

BUSINESS INFORMATION CONTINUED

7. Is at least one instructor/coach CPR/first aid certified and on-site during open hours? Yes No
8. Is your student/instructor ratio for a typical class 10:1 or less? Yes No
9. Do you require a waiver to be signed by all persons (and/or their parent and/or legal guardian) as a part of your registration and prior to participation, including non-members taking part in programs/activities as well as adults that are taking part in a Mommy & Me, Parent-Tot, etc. classes? Yes No

If no, please explain: _____

10. Do you have a formal process to store and maintain signed waivers for at least 2 years? Yes No
11. Please identify all programs, activities and services that you offer (check all that apply):

Notes:

- You must identify an exposure for coverage to be considered and approved. The company reserves the right to decline any request for coverage.
- Coverage will not extend to programs, activities and services that are not reported and approved in writing by the company.

- | | |
|---|--|
| <input type="radio"/> Child/adult instructional gymnastic classes
(Adult participates with child in class, ex: Mommy & Me) | <input type="radio"/> Trampolines (instruction/training classes/programs only) |
| <input type="radio"/> Cheerleading | <input type="radio"/> Pre-school gymnastics |
| <input type="radio"/> Competitive/Artistic gymnastics
What levels are trained? _____ | <input type="radio"/> Recreational gymnastics |
| <input type="radio"/> Mobile gymnastic programs | <input type="radio"/> Rhythmic gymnastics |
| | <input type="radio"/> Sports acrobatics (USAG sanctioned only) |
| | <input type="radio"/> Tumble bus |
| | <input type="radio"/> Tumbling |

Ancillary instructional or learning programs

- | | |
|---|--|
| <input type="radio"/> Dance | <input type="radio"/> Swimming (instructional classes/programs only) |
| <input type="radio"/> Drama/Theater | <input type="radio"/> Strength conditioning area/programs |
| <input type="radio"/> Martial arts | <input type="radio"/> Weightlifting |
| <input type="radio"/> Pilates/Yoga/Aerobics | <input type="radio"/> Other: _____ |

Other operations/exposures:

- | | | |
|--|---|--|
| <input type="radio"/> Batting cages * | <input type="radio"/> Open gym | <input type="radio"/> Swimming pools |
| <input type="radio"/> Birthday parties | <input type="radio"/> Ninja, Parkour, Urban/Extreme
gymnastics, Tricking, Free-running | <input type="radio"/> Tanning beds* |
| <input type="radio"/> Camps/Clinics | <input type="radio"/> Parents night out | <input type="radio"/> Trampolines |
| <input type="radio"/> Circus arts/skills training * | <input type="radio"/> Physical/Sports rehab therapy* | <input type="radio"/> Whirlpools, Hot tubs, or Jacuzzis* |
| <input type="radio"/> Climbing walls/ropes/cargo nets | <input type="radio"/> Restaurants* | <input type="radio"/> Ziplines/slack lines/trapezes |
| <input type="radio"/> Inflatables | <input type="radio"/> Snack/juice bars | <input type="radio"/> Other: _____ |
| <input type="radio"/> Massage therapy * | <input type="radio"/> Social events | _____ |
| <input type="radio"/> Obstacle course type training
classes/activities such as USA
Ninja Challenge™, USAIGC
Warrior Program, etc. | <input type="radio"/> Spas and spa services * | |
| | <input type="radio"/> Steam rooms or saunas* | |

*NOTE: These activities/services are excluded under this program unless reviewed and approved by the company.

FACILITY/OPERATIONS INFORMATION

Your facility exposures/operations are subject to underwriting review and approval. Additional premium charges may apply. Please make sure all questions are answered to avoid any quoting delays.

1. Do you operate a retail store/pro shop? Yes No
- If yes,
- a) Identify the products you sell or distribute.
- Clothing Nutritional supplements (describe): _____
- Equipment (describe): _____ Other (describe): _____
- b) Do you private label or manufacture your own products? Yes No
- c) What are your total annual gross sales from the products you sell/distribute? \$ _____

FACILITY/OPERATIONS INFORMATION CONTINUED

2. Do you host meets, competitions, or events involving other schools/clubs? Yes No

If yes, are your events USAG sanctioned? Yes No

NOTES • USAG sanctioned events are ineligible for this optional coverage, since they are covered by USAG.

- Coverage for events you organize and operate that include participants who are not members of your club or gym does not extend to those non-member participants. If you would like for liability and medical payments coverage to extend to these non-members, please complete the underwriting questions on page 13.

