participating in any of these programs/activities.
- Your student-to-instructor ratio is 10:1 or less for these events.

3. Are these events open to the public or to non-member guests?  Yes  No

4. Do you ever host any of these event types or activities on your premises but outdoors (outside)?  Yes  No

If yes, describe event type and activity: \_\_\_\_\_

5. Are adults able to participate at any of these events?  Yes  No, only allowed to be a spectator

If yes, describe: \_\_\_\_\_

Rates	Option 1 \$ 1,000,000 CGL		Option 2 \$ 2,000,000 CGL	
	All States Applicants, except Hawaii	Hawaii Applicants	All States Applicants, except Hawaii	Hawaii Applicants
Birthday Parties and Special Events	\$ 34.26	\$ 31.14	\$ 46.47	\$ 42.24

	Type of Activity	Number of Parties/Events Held Annually	X	Rate	=	Premium
<input type="radio"/>	Birthday Parties and Special Events		X		=	\$

## OPTIONAL COVERAGES PREMIUM CALCULATION

### Equipment and Contents Coverage

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

Check here and skip this section if you do not want this coverage option.

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

<b>Individually list any items with values over \$5,000</b>	<b>Value</b>
_____	\$ _____
_____	\$ _____
_____	\$ _____

**Provide values for categories below**

(DO NOT include those values already shown above)

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

Equipment & Contents (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: \_\_\_\_\_ \$ \_\_\_\_\_

Leased personal property, HVAC or building glass (where you are a tenant and who have contractual responsibility) \$ \_\_\_\_\_

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

#### Step 2: Complete ONLY if your replacement cost value is over \$100,000

1. Please describe the building type your equipment is stored in (e.g.: frame or fire resistive warehouse)  
\_\_\_\_\_
2. Do you have a security system in place?  Yes  No  
a. If yes, please describe: \_\_\_\_\_
3. Is any other operations, besides your own, or equipment of others stored in the same facility in which you store your equipment?  Yes  No  
a. If yes, please describe: \_\_\_\_\_
4. Please attach a complete inventory list with values of each item

#### Step 3: Calculate premium

(If total calculated premium is less than the minimum premium, the total premium due is the minimum premium)

Equipment and Contents Premium	
<input type="radio"/> <b>My total replacement value is between \$1 – \$10,000</b> (\$250 deductible will apply)	
Rates: All States Applicants, except Hawaii = \$.033      Hawaii Applicants = \$.03	
\$ _____ x \$ _____ = \$ _____	\$ _____ (C)
Rate      Total Replacement Value	Equipment and Contents Premium (\$100.00 minimum premium applies)
<input type="radio"/> <b>My total replacement value is over \$10,000</b> (\$10,001 - \$100,000 value = \$1,000 deductible and \$100,001+ = \$2,500 deductible)	
Rates: All States Applicants, except Hawaii = \$.0286      Hawaii Applicants = \$.026	
\$ _____ x \$ _____ = \$ _____	\$ _____ (C)
Rate      Total Replacement Value	Equipment and Contents Premium (\$100.00 minimum premium applies)

## CLIMBING WALL MINIMUM UNDERWRITING GUIDELINES

Complete this section if you have a climbing wall(s) over 10 feet high, otherwise continue to the next page

### Minimum Underwriting Guidelines applicable to Climbing Walls over 10 ft. high:

1. Climber eligibility based upon manufacturer criteria must be followed.
2. Climbers/participants must sign a waiver prior to climbing.
3. Safety, warning, rules/regulations signage must be present.
4. Climbers/participants must not be permitted to use their own equipment.
5. Control access to the wall during operating hours and closed times.
6. Climbers must always be supervised. Supervision must be adequate based upon the number of active climbers on the wall system.
7. Climbers must be belayed by an auto system OR by a staff member for manual belay systems.
8. Climbers must be visually inspected by a trained operator prior to climbing to ensure safety harnesses are worn properly.
9. Climbers must be attached to the belay system by a trained operator.
10. Climbers must wear slip resistant shoes.
11. Climbers must climb down when ending their climb – no jumping.
12. Climbers must quickly leave the safety zone when finished climbing.
13. Safety surfacing must be present at the base (safety zone) of the climbing wall/structure.
14. The organization must maintain copies of manufacturers published materials including product information, inspection criteria, maintenance criteria, and retirement criteria.
15. The organization must maintain an inspection and maintenance program for equipment including personal protective equipment.
16. Owner/Operators must have an inspection program in place per manufacturer specifications.  
Inspections should be properly documented (checklists).
  - Harnesses
  - Helmets
  - Belay system
  - Connectors
  - Wall surface
  - Hand holds
  - Safety surfacing
17. Maintenance procedures should be properly documented (log book).
18. All auto belay devices must be serviced & maintained annually per the manufacturer's guidelines.
19. Attraction/device operators must be properly trained per manufacturers specifications.  
Attraction/device operators training should be properly documented.
20. Equipment Standards:
  - Performance and construction of manufactured harnesses shall meet UIAA, ANSI, ASTM, EN, NFPA or other applicable standards
21. Retirement Criteria per manufacturer specifications:
  - significant wear, discoloration, or stiffness
  - worn or broken stitching
  - broken or defective buckles or other fasteners

