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Renewal Quote Request - Childrens Fitness Center Program

Expiration Date	
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Business Name:	DbA (if any):
Type of entity <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Other	Federal Tax ID#: _____ Year established _____
Mailing Address: (Street) _____	(City) _____ (State) _____ (Zip) _____
Business Phone: _____	Contact Name: _____
Cell Phone: _____	Email Address: _____

How many locations do you have? _____	City	State	Zip	<input type="checkbox"/> Owned <input type="checkbox"/> Leased
List address for each location you want insured <input type="checkbox"/> Same as above				
1. _____				<input type="checkbox"/> Owned <input type="checkbox"/> Leased
2. _____				<input type="checkbox"/> Owned <input type="checkbox"/> Leased
3. _____				<input type="checkbox"/> Owned <input type="checkbox"/> Leased
Is this a Mobile, Funbus or Tumblebus Program Only? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Certificates of Insurance: If you need to name an additional insured or provide proof of Liability Insurance to anyone, they must be listed below. This should include your landlord or building owner if you lease your building from a person whose name is different than your business name shown above.

Name: _____	Name: _____
Address: _____	Address: _____
City/State/Zip _____	City/State/Zip _____
<input type="checkbox"/> Landlord <input type="checkbox"/> Loss Payee <input type="checkbox"/> Mortgage Company	<input type="checkbox"/> Landlord <input type="checkbox"/> Loss Payee <input type="checkbox"/> Mortgage Company
<input type="checkbox"/> Additional Insured <input type="checkbox"/> Proof of Insurance Only	<input type="checkbox"/> Additional Insured <input type="checkbox"/> Proof of Insurance Only

Describe any General Liability claims or losses in the past 3 years. If None check here

Date of Claim	Description of Injury or Claim	Amount Paid

	YES	NO
Do you hold classes, instruction, or demonstration of Parkour or Free running? These activities are excluded		
Are waivers and releases obtained from all participants and parties, including adults? (Mandatory)		
Do you provide Cross Fit Training or Sports Enhancement Training? (other than standard gymnastics training) If yes, please provide detailed description:		
Do you have a Concussion Awareness Program? (Mandatory!) This must be communicated to all participants and part of your safety handbook. Free online training at http://www.cdc.gov/concussion/headsup/online_training.html		
Are you using any "Industry Standard" Risk Management Assessment software such as www.RiskAssure.net ? (This question is for informational purposes only)		
Do you have a Foam Pit? If yes, are sides padded? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe Padding: _____ Depth of Pit _____ Are any rebounding devices adjoining pit? If yes, describe _____		
Do you rent space 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 with Liability Limits equal to or greater than yours		

The following are exclusions to your General Liability policy: EPLI, Speed and agility training, Parkour and activities related to the practice, training or instruction of Parkour – including but not limited to free running and tricking, snowboarding, wakeboarding, inline skating and bicycling whether as part of Parkour activities and training or independent of Parkour activities. Bungee jumping, tackle football, concerts, water attractions (water attractions does not include swimming pools), amusement devices (amusement devices does not include inflatable structures), go-carts or other motorized racing, carnivals/circuses/fairs, laser tag, family entertainment centers, paintball. Licensed child daycare operations excluded without separate application.