3. Do you sublease your gymnastic facility to others? Yes No

If yes,

a) Describe the operations of the sublease: _____

b) Do you obtain a certificate of insurance and require to be named an Additional Insured? Yes No

(Note: This policy does not cover subleased events/activities)

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

If yes, please describe and provide a picture: _____

(Note: Must submit pictures if you have homemade or modified equipment for your equipment to be considered and approved)

5. 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

Climbing Wall Maximum Height? _____ Safety Harness Used? Yes No

Cargo Net Maximum Height? _____ Safety Harness Used? Yes No

Climbing Rope Maximum Height? _____ Safety Harness Used? Yes No

Slack Lines Maximum Height? _____ Safety Harness Used? Yes No

Trapeze Maximum Height? _____ Safety Harness Used? Yes No

Zip Line Maximum Height? _____ Safety Harness Used? Yes No

Other: _____ Maximum Height? _____ Safety Harness Used? Yes No

6. Do you have padding underneath your device(s)? N/A Yes No

NOTE

- High wires, ribbon/fabric, zip lines, or 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.
- Climbing walls exceeding 10 feet in height with no safety harness are excluded under this program.

7. Do you have a foam pit(s)? Yes No

If yes:

a) Do you have a written maintenance and use procedure manual in place and is it provided to all staff? Yes No

b) Is the pit supervised at all times by a certified trainer/instructor? Yes No

c) Do you review safety procedures with all members/participants before using the foam pit(s)? Yes No

d) Is the pit only used for gymnastics and/or cheerleading training? Yes No

If no, explain other uses: _____

e) How often do you: Replace blocks? _____ (i.e.: once a month, once a year, etc.)

f) How often do you: Fluff/rotate the blocks? _____ (i.e.: once a week, once a month, etc.)

g) What is the depth of the total pit? _____

h) Identify the pit base (please check): Solid floor Cushion/mat Trampoline/suspension

8. Do you have a designated play/soft-play area for children? Yes No

If yes:

a) Is it used only for instructional type classes? Yes No

b) What is the age limit for participants? _____

c) Is it available for use to the public on a 'pay for play' basis? Yes No

If yes, what are your annual receipts from this operation? \$ _____

FACILITY/OPERATIONS INFORMATION CONTINUED

9. Do you provide childcare/nursery/babysitting/before & after school services at your gym? Yes No
 If yes, do you have a day care license? Yes No

▶ If you DO have a day care license:

- a) Do you carry separate insurance coverage for this exposure? Yes No

b) Please provide:

_____ to _____
 Carrier Name Policy Number Coverage Period

▶ If you DO NOT have a day care license but you provide childcare/nursery/babysitting/before & after school services:

- a) Are parents required to sign children in and out? Yes No
 b) Are waivers signed by a parent/guardian? Yes No
 c) Are staff members CPR and first aid trained? Yes No
 d) Are parents to remain in the facility while children are in your care? Yes No
 If no, please advise: _____

- e) Does your employment application ask the staff applicant if they have ever been convicted of a crime? Yes No
 f) Is the childcare staff trained in policies applicable to the prevention of child/sexual abuse? Yes No
 g) Do the procedures require that known or suspected abuse incidents must be reported to law enforcement? Yes No

10. Do you or your staff ever transport your members/participants? Yes No
 (Note: Transportation of athletes/member is excluded under this policy)

11. Do you ever take participants away from your premises for any programs, camps and/or activities, other than for parades, competitions and demonstrations? Yes No

If yes, and you take participants away from your premises,

a) Check when this occurs (check all that apply) Gymnastics programs Camps/clinics Other: _____

b) Are separate signed release forms obtained from parents/legal guardians to allow for off-site activities? Yes No

c) Identify all off-site activities that apply:

- | | | |
|---|--|--|
| <input type="radio"/> Amusement park | <input type="radio"/> Local park (describe activities): _____ | <input type="radio"/> Overnight camping retreat |
| <input type="radio"/> Hiking | <input type="radio"/> Local sports game (describe): _____ | <input type="radio"/> Rope course and/or obstacle course |
| <input type="radio"/> Historical museum | <input type="radio"/> Miniature golf | <input type="radio"/> Snow skiing/snowboarding |
| <input type="radio"/> Horseback riding | <input type="radio"/> Movie theatre | <input type="radio"/> Splash pads/water parks |
| <input type="radio"/> Ice skating/roller skating | <input type="radio"/> Open water activities (skiing, canoeing, etc.) | <input type="radio"/> Skateboard park |
| <input type="radio"/> Bowling ally | | <input type="radio"/> Trip to the beach |
| <input type="radio"/> Mall | | |
| <input type="radio"/> Local pool w/lifeguards on duty | | |
| <input type="radio"/> Other (describe): _____ | | |

d) Do you maintain a participant/supervisor ratio of at least 10 to 1? Yes No

e) How do you transport participants to off-site locations? (check all that apply)

- Hired Bus/Vehicle Walk – distance walked: _____
 Bus/Vehicle (owned by you) Public Transportation (subway, bus, etc.)
 Other (please describe): _____

(Note: off-site activities are subject to approval and must be reported prior to taking place for coverage consideration and approval. Additional premium charges may apply).