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application 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 correct.

---

Applicant's Signature

---

Date (MM/DD/YYYY)

## CERTIFICATE REQUESTS

Once your enrollment form is approved, you will receive a Certificate of Insurance as evidence that coverage is bound. **Complete this section if you require additional certificates listing a facility, property owner or similar third-party as an additional insured on your policy. Provide a separate request for each additional certificate needed.**

**Note: Please request all additional insureds needed for this policy term. Additional insureds from the expiring policy term will not be automatically renewed.**

1. When is this certificate needed? : \_\_\_\_/\_\_\_\_/\_\_\_\_

2. This certificate is for:  General Liability Coverage  Equipment & Contents/Inland Marine Coverage (if applicable)

3. What is the additional insured's relationship to you?  Owner/manager/lessor of premises (facility or venue)

Sponsor  Co-promoter  Lessor of equipment/contents (liability)  Loss Payee (equipment/contents)

Other (please identify/explain): \_\_\_\_\_

NOTE: The certificate holder will automatically be an Additional Insured for an Owner/manager/lessor, Sponsor or Co-Promoter relationship

4. Certificate holder/additional insured name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. Does the certificate holder/additional insured require any special wording or endorsements?  Yes  No

If yes, check all that apply:  CG2026  Primary/noncontributory  Waiver of subrogation

Other (please explain): \_\_\_\_\_

**NOTE: If you are not sure, please attach a copy of the insurance requirements/instructions you've received.**

6. For specific events: Date(s) of event/activity: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Hours of event/activity: \_\_\_\_\_  A.M.  P.M. to \_\_\_\_\_  A.M.  P.M.

Type of event/activity: \_\_\_\_\_ Name of event/activity: \_\_\_\_\_

Location of event/activity: \_\_\_\_\_

7. For Loss Payee: Type of equipment (please describe): \_\_\_\_\_ Replacement cost value: \_\_\_\_\_

**The most common delay in certificate processing is caused by providing incomplete or inaccurate names and/or instructions. Please check your request carefully before submitting.**

**COSTS ARE 20% FULLY EARNED AND NON-REFUNDABLE/NON-TRANSFERABLE ONCE COVERAGE BEGINS.\*  
COVERAGE IS CONTINGENT UPON RECEIPT OF PAYMENT AND A FULLY COMPLETED ENROLLMENT FORM.**

**NO COVERAGE WILL BE DEEMED IN EFFECT UNTIL THE ACCURATE PAYMENT IS RECEIVED  
BY THE COMPANY OR THEIR REPRESENTATIVE.**

