

**INSTRUCTIONS**

- 1. Complete all sections. Attach additional pages if needed.
- 2. All questions must be answered. If not applicable, indicate N/A.
- 3. This application must be signed and dated by an authorized representative.
- 4. Completion of this application does not bind coverage.

**REQUESTED EFFECTIVE DATE OF COVERAGE:** \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_

**SECTION 1: APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Is your mailing address the same as your physical address?  Yes  No

**SECTION 2: BUSINESS INFORMATION**

Form of Business:  LLC  Individual  Partnership  Joint Venture  Trust  Non-Profit  
Business Start Year: \_\_\_\_\_ Business Website: \_\_\_\_\_  
Business Description: \_\_\_\_\_

**SECTION 3: GENERAL QUESTIONS**

Does insured have at least 5 years of experience in another business in the same industry?  Yes  No  
Does this applicant require waiver/release forms from all participants or parent/legal guardian?  Yes  No  
Applicant has prohibited conduct clearly defined in any and all codes of conduct?  Yes  No  
Has applicant ever filed for bankruptcy?  Yes  No  
Has applicant ever been non-renewed?  Yes  No  
Has the applicant ever been non-renewed or canceled by an insurance carrier?  Yes  No  
Has applicant ever had a claim in the last 5 years over \$25,000?  Yes  No

**SECTION 4: LOCATION INFORMATION**

Is this your primary location?  Yes  No  
Location Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
**Additional Location (if applicable):**  
Location Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## SECTION 5: PARTICIPANT EXPOSURE INFORMATION

Is this insured a National Governing Body?

Yes  No

Is this a facility?

Yes  No

Provide estimated annual participants by sport/activity, age group, and number of coaches.

Sport / Activity	12 & Under	13-15	16-18	19+	Coaches

**Camps / Clinics / Recitals / Special Events:**

Sport / Activity	# Camp/Clinic Days	12 & Under	13-15	16-18	19+

Are any camps/clinics/special events overnight?  Yes  No If yes, how many nights? \_\_\_\_\_

## SECTION 6: GENERAL LIABILITY LIMITS AND DEDUCTIBLES

Each Occurrence Limit:

\$1M  \$1.5M  \$2M  \$3M  \$4M  \$5M

If higher than \$1M occurrence, is it a contract requirement?

Yes  No

Products & Completed Operations Limit:

\$1M  \$2M

General Aggregate Limit:

\$3M  \$4M  \$5M

Damage to Premises Rented Limit:

\$300K  \$500K  \$1M

Personal & Advertising Injury Limit: \$1,000,000

Medical Payments Limit:

\$5K  \$10K  \$15K  \$25K  N/A

Sexual Abuse Liability Limit:

\$25K/\$100K  \$50K/\$100K  \$100K/\$300K  \$500K/\$500K  \$1M/\$1M  \$1M/\$2M  N/A

Add \$1M Hired or Non-Owned Auto?

Yes  No

**Hired / Non-Owned Auto — Additional Questions:**

Does the insured have a commercial auto policy in force?

Yes  No

Do you verify that personal auto insurance is in place?

Yes  No

Do you obtain and review motor vehicle reports?

Yes  No

If either above is 'No', do you agree to do so going forward?

Yes  No

# Employees that may drive: \_\_\_\_\_

# Volunteers that may drive: \_\_\_\_\_

Estimated cost to lease/hire vehicles for coming year: \$ \_\_\_\_\_

Professional Liability Limit:

\$1M/\$1M  \$2M/\$2M  \$3M/\$3M  \$4M/\$4M  \$5M/\$5M  N/A

Add \$1M Employee Benefits?

Yes  No

Number of Employees:

Add \$1M/\$1M Liquor Liability?

Yes  No

Liquor Receipts: \$

Add Location Aggregate Limit?

Yes  No

\*Add \$1,000,000/\$2,000,000 Errors & Omissions Limit?

Yes  No

\*Add Crisis Response/Protection Limit:

\$25K  \$50K  \$100K  \$250K

\*Add \$1,000,000/\$2,000,000 Stop Gap?

Yes  No

\* Not available in all states

Participant Liability Each Occurrence / Aggregate: \$1,000,000 / \$1,000,000

## SECTION 7: ACCIDENT AND HEALTH LIMITS (REQUIRED FOR YOUTH PARTICIPANTS)

Include Dental Services?

Yes  No

Accident Medical Expense:

\$25K  \$50K  \$100K

Coverage Type:

Excess  Primary

Deductible:

\$0  \$100  \$250  \$500  \$1K  \$2.5K  \$5K

Coinsurance: 100% | AD&D Benefit: \$10,000 | Benefit Period: 52 Weeks

Inpatient ICU/CCU, Ambulatory Surgical, Office Visits: UNLIMITED

## SECTION 8: UNDERWRITING QUESTIONS

Are any of the applicant's players compensated/paid to participate in the sports organization?

Yes  No

Is the applicant's organization sanctioned by a school?

Yes  No

Do any activities take place on a residential property?

Yes  No

Does the organization clearly define who Adult Participants are?

Yes  No

Does the current Risk Management policy clearly define and actively maintain who the organization's "Adult Participants" are?

Yes  No

Is a Cardiac Arrest policy actively used and regularly updated (AED access, current CPR certification)?

Yes  No

Is a severe weather policy utilized and regularly updated, including guidance such as radar monitoring and return-to-play after lightning?

Yes  No

Is there a heat index policy with protocols in place for when temperature and humidity levels are high and could cause heat stroke?

Yes  No

Applicant has policies in place for cardiac arrest and heat stroke?

Yes  No

Do any activities take place at a pool that the applicant owns, operates, leases or manages?

Yes  No

Does applicant maintain camera recordings of premises, both inside and outside?