FACILITY/OPERATIONS INFORMATION CONTINUED

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

If yes:

- a) What programs/activities have overnight events/activities? (check all that apply)
 Parent's night out Overnight Camps/clinics Other: _____
- b) Typical age group attending _____
- c) Typical hours of the event/activity _____ am/pm to _____ am/pm
- d) Are all supervisors over the age of 21? Yes No
- e) Do you have any parents and/or volunteers to assist with supervision? Yes No
 If yes, do you run background checks on all of these individuals? Yes No
- f) Do you have at least 2 employees on-site during the event/activity? Yes No
- g) Describe the type of activities that take place during the event/activity: _____
- h) Do you require separate waivers to be signed by all participants and/or their parents and/or guardian? Yes No
- i) Do these overnight events/activities take place at your facility? Yes No
 If no, please explain: _____

13. If you suspect an participant has a concussion, do you have an action plan that includes:

- a) Immediately removing the participant from the class, event or competition? Yes No
- b) Keeping the participant out of the class, event or competition until they provide written clearance from a licensed physician? Yes No

14. 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): _____
 Expiring premium: General Liability \$ _____ Property \$ _____ Other \$ _____
- b) Is your current carrier non-renewing your coverage? Yes No
 If yes, why? _____
- c) In the past 5 years, have you had any losses? Yes No
 If yes, please provide current loss runs 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.

Note: We cannot provide a quote without loss history documentation

**GYMNASTIC / TUMBLING / TRAMPOLINE / SPORTS ACROBATICS / CHEERLEADING
MEMBERSHIP INFORMATION**

- 1. Is your school/club a member of USA Gymnastics? Yes No
- 2. Are all of your coaching staff USAG certified coaches? Yes No
- 3. Are you seeking limits of insurance above 1,000,000? Yes No
 If yes, please advise limit requested \$ _____
- 4. Please provide the maximum number of students projected to be enrolled at the busiest time of year in your gymnastic, tumbling, trampoline, sports acrobatics and cheerleading programs.

Age Groups	Number of Students/Members
Ages 4 & Under	
Ages 5 & 6	
Ages 7 – 12	
Ages 13 – 17	
Ages 18 & Over	

FACILITY/OPERATIONS INFORMATION CONTINUED

ANCILLARY INSTRUCTIONAL OR LEARNING PROGRAMS

Coverage for ancillary instructional or learning programs will be excluded unless reported to and approved by the insurance company, and for which premium (if applicable) is paid.

Ancillary programs are additional instructional classes that you offer at your facility. Birthday parties, camps/clinics, open gym, or parkour type classes are not considered ancillary programs and will be reviewed/rated in the succeeding pages.

Check here and skip this section, if you do not offer any ancillary programs

1. Do you offer martial arts programs or classes? Yes No
 If yes,
 a) Do you offer any type of martial arts involving sharpened or bladed 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
 c) Who conducts these classes? (check all that apply)
 your staff independent contractors
 • If services are provided by an independent contractor, do you require them to carry their own liability insurance and name you as an additional insured on their policy? Yes No

Note:

The following styles of martial arts are not eligible for coverage under this program: boxing (contact/sparring), 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 and wrestling.

2. Do you offer any open water activities (e.g. in lakes, ponds, ocean, river) ? Yes No
 (Note: any activities taking place on open water are excluded under this policy)
3. Please provide the maximum number of students to be enrolled at the busiest time of year in each of your ancillary programs. Should your ancillary program(s) not be listed below, please write in the type of program in the other line. Ancillary programs are subject to approval by us.

Type of Activity	Number of Students/Members
Swimming (instructional classes/programs)	
Yoga and/or Exercise programs/classes: (List the types of exercise programs offered) _____ _____	
Dance, drama and/or theater programs/classes: (List the styles/types of classes offered) _____ _____	
Martial Arts programs or classes: (List the styles of martial arts offered) _____ _____	
Other (please describe): _____ _____	

FACILITY/OPERATIONS INFORMATION CONTINUED

ON-SITE BIRTHDAY PARTIES

ON-SITE OPEN GYM / PARENTS NIGHT OUT / SPECIAL EVENTS

Coverage for parties, open gym time and special events activities will be excluded unless reported to and approved by the insurance company, and for which premium (if applicable), is paid.