**CANCELLATIONS/CHANGES CAN ONLY BE MADE BY THE NAMED INSURED.**

## COVERAGE EXCLUSIONS

The following notable exclusions are contained in the commercial general liability coverage provided by this program (note: state variations may apply). Abuse, molestation, or exploitation (unless optional coverage is reported to us, approved by us, and appropriate premium paid); Acupuncture and acupressure; Any adult-themed parties/meetings/trips, including but not limited to, parties/meetings, trips during which demonstration of products and/or services used in the adult entertainment industry take place; Asbestos; Batting cages; Bodily injury to participants while in a hired auto or non-owned auto; Childcare/daycare, babysitting services, full-day preschool, or substitute parental care; Commercial General Liability standard exclusions (CG0001 4/13 edition); Cap on losses from certified acts of terrorism; Climbing walls exceeding ten (10) feet in height (unless reported to and approved by us); Communicable disease; CrossFit programs/activities or similar type programs; Cryogenic chambers/therapy; Cyber incident, data compromise, and violation of statutes related to personal data; Cycling (other than stationary); Dance operations that are not eligible for coverage under this program: ballroom rental facilities, banquet and reception halls, cabarets, dance halls, discotheques, nightclubs, production companies, professional dance companies and professional touring companies; Dodgeball; Employment-related practices; Fireworks; Fungi or bacteria; High wires, ribbon/fabric performing devices or trapeze systems more than 5 feet from the ground without a safety harness; Instruction/activities held on or in open water (e.g.: lakes, ponds, ocean); Lead; Martial arts styles consisting of: the sport of boxing (contact/sparring); dim mak; haganah, kali/escrima, full contact and submission mixed martial arts, including but not limited to: cage events, extreme fighting and ultimate fighting; savate; sayoc kali; thai boxing/muay thai; training programs for law enforcement, public safety, and military personnel; CPR and first aid; and the sport of wrestling; Massage therapy; Medical, therapy or health care services; Multi-passenger vehicles; Non-registered participants at meets/competitions/events hosted by the named insured; Nuclear energy; Operations related, in whole or in part, to performance as an exotic dancer or any similar occupation in the adult entertainment industry; Paintball, rebal, nerf wars, laser tag, airsoft, gelly ball, archery tag, and similar type games/events; Parkour, obstacle courses, ninja, free-running, tricking, gymnastics, extreme tumbling, or any similar type programs for instruction/events/activities that are conducted outdoors; Parkour, obstacle course, ninja, free-running, tricking, urban gymnastics, extreme tumbling, or any similar type programs (unless reported to, approved by us, and the appropriate premium paid); Programs involving professional medical or behavioral treatments or counseling; Restaurants; Salon services, spa services, or indoor tanning; Saunas, steam rooms, Jacuzzis, hot tubs, whirlpools, or spas; Sexually transmitted disease; Silica or silica-related dust; Sports or physical rehabilitation services/therapy; Specified vehicles and recreational activities – Aircraft/hot air balloon; Airport; Amusement device: The ownership, operation, maintenance or use of any device or equipment a person rides for enjoyment, including, but not limited to: mechanical or non-mechanical ride, slide, or water slide (including any ski or tow when used in conjunction with a water slide); inflatable recreational device (unless reported to and approved by us). This exclusion does not apply to video games or computer games or any device that is specifically designated for the training or instruction of the activity for which you are enrolled; Animal; Bungee; Dunk tank; Haunted attraction; Performer (injury or death to any performer or entertainer during any activity, event or exhibition including but not limited to any stunt, concert, show or theatrical event. This exclusion does not apply to participants in any activity, event or exhibition that are part of the designated operations for which you are enrolled; Rodeo; Saddle animal; Snowmobile; Swimming pools (unless reported to, approved by us, and appropriate premium paid); The sale or distribution of medicinal, herbal and/or nutritional products; Total pollution with a building heating, cooling & dehumidifying equipment exception and hostile fire exception; Unmanned aircraft; Use of projectile weapons including, but not limited to firearms and tasers, and defense sprays; Use of sharpened weapons; Warped wall (unless reported to us, approved by us, and the appropriate premium paid); Those operations listed as ineligible: Circus skills training; Your operations as a sport complex or multi-purpose facility, except those sport(s) and/or subsidiary activities you have reported to us, have been approved by us, and the appropriate premium paid; Trampoline parks/facilities; Gymnastics facilities/operations or operations that utilize gymnastics apparatuses (e.g.: foam pits, rings, high bars, pommel horse).

## TOTAL COST SUMMARY

Program Premium (from page 9)	\$	
Additional Operations Premium (from page 10)	\$	
Birthday Parties/Special Events Premium (from page 11)	\$	
Optional Coverages:		
Equipment and Contents Premium (from page 12)	\$	
<b>Premium Subtotal</b> (add all lines above)	<b>\$</b>	<b>(A)</b>
Risk Purchasing Group Administration Fee (Required)	\$ 20.00	<b>(B)</b>
<b>Total Cost Due</b> (add lines A + B)	<b>\$</b>	

**PLEASE READ AND COMPLETE THE BELOW**  
**if you do not wish to receive documents via email and prefer another method of delivery**

**Consent for Electronic Transactions**

The Electronic Signatures in Global and National Commerce Act provides that a signature, contract or other record may not be denied legal effect, validity or enforceability solely because it is in electronic form or because an electronic signature was used in a transaction.