<p>Average Monthly Class Participation (Coverage for Parkour and Free Running Classes EXCLUDED) Do not allow students over Age 23 on any dismount equipment</p>	<p>TOTAL AVERAGE Monthly Enter your AVERAGE monthly below then break down by age to the right</p>	<p>Following is an example how to calculate your <u>AVERAGE</u> Monthly Participation:</p> <p style="text-align: center;"> <u>Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec</u> 100 100 90 0 0 0 90 100 100 100 200 200 = 1,080 ÷ 12 = <u>90 Average</u> <u>Monthly Participants</u></p> <table border="1" style="margin: auto; border-color: red;"> <tr> <td style="background-color: #003366; color: white; padding: 5px;">12 & Under</td> <td style="background-color: #003366; color: white; padding: 5px;">13-15</td> <td style="background-color: #003366; color: white; padding: 5px;">16-18</td> <td style="background-color: #003366; color: white; padding: 5px;">19 & Over</td> </tr> </table>				12 & Under	13-15	16-18	19 & Over
12 & Under	13-15	16-18	19 & Over						
Aerial Silks Height _____ # of Silks _____	➔								
Cheer	➔	Team _____ NonTeam _____	Team _____ NonTeam _____	Team _____ NonTeam _____	Team _____ NonTeam _____				
Gymnastics –Preschool Tumbling, Arts /Crafts Music and Games DO NOT include Mommy & Me	➔	Team _____ NonTeam _____	Team _____ NonTeam _____	Team _____ NonTeam _____	Team _____ NonTeam _____				
Mommy & Me	➔	Children _____			Adults: _____				
Dance/Rhythmic Exercise/Aerobics	➔	Team _____ NonTeam _____	Team _____ NonTeam _____	Team _____ NonTeam _____	Team _____ NonTeam _____				
Motion Evolution	➔								
Ninja Program	➔								
Tumblebus/Funbus Mobile Program	➔								
Fencing	➔								
Martial Arts	➔								
Swimming	➔	Team _____ NonTeam _____	Team _____ NonTeam _____	Team _____ NonTeam _____	Team _____ NonTeam _____				
Other Activity Not Listed Type:	➔								
Before / After School Drop Off (Unlicensed Only-No licensed Day Care)	➔			Licensed Child/Day Care is excluded A separate application is required Please contact us!					
Birthday Parties (If none, check here <input type="checkbox"/>)		How many Parties Per Year? _____							
Open Gym/Swim/Parents Night Out (If none, check here <input type="checkbox"/>)		If this is only considered (Practice time for existing students answer “NONE” If open to public, how many open gym/swim Do you have per year? _____ Average number of participants per open gym? _____							
Competitions/Dance Recitals *Only include Non-sanctioned Events hosted by you* (If none, check here <input type="checkbox"/>)		Total number of DAYS competitions or Recitals are held per year _____ Estimated number of participants PER DAY (not total per Event) = _____ Type of event: _____ *If a sanctioned event you should obtain a certificate from the insuring company*							
Day Camps (If none, check here <input type="checkbox"/>)		Total number of camp days per year = _____ Number of daily campers NOT enrolled as regular Students = _____ Per Day							
Overnights/Sleepovers (If none, check here <input type="checkbox"/>)		Total number of nights per year = _____ Number of overnight campers NOT enrolled as regular Students = _____ per Night.							
Rock or Traverse Wall (If none, check here <input type="checkbox"/>)		How Many? _____ (*Harness & helmets required for walls over 10 feet) What is the height of your wall: Wall #1 Height _____ ft Wall #2 Height _____ ft Wall #3 Height _____ ft Is Wall Portable and removed from premises at any time? <input type="checkbox"/> Yes <input type="checkbox"/> No (No coverage provided off premises)							
Climbing Rope (If none, check Here <input type="checkbox"/>)		Height of Rope _____							
Zip Line (If none, check here <input type="checkbox"/>)		Height _____ Length _____							
Inflatables or Inflatable Foam Pit (If none, check here <input type="checkbox"/>)		(Does not mean air tracks) If yes, how many? _____ NO coverage if used off premises! Must be used in accordance with the manufacturer’s safety standards & tethered if used outside. List name of each inflatable: _____							
Soft Play or Pay for Play (If none, check here <input type="checkbox"/>)		(Such as Discovery Zone) Adults 23 & over should not be allowed on ANY equipment! If this is “Pay for Play” what are your annual receipts? _____							
Booster Club (If none, check here <input type="checkbox"/>)		If yes, are they a separate legal entity? <input type="checkbox"/> Yes <input type="checkbox"/> No (Additional \$175.00 per year) If you want this coverage, enter legal name of Booster Club: _____							
COVERAGE MAY BE EXCLUDED UNLESS DISCLOSED ABOVE – IF PROGRAMS OR LOCATIONS ARE ADDED, OR IF YOU CHANGE LOCATIONS YOU MUST CONTACT US!									

	YES	NO
Do you have any retail sales? If yes, estimated annual sales amount \$ _____		
Do you have a license for Childcare or Preschool? If licensed, please contact us for a separate application. This coverage is excluded unless you complete a separate application. Coverage is automatic if you are not required to have a license. If Licensed, number of average kids/month _____ Number of months they attend per year _____		
Do you want to include Hired & Non Owned Auto Coverage? (For personal vehicles used for business Errands, excludes transporting passengers). Accident policy provides Excess Medical for passengers in transit.		
Would you like to include Accident coverage for your coaches for an additional premium charge of \$5.40 per coach/per year? Total number of full and part time coaches at your facility = _____ (Number of coaches must be answered or coverage cannot be included) Catastrophic coverage is not included. *If you have Workers Compensation work related injuries are covered by that policy. Accident coverage is not a replacement for a separate Workers Compensation policy which most states require and only covers injuries that occur while coaching.		