Check here and skip this section, if you do not offer any birthday or social parties, open gyms, special events/parents night out events

1. What is your total estimated annual receipts for parties, open gym and special events? _____
2. Do you require a waiver to be signed by all participants and/or their parents and/or guardian taking part in these activities? Yes No
3. Is your student/instructor ratio for a typical class 10:1 or less? Yes No
4. Are participants allowed to use apparatuses during these events/activities? Yes No
(Apparatus include: trampolines, zip-lines, foam pit, silks, uneven bars, horizontal bar, rings, bounce houses)
 If yes, is each apparatus supervised during the event at all times by someone who is appropriately trained and over the age of 21? Yes No
5. Do all attendees attend a safety briefing prior to participation? Yes No
6. Do you host/hold open gym, parents night out, special events or other social parties? Yes No
 If yes:
 - a. Are these events open to the public/non-member guests? Yes No
 - b. Describe: _____
7. Do you have birthday parties? Yes No
 If yes, please complete section below.

Type of Birthday Party	Number of Birthday Parties
Birthday Parties (a party for the honoree who is age 15 or younger with the majority of the attendees/participants being age 15 or younger)	

FACILITY/OPERATIONS INFORMATION CONTINUED

CAMPS / CLINICS

Coverage for these activities will be excluded unless reported to and approved by the insurance company, and for which premium (if applicable), is paid. This section should be completed if you host camps/clinics.

Check here if you do not offer any camps/clinics

1. Who participates in your camps/clinics? Members Only Members and Non-Members

2. Where are your camps/clinics held? (Check all that apply)
 - On-Site with NO off-site activities
 - On-Site with off-site activities
 - Off-Site

3. Do you require a separate waiver to be signed by all participants and/or their parents and/or guardian taking part in your camps/clinics? Yes No

4. Is your student/instructor ratio for a typical class 10:1 or less? Yes No

5. Does your camp/clinic include any outside inflatables or water activities? Yes No
 If yes, please provide pictures of the inflatables along with details on the type of activity for review and approval. _____

6. Do you hold any activities off-site (other than at your gymnastics facility)? Yes No
 If yes, please make sure to complete question #11 on page 6.

7. Do your on-site camp activities include any activities/events other than gymnastics? Yes No
 If yes, please describe activities/events: _____

8. Please list your camp sessions below for coverage to extend to these camps/clinics. Should you have more than one camp, please provide information on a separate sheet.

	Dates of Camp	Hours of Camp	Age Group	# Of Campers	# Of Weeks
Camp 1				Members* = _____	
				Non-members = _____	
	List camp location (if different than gymnastics facility): _____ _____				

	Dates of Camp	Hours of Camp	Age Group	# Of Campers	# Of Weeks
Camp 2				Members* = _____	
				Non-members = _____	
	List camp location (if different than gymnastics facility): _____ _____				

***Please refer to FAQs on page 2 for a membership definition.**

FACILITY/OPERATIONS INFORMATION CONTINUED

INDOOR OBSTACLE COURSE / NINJA / EXTREME TUMBLING / PARKOUR / FREE-RUNNING

The activity or sport of moving rapidly through an area (often an obstacle course) by negotiating apparatuses or obstacles by running, jumping, rolling, flipping, and/or climbing. Coverage for these activities will be excluded unless reported to and approved by us, and for which a premium (if applicable) is paid.

○ Check here if you do not offer any of these types of classes/programs

1. What type of programs/classes/activities do you provide? (check all that apply and advise if your organization is part of a particular program, e.g.: USA Ninja Challenge, Ninja Kids™, Ninja Zone™, USAIGC Warrior Program or is self-designed)

- Indoor obstacle course: _____ ○ Parkour: _____
 ○ Ninja: _____ ○ Other: _____
 ○ Outdoor obstacle course or training: _____

2. Do you carry separate liability insurance for these type of classes/programs/activities? Yes No

If no, please continue with the remaining underwriting questions for coverage consideration and rating.

If yes, please provide the following (note: coverage will be excluded under this policy for this exposure):

_____ to _____
 Carrier Name Policy Number Coverage Period

3. Do you require all staff to be certified to teach these classes? Yes No

If yes: Please list all the certifications held by your instructors: _____

4. What are the age groups for your classes? _____ to _____

5. Is your student/instructor ratio for a typical class 10:1 or less? Yes No

6. Do you use a written skills-based graduated training method? Yes No

(Please provide a copy of your curriculum, a layout of the course, and include pictures of the area & equipment used for program)

7. Do you utilize equipment specifically designed for obstacle courses/ninja/extreme tumbling/parkour/free-running? Yes No

If yes, please attach a list of the equipment and their manufacturers

If no, please list each type of equipment/obstacles that is used for training/instruction: _____