As part of your participation in this program you will receive all documentation, including but not limited to, the insurance quotes, policies, certificates, endorsements, and invoices (if applicable), by electronic means. If permitted by your state, you may also receive conditional renewal notices, cancellation, or non-renewal notices via electronic delivery.

To obtain, download, and view all policy documentation electronically you must have the following hardware or software in place.

- A personal computer capable of receiving, accessing, and displaying or printing or storing communications and documents received in an electronic form.
- Adobe PDF Reader version
- System requirements: OC: Windows 7 or higher, Internet Explorer v11 or higher, Firefox v45.7 or higher, Chrome v40 or higher; OS: Mac OS x 10.9 or higher, Safari 9.0 or higher, Firefox v45.7 or higher, Chrome v40 or higher.

By agreeing to receive documents electronically, you are affirming that your computer system meets the hardware and software requirements for receiving all related documents. If documents are provided through a website or portal, you should download and store all such documents. For persons who receive electronic documents via email, these documents will be delivered to the email address on file. Upon receipt of your emailed documentation please save a copy on your own device.

You agree to notify us promptly if your mailing address, e-mail address or other delivery information changes by calling 800-637-4757 or mailing us at K&K Insurance, P.O. Box 2338, Fort Wayne, IN, 46801-2338. We will endeavor to provide a notice to you in the event of any changes regarding hardware or software requirements necessary to receive documents and other related documents electronically. However, it is your duty to notify us if you are unable to access the documentation made electronically available to you.

We may at our sole discretion discontinue availability of electronic delivery at any time, without further notice to you. At any time, you may request a paper copy of your documents in lieu of electronic delivery. You may withdraw your consent to receive electronic documentation by sending a request in writing to us at K&K Insurance, P.O. Box 2338, Fort Wayne, IN, 46801-2338. Until receipt of such withdrawal, you will continue to receive all documentation electronically.

This consent is voluntary, by accepting, you signify that you consent to these terms of electronic document delivery via email or other electronic media in connection with your insurance documents, whether such delivery is made on its own behalf and/or on behalf of an organization or other third party. You further represent and warrant that if consenting on behalf of an organization or third party, you have the requisite authority to provide such consent, and that you and the organization have the requisite hardware and software to receive and acknowledge receipt of electronically delivered Documents.

After this enrollment form is approved, you will receive a certificate of insurance showing evidence that coverage has been bound. When submitted through an insurance agent or broker, this coverage document will only be delivered to them. Additional certificate requests will be issued to the same person. Providing an email address in this application will be deemed consent to us to deliver documents and communication to you electronically.

**I AGREE TO RECEIVE ALL MAILINGS AND COMMUNICATIONS ELECTRONICALLY. SUCH ELECTRONIC MAILING OR COMMUNICATIONS MAY EVEN INCLUDE CANCELLATION OR NONRENEWAL NOTICES.**

If you DO NOT want to be emailed, please check here and select your preferred method of document delivery.

- Fax to: \_\_\_\_\_ Attn: \_\_\_\_\_
- Mail to: \_\_\_\_\_ Attn: \_\_\_\_\_

# 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 civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, MN, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, VT, WA, and WV) (Insurance benefits may also be denied in LA, ME, TN, and VA.)

## **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 CA**

For your protection, California law requires that you be advised of the following: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

## **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 MN**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

## **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.

## **Applicable in VT**

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

MARKEL FRAUD APPS (2024/01)

## DISCLOSURE INFORMATION

### Compensation and Other Disclosure Information

K&K Insurance Group Inc. ("K&K") is an insurance producer licensed in your state. Insurance producers are authorized by their license to confer with insurance purchasers about the benefits, terms and conditions of insurance contracts; to offer advice concerning the substantive benefits of particular insurance contracts; to sell insurance; and to obtain insurance for purchasers. The role of the producer in any particular transaction involves one or more of these activities. Compensation will be paid to the producer, based on the insurance contract the producer sells. Depending on the insurer(s) and insurance contract(s) the purchaser selects, compensation will be paid by the insurer(s) selling the insurance contract or by another third party. Such compensation may vary depending on a number of factors, including the insurance contract(s) and the insurer(s) the purchaser selects. In addition, K&K may charge a fee for administrative services. Your signature on your application, quote form, check, and/or other authorization for payment of your premium, will be deemed to signify your consent to and acceptance of any fee charged by K&K. The insurance purchaser may obtain information about compensation expected to be received by the producer based in whole or in part on the sale of insurance to the purchaser, and compensation expected to be received based in whole or in part on any alternative quotes presented to the purchaser by the producer, by emailing a written request to [warranty@kandkinsurance.com](mailto:warranty@kandkinsurance.com).