The undersigned authorized officer of the applicant declares that the statements set forth herein are true. If the information supplied on this application changes between the date of this application and the effective date of the insurance, he/she will, in order for the information to be accurate on the effective date of the insurance, immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorizations or agreements to bind the insurance. Signing of this application does not bind the applicant or the insurer for insurance coverage. All written statements and materials furnished to the insurer in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

This application is for General Liability and Accident only. If you need coverage for Property, Workers Compensation, Commercial Auto, EPLI, or any other type of policy, or to make changes to any other insurance policy please contact us!

By signing below you consent to receive communications from Snyder Insurance Services, electronically. You are agreeing that documents and official notices which you are required to receive may be sent to you electronically rather than in paper form and these paperless communications are the legal equivalent of officially required communications relating to your policy(s) which you would otherwise receive in paper form. These communications may include, but are not limited to, policy declarations, policy forms and endorsements and related forms, billing statements, legally required notices, and other official correspondence. YOU AGREE TO RECEIVE ALL MAILINGS AND COMMUNICATIONS ELECTRONICALLY. SUCH ELECTRONIC MAILING OR COMMUNICATIONS MAY EVEN INCLUDE CANCELLATION OR NONRENEWAL NOTICES. This applies to all policies we service for you. Paper copies will be sent upon request.

SIGN HERE



Name

Date

Title (must be authorized representative)

IMPORTANT NOTICES

Concussion Awareness – There are risks that your clients take when they participate in any type of sports activity. Concussions may occur and not been recognized. This type of injury can lead to critical medical emergencies. Your business could be subject to a lawsuit that could be avoided: **As of September 1, 2013 it is now required to have a Concussion Awareness Program** as a part of your training handbook, along with communicating concussion signs to participants. You must keep a written concussion policy that is compliance with your current state legislation. Your written concussion policy should be distributed to your coaches, parents and players. All coaches need to participate in concussion training at least once every two years. Keep parent’s acknowledgement that they have received and reviewed your policy. You should request a doctor’s release prior to the child returning to play.

We suggest you learn more about promoting this safety program which will benefit you and your participants. To assist you with proper education on how to handle concussion situations, there is a free online course offered by Centers for Disease Control and Prevention. You can access this prevention course at: http://www.cdc.gov/concussion/headsup/online_training.html.

Automatic External Defibrillators – In some states it is required by law to have an AED on premises if your business is related to the Health & Fitness Industry. So far, the states where these are required are: CA, NJ, MI, OR, RI, LA, NY, AR, IL and MA. (This is not an all-inclusive list and more states are requiring this every year). You should check with your state and see if this is mandatory. Even if this is not required in your state these devices can save lives! We recommend that you have at least one of these devices on premises at all times and train your employees how to operate them.



Child Activity Center Industry Risk Mitigation New or Renewal Application Form

Benefits include:

- ✓ **Peace of mind.** Knowing that your organization Industry-standard Risk Management systems.
- ✓ **Operational integration.** Your Safety Culture and daily/weekly/monthly activities match up.
- ✓ **Economy.** Earn Risk Mitigation Premium Credits by verifying your proactive safety actions.
- Industry Association professional requirements (i.e., background checks, SafeSport®, etc.). Please submit copies of these certifications with the application.
- Safety Organization Culture documentation. Please submit recent membership paid invoice.
 - 3rd Level Consulting SmartEDGE© membership – www.3rdLevelConsulting.com
 - Monitor RiskSmart and FacilitySmart KPIs
- RiskAssure Solutions™ app (included in 3rd Level membership; or www.RiskAssure.net). Please submit screen shot of your use of RiskAssure Solutions.
 - Equipment Inspection and Maintenance tracking
 - Incident/Accident logging and tracking
- Video Surveillance Cameras – i.e., www.spottv.pro. Please submit either photos of your camera array, along with a description of the area(s) covered, and the plan for monitoring them.
- On Site Equipment Inspections (equipment companies) – i.e., AAI - steve.cook@fotlinc.com. Please submit receipt for the last on-site equipment inspection.
- Virtual or On-Site Risk Assessment (full Interior/Exterior) – i.e., Strategos - Guy.Beveridge@strategosintl.com. Please submit receipt for either the Virtual or On-Site Risk Assessment engagement.
- Expert Sport, Art and Education Curriculums and Staff Training – i.e., www.LeapLearn.net. Please submit receipt for a recent paid invoice or verify in writing that your curriculums have an educational basis, and that documented staff training programs are in place.
- Child-friendly facility cleaning products – i.e., www.truceclean.com. Please submit the specifications of the cleaning products that your facility uses at this time.

The more criteria that the Client Organization can check off, the greater the Premium Credit percentage.

4 checks equate to a 2% credit, 6 checks equate to a 3.5% credit; all 8 checks equate to a 5% credit.