8. Does your equipment include warped walls? Yes No

If yes, how many? _____ Please list height of each unit: _____

9. Is all equipment inspected prior to each class? Yes No

10. Do you use any homemade or modified equipment? Yes No

If yes, please explain and provide photos: _____

11. Is your facility equipped with video cameras to monitor use of equipment? Yes No

12. Does any of the equipment have a fall height above 5 ft? Yes No

If yes, please describe and provide pictures: _____

13. Is equipment protected or locked off during non-use hours to prevent unsupervised use? Yes No

If yes, describe precaution taken: _____

14. Do you conduct any instruction outdoors? (Note: any outdoor instruction\events\activities are excluded under this program) Yes No

15. Do you host or participate in any events or exhibitions? Yes No

(Note: events and exhibitions you host or participate in are excluded under this program)

16. Do you have open gym time for these programs/activities? Yes No

If yes,

a) Can non-members/general public attend? Yes No

b) Is open gym supervised by a certified staff member at all times? Yes No

c) Are participants of open gym only allowed to practice techniques for which they have been properly instructed? Yes No

d) Is your open gym time available to all ages at the same time? Yes No

17. Please provide the maximum number of students enrolled at the busiest time of the year.

Age Group	No. of Students/Members	Age Group	No. of Students/Members
Under Age 7		Ages 13 - 17	
Ages 7 - 12		Ages 18 +	

FACILITY/OPERATIONS INFORMATION CONTINUED

INFLATABLE AMUSEMENT DEVICE

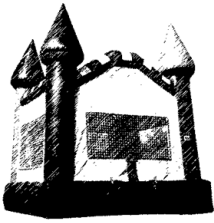
Coverage for these inflatable amusement devices will be excluded unless reported to and approved by the insurance company, and for which premium (if applicable), is paid.
If you own any inflatable amusement devices, you must complete the following section.

Check here if you do not own any inflatable amusement devices

NOTE:

Inflatables not owned by you are excluded

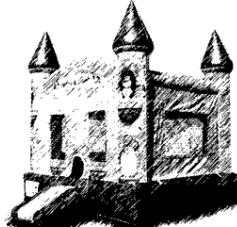
1. Please indicate the type and how many of each unit(s) you use in your operation. If basic design is not shown below, a photograph MUST accompany this questionnaire.



Bounce House

of units: _____

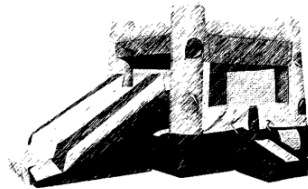
Model/serial #(s): _____



Bounce House with entry ramp

of units: _____

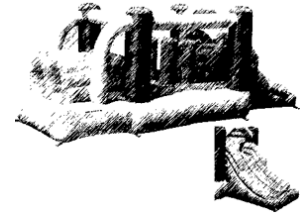
Model/serial #(s): _____



Bounce House with slide

of units: _____

Model/serial #(s): _____



Obstacle Course with slide

of units: _____

Model/serial #(s): _____

2. Do you have a copy of the maintenance and operations manual on site? Yes No

3. Is the inside jump surface of the device greater than 100 square feet (10' x 10')? Yes No
If yes, please provide the square footage: _____

4. Does the device include any slide with a fall height greater than 8 ft.? (If yes, provide photo and provide fall height: _____) Yes No

5. Are all employees responsible for operating the device trained and written documentation of such training maintained? Yes No

6. Is the inflatable amusement device ever loaned or rented to another party? Yes No

7. Is the inflatable amusement device used indoors at your premises only? Yes No

If no, please explain the following:

a) Where is it located if used outdoors? _____

b) How often is it used outdoors? _____

c) Describe the method by which the unit is secured/anchored to the ground: _____

d) Please provide a picture of the device set up in the spot where you normally would place it.

e) What is the participant/instructor ratio during the use of inflatables? _____ participant per instructor

8. Do you inspect and document the inflatable amusement device before each use? Yes No

9. Is the inflatable amusement device supervised at all times during use? Yes No

10. Do you use and secure the inflatable device in accordance with the operating manual? Yes No

11. Is signage addressing warnings and proper use of the device clearly displayed? Yes No

12. Is the inflatable device cleaned and sanitized on a regular schedule and records of the cleanings maintained? Yes No

FACILITY/OPERATIONS INFORMATION CONTINUED

MEETS, COMPETITIONS AND EVENTS COVERAGE (7 days or less in duration)

Coverage for events you organize and operate that include participants who are not members of your club or gym does not extend to those non-member participants. If you would like for liability and medical payments coverage to extend to these non-members please complete the underwriting information below.

NOTE: USAG sanctioned events are ineligible for this optional coverage.