Premiums paid by clients to K&K for remittance to insurers and any funds paid to K&K by insurance companies for remittance to clients are deposited into fiduciary accounts in accordance with applicable insurance laws until they are due to be paid to the insurance company or client. Subject to such laws and the applicable insurance company's consent, where required, K&K will retain the interest or investment income earned while such funds are on deposit in such accounts.

In placing, renewing, consulting on or servicing your insurance coverages K&K and its affiliates may participate in contingent commission arrangements with insurance companies that provide for additional contingent compensation, if, for example, certain underwriting, profitability, volume or retention goals are achieved. Such goals are typically based on the total amount of certain insurance coverages placed by K&K with the insurance company or the overall performance of the policies placed with that insurance company, not on an individual policy basis. In addition to retail commissions, K&K and its affiliates may receive additional forms of compensation from insurers and third parties including but not limited to: contingencies, overrides, bonus commissions, national additional commissions, wholesale commissions, subscription market brokerage charges, referral fees and/or administrative expense reimbursements. This revenue is in addition to and shall not be credited against a fee or any other compensation earned hereunder.

Our liability to you, in total, for the duration of our business relationship for any and all damages, costs, and expenses (including but not limited to attorneys' fees), whether based on contract, tort (including negligence), or otherwise, in connection with or related to our services (including a failure to provide a service) that we provide in total shall be limited to the lesser of \$2,500,000 or the singular annual limit of the policy of insurance procured by us on your behalf from which your damages arise.

This liability limitation applies to you, our client, and extends to our client's parent(s), affiliates, subsidiaries, and their respective directors, officers, employees and agents (each a "Client Group Member" of the "Client Group") wherever located that seek to assert claims against K&K, and its parent(s), affiliates, subsidiaries and their respective directors, officers, employees and agents (each a "K&K Group Member" of the "K&K Group"). Nothing in this liability limitation section implies that any K&K Group Member owes or accepts any duty or responsibility to any Client Group Member.

If you or any Client Group Member asserts any claims or makes any demands against us or any K&K Group Member for a total amount in excess of this liability limitation, then you agree to indemnify K&K for any and all liabilities, costs, damages and expenses, including attorneys' fees, incurred by K&K or any K&K Group Member that exceeds this liability limitation.

Aon plc, our ultimate parent company, and its affiliates have from time to time sponsored and invested in insurance and reinsurance companies. While we generally undertake such activities with a view to creating an orderly flow of capacity for our clients, we also seek an appropriate return on our investment. These investments, for which Aon is generally at-risk for potential price loss, typically are small and range from fixed-income to common stock transactions. In such case, the gains or losses we make through your investments could potentially be linked, in part, to the results of treaties or policies transacted with you. Please visit <https://www.aon.com/about-aon/corporate-governance/guidelines-policies/market-relationship> for more information.

## ATTENTION AGENTS

Agents, you must complete the warranty section below. Enrollments cannot be accepted unless this section is completed.

Agency name: \_\_\_\_\_ Agent/contact name: \_\_\_\_\_

Agency complete mailing address: \_\_\_\_\_  
Address City State Zip

Agency telephone: (\_\_\_\_) \_\_\_\_\_ Agency fax: (\_\_\_\_) \_\_\_\_\_

Agent/contact e-mail address: \_\_\_\_\_ Tax I.D. \_\_\_\_\_

I understand that agents do not have authority to issue binders or a certificate of insurance on behalf of this program.