Yes  No

Does applicant allow 24 hour access?

Yes  No

Does applicant offer child watch or day care services?

Yes  No

- Does the organization have a facilities safety policy with a clear process to protect participants from potential hazards (unsafe fields, unstable goal cages, wet floors, etc.)?  Yes  No
- Is a Concussion & Return-to-Play policy actively enforced and kept current, with clear post-diagnosis protocols?  Yes  No
- Is a Disciplinary and Appeals policy utilized and periodically reviewed, including procedures for disqualification and appeals?  Yes  No
- Is there a background checks policy actively followed, with clearly defined disqualifying criteria and up-to-date checks at state, national, and local levels?  Yes  No
- Does member orientation include a tutorial on the use of treadmills and their associated risks?  Yes  No
- Is there an education & training policy, regularly updated and enforced, including abuse prevention training for personnel working with minors?  Yes  No
- Has the applicant ever had an incident which resulted in allegation of sexual abuse?  Yes  No
- Does the organization have and enforce written standards regarding sexual abuse and molestation prevention and mandatory reporting?  Yes  No
- Are the risk management policies kept current, disseminated to staff and published on the organization's website?  Yes  No
- Is a one-on-one interactions policy actively implemented and reviewed, defining appropriate adult/minor interactions?  Yes  No
- Is there a policy in place for staff members to maintain appropriate certifications and continuing education?  Yes  No
- Is there a daily plan for disinfecting the facility and equipment to reduce the spread of communicable disease?  Yes  No
- Is there an equipment maintenance policy in place that includes daily, weekly, and monthly inspection strategies?  Yes  No
- Is there an equipment installation policy?  Yes  No
- Does your organization have an online reporting form on your website to report potential abuse or violations of prohibited conduct?  Yes  No
- Does the Risk Management policy clearly define and regularly review prohibited behavior (bullying, harassment, abuse)?  Yes  No
- Is there a locker room?  Yes  No
- Where applicable, does the organization have a locker room policy (supervision, access control, appropriate behavior, privacy, misconduct procedures)?  Yes  No
- Is there a signage policy for locker rooms, saunas and other high-risk areas throughout the facility?  Yes  No
- Does applicant transport players/participants?  Yes  No
- Does applicant provide online training/coaching/instruction?  Yes  No
- Do you have retail receipts?  Yes  No
- Total Retail Store Receipts: \$

## SECTION 9: ADDITIONAL EXPOSURES

N/A

# Birthday Parties:  # Batting Cages:

# Booster Clubs:  # Inflatables:

# Tanning Units:

Do you offer soft play?  Yes  No

### Swimming Pools:

Number of Swimming Pools:

Pool Depth:  
 4' or less  5' or more

Is water testing completed at least daily?  Yes  No

Are water testing results logged and retained?  Yes  No

Pool rules signage posted in the immediate pool area?  Yes  No

- Does a non-slip surface surround the pool areas?  Yes  No
- Are lifeguards required during all hours of swimming pool use?  Yes  No
- Is pool lifesaving equipment kept in an easily accessible location?  Yes  No
- Is there a diving board?  Yes  No
- Is there a water slide?  Yes  No
- Are parents in attendance during swim lessons?  Yes  No

**Traverse / Climbing Walls:**

- # Traverse/Climbing Walls:  Height (ft):
- Were the climbing walls installed by a certified rigger/engineer?  Yes  No
- Are the climbing walls professionally inspected at least annually?  Yes  No
- Climbing wall instructor qualifications/experience:
- Is padding depth at minimum 12 inches in thickness?  Yes  No
- Are temporary structures built for climbing outside the facility?  Yes  No
- Any self-constructed/self-made climbing walls in the facility?  Yes  No

**Zip Lines / Ropes / Aerial Silks / Trapezes:**

- # Zip Lines:  Height (ft):
- # Ropes:  Height (ft):
- # Aerial Silks:  Height (ft):
- # Trapezes:  Height (ft):
- Were the ropes/silks installed by a certified rigger/engineer?  Yes  No
- Are ropes/silks professionally inspected at least annually?  Yes  No
- Ropes/silks/trapeze instructor qualifications/experience:
- Is padding depth at minimum 12 inches in thickness?  Yes  No
- Are temporary structures built for ropes/silks outside the facility?  Yes  No
- Any self-constructed/self-made zipline/ropes/silks/trapezes in the facility?  Yes  No

**Trampolines:**

- Number of Trampolines:
- Do you have an above-ground trampoline greater than 4ft (other than tumble track)?  Yes  No
- Does the trampoline have 6-inch minimum padding all the way around?  Yes  No

**SECTION 10: ADDITIONAL INSURED**

**Additional Insured (Landlord)**  **Add Primary Non-Contributory Endorsement**

Name:

Address:

City:  State:  Zip Code:

**Additional Insured (Other — By Written Contract)**  **Add Primary Non-Contributory Endorsement**

Name:

Address:

City:  State:  Zip Code:

## SECTION 11: REPRESENTATIONS, WARRANTY & SIGNATURE

The undersigned declares that the statements in this application are true, complete, and accurate.

The undersigned understands that:

1. This application shall be the basis of any policy issued.
2. The insurer may rely on the completeness and accuracy of information provided.
3. Any material misrepresentation may void coverage.
4. Signing this application does not bind coverage.
5. The applicant agrees to notify the insurer of material changes prior to inception.

**NOTICE:** Any person who knowingly files a materially false statement may be guilty of insurance fraud and subject to criminal and civil penalties.

Print Name:

Title:

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

**Submit completed application to: [Melanie@AnthonyInsuranceServices.com](mailto:Melanie@AnthonyInsuranceServices.com)**



**AFFORDABLE INSURANCE  
FOR DANCE, YOGA, FITNESS & MORE**