- Check here if you do not host meets, competitions or events OR you do not wish to extend liability for non-members at these events.**

Event name: _____

Event date(s): ____/____/____ to ____/____/____ (do not include set-up or tear-down days)

Event hours: ____ A.M./P.M. to ____ A.M./P.M.

Location: _____

Sport type: _____ Age group: _____ Total spectator attendance: _____

of non-registered participants: _____

SWIMMING POOL

Coverage for a pool will be excluded unless reported to and approved by the insurance company, and for which premium (if applicable), is paid.

- Check here if you do not own, manage or operate a swimming pool**

1. Select the use of your pool (check all that apply)

Members only Members and Non-members Supervised classes/programs Open swimming

2. Is a certified lifeguard(s) on duty during all pool hours? Yes No

If no:

Are lifeguards on duty for opening swimming? NA Yes No

Do you have at least one CPR trained staff member on site for all pool hours? Yes No

Do you have regular monitoring of the pool area? Yes No

Are signs posted indicating pool rules? Yes No

3. Do you have diving boards? Yes No

4. Does your facility have waterslides? Yes No

5. Is the pool area locked or blocked off when not in use? Yes No

6. Do you have a sauna, steam room, jacuzzi, hot tub, whirlpool or spa? Yes No

(Coverage for these exposures is excluded)

7. How many pools do you have? _____

OPTIONAL COVERAGES PREMIUM CALCULATION CONTINUED

Sexual Abuse or Sexual Molestation Liability Coverage

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

\$100,000 / \$200,000 Other limit _____ (higher limit may be available if required by franchise agreement or written contract)

1. Does your organization currently have employees, volunteers or independent contractors? Yes No
The term "Volunteers" means someone, including parent volunteers, who exerts control over or supervises participants.
2. Have any claims, allegations or charges of abuse, molestation or sexual misconduct been made against you or your organization or anyone working on behalf of your organization? Yes No
If yes, please explain: _____
3. Are you aware of any occurrences that could lead to a claim? Yes No
If yes please explain: _____
4. Do you, your organization or sanctioning/governing body have written procedures in place regarding the prevention and mitigation of abuse, molestation or sexual misconduct? Yes No
If yes:
 - a. Do the procedures require that known or suspected abuse incidents must be reported to law enforcement? Yes No
 - b. Are written procedures provided or available to each employee, volunteer, independent contractor or sanctioning/governing body member? Yes No
 - c. Does your written plan include reasonable procedures to limit one-on-one interactions between a minor and an adult (who is not the minor's legal guardian) to those that are observable by another adult and within an interruptible distance, except under emergency circumstances? Yes No
5. Please complete the following questions regarding employee, volunteer, or independent contractor screening controls used by your organization.
 Check here and skip the chart below if you have no employees, volunteers, or independent contractors

Please Complete All Questions	Employees (Check Here if No Employees <input type="radio"/>)	Volunteers/Independent contractors (Check Here if No Volunteers/ Independent contractors <input type="radio"/>)
The term "Volunteers/Independent contractors" in the following questions means someone who exerts control over or supervises participants.		
Are employee/volunteer applications required? If yes, does the application include questions about whether the individual has ever been convicted for any crime involving physical violence or sex related offenses? If yes and applicant checks yes, do you reject the applicant?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No
Are background checks provided by a third party vendor/service? If yes, do you reject an applicant with any history of physical violence or sex related offenses?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No

Please explain any "No" responses to questions asked in #5: _____

OPTIONAL COVERAGES CONTINUED

Employment Practices Liability

Additional Premium will apply

Please check here and skip this section if you do not want this coverage

NOTICE: THE EMPLOYMENT PRACTICES LIABILITY COVERAGE ENDORSEMENT PROVIDES CLAIMS MADE COVERAGE, WHICH APPLIES ONLY TO CLAIMS FIRST MADE AND REPORTED DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY TO PAY JUDGEMENTS OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY AMOUNTS INCURRED FOR DEFENSE COSTS. AMOUNTS INCURRED FOR DEFENSE COSTS WILL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT. IN NO EVENT WILL THE COMPANY BE LIABLE FOR DEFENSE COSTS OR THE AMOUNT OF ANY JUDGEMENT OR SETTLEMENT IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY.

General Information (Note: This coverage is not available in Louisiana.)

1. Number of full-time employees and recognized volunteers: _____
Number of part-time employees and recognized volunteers: _____
(Other than full-time will be counted as one-half an employee/recognized volunteer.)