*By signing this proposal or application, I represent and warrant I have authority to sign on behalf of the producer and producer represents and warrants it shall not solicit, sell or bind any product unless it maintains, and will maintain, all individual, corporate or agency licenses or permits required to conduct insurance business in the state coverage is being written and to receive commission. Failure to acquire or maintain required licenses can result in forfeiture of commission. I further represent and warrant that the producer currently maintains, and will maintain, errors and omissions insurance with a minimum limit of \$1,000,000. If requested, evidence of coverage or licensing will be provided for of all the above-mentioned items.*

**Agent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## PLEASE READ AND SIGN BELOW

### Representation Statement

The undersigned authorized officer of the applicant declares that the statements set forth herein are true to the best of his or her knowledge. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant to the insurer to complete the insurance.

I am aware that accurate reporting is required for premium calculation and that my books and records, as they relate to this coverage, may be examined or audited by the company at any time during the coverage period and up to three years thereafter. I acknowledge that intentional misrepresentation or misreporting may jeopardize coverage and that the company reserves the right to decline/void any ineligible coverage.

I further acknowledge that, I have reviewed all information provided with this enrollment form and understand the exclusions which apply, as well as the activities and operations for which coverage is not provided.

**Applicant business name** (from page 6): \_\_\_\_\_

**Applicant or agent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.*

*By selecting 'Yes' and typing my name above, I am electronically signing the application and agreeing to the terms and conditions stated in the K&K Consent for Electronic Transactions. I agree that my electronic signature is the legally binding equivalent to my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.  Yes  No*

**Printed name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**If an agent:** Check here to acknowledge you are signing on behalf of the named insured

**K&K Insurance Group, Inc. • P.O. Box 2338 • Fort Wayne, IN 46801-2338 • 1-800-648-6406 • Fax 1-260-459-5940**  
**Website [www.kandkinsurance.com](http://www.kandkinsurance.com) • Email [info@gymnasticsinsurance-kk.com](mailto:info@gymnasticsinsurance-kk.com)**

K&K Insurance Group, Inc. is a licensed insurance producer in all states (TX license #13924); operating in CA, NY and MI as K&K Insurance Agency (CA license #0334819). K&K is acting as a Managing General Agent as that term is defined in section 626.015(14) of the Florida Insurance Code. As an MGA we are acting on behalf of our carrier partner.

## PAYMENT PLAN OPTIONS

Submit a completed enrollment (including signed Representation Statement) and payment via one of the options below.

Applicant business name: \_\_\_\_\_ Effective date: \_\_\_\_\_

**Step 1: Select payment plan:** Check one.

- 100% Plan** - 100% of the total premium is due to bind coverage
- 30% / 70% Plan**
- 30% of the total premium + \$20 RPG fee is due to bind coverage
  - The balance of the premium (70%) will be due within 30 days of the effective date
- 25% + 3 Plan**
- 25% of the total premium + \$20 RPG fee is due to bind coverage
  - The balance of the premium will be due in (3) consecutive monthly installments

**Step 2: Select future installment option:** Check one.

- Please mail me an invoice for any future balance/installments.
- If paying by credit card, please automatically charge my credit card provided below for any outstanding balances or installments.

**Step 3: Making your payment:**

- Pay by check:** (Payable to K&K Insurance Group)
- |               |         |  |           |   |
|---------------|---------|--|-----------|---|
| • <b>Mail</b> | Regular | K&K Insurance<br>Cheer RPG Program<br>P.O. Box 2338<br>Fort Wayne, IN 46801-2338 | Overnight | K&K Insurance<br>Cheer RPG Program<br>1690 Broadway, Building 19, Suite 110<br>Fort Wayne, IN 46802 |
|---------------|---------|--|-----------|---|
- Pay by credit card:**
- **Fax** 260-459-5940
- OR**
- **Mail** See above for mailing address

- VISA     MASTERCARD     DISCOVER     AMERICAN EXPRESS

Card number: \_\_\_\_\_

CSC # (card security) code: \_\_\_\_\_ Expiration date: \_\_\_\_\_

I authorize K&K Insurance Group, Inc. to charge my payment to my credit card in the amount of \$ \_\_\_\_\_

Print name (as on card) \_\_\_\_\_

**Cardholder signature:** \_\_\_\_\_

Cardholder phone number: (\_\_\_\_\_) \_\_\_\_\_

**For your security, we cannot accept credit card payments via e-mail. Please fax or mail only.**

FATCA Notice: Please go to [Aon.com/FATCA](http://Aon.com/FATCA) to obtain appropriate W-9.