2. Check the following boxes to identify your desired limit of insurance and deductible:

Aggregate Limit of Liability	Vermont - Aggregate Limit of Liability Defense/Indemnity	Per Claim Deductible
<input type="radio"/> \$100,000 This is the minimum limit requirement in Minnesota, New Hampshire, New York, and North Dakota. N/A Arkansas, Montana, and New Mexico	<input type="radio"/> \$125,000/\$125,000	<input type="radio"/> \$2,500 <input type="radio"/> \$5,000
<input type="radio"/> \$500,000 This is the minimum limit requirement in Arkansas and New Mexico.	<input type="radio"/> \$500,000/\$500,000	<input type="radio"/> \$2,500 <input type="radio"/> \$5,000
<input type="radio"/> \$1,000,000 This is the minimum limit requirement in Montana.	Not applicable in VT	<input type="radio"/> \$2,500 <input type="radio"/> \$5,000

3. Desired effective date: _____ / _____ / _____ Employment Practices Liability Retroactive Date: _____ / _____ / _____

4. Have there been any Employment Practices Liability claims, suits or complaints and/or is there any now pending against the insured or any executive, officer or owner? Yes No
If yes, please provide details: _____

5. Does the insured and any executive, officer or owner have any knowledge or information of any act, error or omission which might give rise to an Employment Practices Liability claim, suit or complaint? Yes No
If yes, please provide details: _____

6. Has the insured been in continuous business with no bankruptcy filing for three (3) years or more? Yes No

7. Are all job applicants required to complete and sign an employment application? Yes No

8. Does the insured utilize an employment handbook, website or written employment materials (such as anti-harassment or anti-discrimination policies) to advise employees of their rights to work free of harassment and discrimination in the workplace? Yes No

9. In the past 12 months and the coming 12 months combined, has there been or does the insured expect any layoffs or reductions in work force totaling more than 15% of the total employee count? Yes No

OPTIONAL COVERAGES CONTINUED

Property Coverage (buildings or business personal property)

Please check here and skip this section if you do not want this coverage

Complete this section for each individual location and building to be covered. Blanket limits are not available.

Schedule of Buildings and/or locations

Premises Information	Is your facility part of a shopping center or mall? <input type="radio"/> Yes <input type="radio"/> No			
	Building Description: _____			
Building # _____ Location # _____	<input type="radio"/> Own <input type="radio"/> Rent	If you rent your premises, are you required to insure building glass or any other building item? <input type="radio"/> Yes <input type="radio"/> No If yes, what are you required to insure? _____ What is the replacement value? _____		
Description of Property	Limit/Value*	Coverage Request, if any: (coinsurance, valuation, cause of loss, deductible, etc.)		
Building*	\$	_____		
Personal Property/Contents*	\$	_____		
Tenants Improvements & Betterments*	\$	Deductible: <input type="radio"/> \$1,000 <input type="radio"/> \$2,500 <input type="radio"/> \$5,000		
Business Income*	\$	Select coinsurance: <input type="radio"/> 80% <input type="radio"/> 90% <input type="radio"/> 100%		
TOTAL	\$	_____		
Construction Type <input type="radio"/> Non-combustible <input type="radio"/> Masonry Non-Combustible <input type="radio"/> Modified Fire Resistive <input type="radio"/> Frame/Joisted Masonry <input type="radio"/> Fire Resistive	Distance to: <input type="radio"/> Hydrant _____ Feet <input type="radio"/> Fire Station _____ Miles	Number of Stories _____	Year Built _____	Total Square footage Building: _____ Total Square footage Occupied: _____
If building is more than 20 years old, provide year of updates. If none, check here: <input type="radio"/> Wiring, Year: _____ Plumbing, Year: _____ Roofing, Year: _____ Heating, Year: _____		Roof type: <input type="radio"/> Asphalt shingle <input type="radio"/> Cedar Shake <input type="radio"/> Metal <input type="radio"/> Tar/gravel buildup Floor: (not floor covering): <input type="radio"/> Concrete <input type="radio"/> Wood <input type="radio"/> Other: _____ Heating/Cooling: <input type="radio"/> None <input type="radio"/> Heat Pump <input type="radio"/> Electric baseboard <input type="radio"/> Portable heater <input type="radio"/> Gas/Oil <input type="radio"/> Forced air <input type="radio"/> Other: _____		
Protection: <input type="radio"/> Sprinkler _____% <input type="radio"/> Burglar Alarm				
Fire Alarm: <input type="radio"/> Central Station <input type="radio"/> Local <input type="radio"/> Fire extinguishers <input type="radio"/> Smoke alarms				

Cooking Check here if no cooking on premises.

1. Explain extent of food service: _____
2. Is there deep-fat frying or grilling? Yes No
3. Is there an ansul system? Yes No
4. Is there an automatic fuel shut-off device? Yes No
5. How frequently do you clean the hood/duct system? Daily Weekly Monthly Other _____
6. Does a professional service clean the hood and duct system at least annually? Yes No

Signs (Optional Coverage) Check here if coverage is not desired.

Value of each sign	Sign Type
\$	<input type="radio"/> Indoor <input type="radio"/> Outdoor
\$	<input type="radio"/> Indoor <input type="radio"/> Outdoor

PLEASE READ AND SIGN

Agreement

I am an authorized representative of the applicant and represent that reasonable inquiry has been made to obtain the answers to questions on this application. I represent the answers are true, correct and complete to the best of my knowledge. I agree that if the information supplied on the application changes between the date of the application and the effective date of the insurance, I 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 purchase the insurance.

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 below, I am electronically signing the application and agreeing to the Electronic Delivery and Signature

Consent Disclosure below: Yes No

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

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YY)

Date (MM/DD/YY)

Electronic Signature Disclosure and Consent, and Representation Statement

Electronic Signature Disclosure and Consent

The Electronic Signatures in Global and National Commerce Act (15 U.S.C. § 7001, et seq.) 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.

K&K Insurance Group (K&K), whether on its own behalf, and/or on behalf of an insurer and/or third parties, may utilize the internet, email, cloud services, digital storage, digital media or similar electronic means to transmit Policy Documents to its clients. This Agreement informs you of your rights when we are delivering and you are receiving such documents from us electronically.

By agreeing to proceed with this transaction, you acknowledge and consent to the following:

1. I hereby voluntarily consent to proceeding with this transaction, and all subsequent actions related to this transaction, electronically.
2. I understand that further documents relating to this insurance purchased through K&K, including but not limited to correspondence, communications, confirmations, requests for premium payments and policy documents, may, to the extent permitted by law, be transmitted by electronic means to me, including by e-mail sent to the e-mail address I have provided as part of this transaction and/or my on-line registration. I consent to such documents being provided to me electronically.
3. Notwithstanding paragraph 2, any notice of cancellation shall be sent to me by mailing to the address I have provided as part of my registration and/or application for insurance, or to such other address for which I have provided notice pursuant to the terms of the policy.
4. Any change or revision to the e-mail address or other electronic contact information which I have provided as part of this transaction and/or my on-line registration process shall be requested by me by faxing, emailing or by mailing a written notice to: K&K Insurance; 1712 Magnavox Way; Fort Wayne, IN 46804.
5. I understand that I have the right to obtain a paper copy of any electronic record provided to me pursuant to this transaction or any subsequent transaction involving my coverage by mailing a written request to the address provided in paragraph 4.
6. In order to access the electronic records provided, the following hardware and software are required: (a) a personal computer or other device through which Internet access is available, (b) an Internet connection, (c) an e-mail account with an Internet service provider, and (d) Adobe Acrobat Reader.
7. I understand that I have the right and option to withdraw my consent to the receipt of further electronic documents at any time by faxing, emailing or mailing a written request to the address provided in paragraph 4. By withdrawing my consent to electronic delivery of documents I understand that I will receive a paper copy of future policy documentation.
8. Information relating to this transaction is subject to the terms of our privacy statement, a copy of which is provided at www.kandkinsurance.com.
9. DOCUMENT DELIVERY. 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.

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: _____

ATTENTION: AGENTS

AGENTS: YOU MUST COMPLETE THE ATTACHED WARRANTY SECTION BELOW.

Please complete the information below.

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 represent and warrant as an insurance producer that I currently maintain, and will maintain, all individual, corporate or agency licenses or permits to conduct insurance business in the state coverage for this insured is being written. I further represent and warrant that I currently maintain errors and omissions insurance with a minimum limit of \$1,000,000 for myself, my officers, and employees. If requested by K&K, I will provide K&K with reasonably satisfactory evidence of all of the above mentioned items.

Agent signature: _____ **Date:** _____

Agent insurance license #: _____



How to submit and reduce processing delays:

- 1. Confirm all sections are completed
- 2. Confirm signatures and dates are completed on pages 15 and 16
- 3. Email submission to: mm.specialty@kandkinsurance.com
- 4. Questions? Call: 1-866-216-8302

K&K Insurance Group, Inc. • P.O. Box 2338 • Fort Wayne, IN 46801-2338 • 1-866-216-8302

Website www.kandkinsurance.com

K&K Insurance Group, Inc. is a licensed insurance producer in all states (TX license #13924, FL license #L007299); operating in CA, NY and MI as K&K Insurance Agency (CA license #0334819)

IMPORTANT INFORMATION. PLEASE READ.

Fair Credit Report Act Notice

Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us

Fraud Warning

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 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.

Applicable in all other states: 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.