

Fax, Mail or E-Mail Application to:
 Foy Insurance Group, PO Box 1030
 Exeter, NH 03833
 Phone 603-772-4781 Fax 603-772-3246



AMERIKIDS GYMNASTICS CLUBS & PROGRAMS

E-mail jim.foy@foyinsurance.com
 Or mike.foy@foyinsurance.com

Insured/Contact person:				Date:				
Legal Business Name:				FEIN #:				
DBA Name (if applicable)								
Mailing Address:		PO Box or Street Address:			City:		State:	Zip:
Location Address:		Street Address:			City:		State:	Zip:
Gym Phone:		Web site:		E-mail:				
Cell Phone:		Best time to call:		Fax #				
NEW: <input type="checkbox"/>	RENEWAL: <input type="checkbox"/>	CURRENT INS. COMPANY:		EXP DATE :		CURRENT PREMIUM:		
				Month: Day:		\$		
Total # of Gym participants:				Corp <input type="checkbox"/> , Sole Owner <input type="checkbox"/> , Partnership <input type="checkbox"/> , Other <input type="checkbox"/>				

Activity	Yes	No	If yes, describe
Dance	<input type="checkbox"/>	<input type="checkbox"/>	Type of dance Number of dance students =
Cheerleading	<input type="checkbox"/>	<input type="checkbox"/>	Pyramid height over 2 ½ high? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of cheer students =
Martial Arts	<input type="checkbox"/>	<input type="checkbox"/>	Type:
Aerobics/ Exercise/ Yoga	<input type="checkbox"/>	<input type="checkbox"/>	
Birthday Parties	<input type="checkbox"/>	<input type="checkbox"/>	# per year = # parties with all registered students:
Kids Night Out	<input type="checkbox"/>	<input type="checkbox"/>	# per year =
Sleep overs	<input type="checkbox"/>	<input type="checkbox"/>	# per year =
Climbing Wall or Zip line	<input type="checkbox"/>	<input type="checkbox"/>	wall height = Zip Line height and length =
Tumble Bus	<input type="checkbox"/>	<input type="checkbox"/>	
Swimming Pool	<input type="checkbox"/>	<input type="checkbox"/>	
Tanning Beds	<input type="checkbox"/>	<input type="checkbox"/>	
Entertainment Inflatable	<input type="checkbox"/>	<input type="checkbox"/>	Number of inflatables Description: Do you rent out:
Soft Play Area	<input type="checkbox"/>	<input type="checkbox"/>	
Circus Skills	<input type="checkbox"/>	<input type="checkbox"/>	
Parkour/Free Running/ Urban Gymnastics - EXCLUDED	<input type="checkbox"/>	<input type="checkbox"/>	If you have Parkour Etc. contact us for a separate insurance application!
Licensed Day Care/Licensed Pre School	<input type="checkbox"/>	<input type="checkbox"/>	
Day Camps Signed waiver required	<input type="checkbox"/>	<input type="checkbox"/>	Total # of camp days per year Number of daily campers NOT enrolled as regular students = <u>per day</u>
Open Gym / tryouts Signed waiver required	<input type="checkbox"/>	<input type="checkbox"/>	Total # of open gym days per year Number of daily open gym attendees NOT enrolled as regular students = <u>per day</u>
Vehicle Registered to gym?	<input type="checkbox"/>	<input type="checkbox"/>	If so send copy of policy..
Do you have Hired Non-Owned Auto	<input type="checkbox"/>	<input type="checkbox"/>	If not would you like to add this coverage ? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you host meets?	<input type="checkbox"/>	<input type="checkbox"/>	If so how many meets? , Length of meets Are all Amerikids registered? <input type="checkbox"/> Yes <input type="checkbox"/> No. Are meets USAG? <input type="checkbox"/> AAU? <input type="checkbox"/>
Any teaching off premises?	<input type="checkbox"/>	<input type="checkbox"/>	How often? How many kids? Are all Amerikids registered?
Café, snacks, vending machines	<input type="checkbox"/>	<input type="checkbox"/>	Receipts =
Booster Club	<input type="checkbox"/>	<input type="checkbox"/>	If yes are they a separate entity? <input type="checkbox"/> Yes <input type="checkbox"/> No, Describe type of fundraising of Boosters: Do you want to include them under your insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Pro Shop	<input type="checkbox"/>	<input type="checkbox"/>	Receipts =
Any activities not listed above?	<input type="checkbox"/>	<input type="checkbox"/>	

Gym Participants		Gross Gym Receipts: \$
Total # of participants:		Gross Birthday Parties Receipts: \$
Total # of participants 1 ó 6 years		NOTES:
Total # of participants: 7 ó 12 years		
Total # of participants: 13-19 years		
Total # of adult gymnastic participants:		
Total # of adult exercise participants:		
TOTAL (Including everything: gym, cheer, dance, etc.)		

List any persons, landlords, or organizations requiring you to list them as an "additional insured" (Must have a written contract)	
Name:	
Address:	
City, State, Zip	

What is the total number of students you have registered in the past 12 months? _____ Number of years running a gym: _____

Do you have a Concussion Awareness Program? (Mandatory) This must be communicated to all participants and part of your safety Handbook. Information available at http://cdc.gov/concussion/headsup/online_training.html: _____

Any losses in the past 3 years: Yes (if yes please explain in detail in the remarks section) No

Do you own the building? Yes No Building Square Footage: _____

If yes, in what name do you own the building? _____ (Please attach Certificate of Liability)

Do you sublease space to others? _____

If so, to whom _____ And for what purpose? _____

Do you get a certificate? Yes No **NOTE: Attach a copy of the certificate to this application!**

AmeriKids Gymnastics Policy Limits:

Sports Accident

Liability Insurance

<u>Sports Accident</u>	\$50,000	\$100,000	<u>Liability Aggregate Per Gym</u>	\$3,000,000	Additional Liability Limits Available Check here for quote <input type="checkbox"/>
Deductible	\$250	\$500	Occurrence	\$1,000,000	
A D & D aggregate	\$25,000	\$25,000	Fire Legal	\$300,000	
A D & D Each occurrence	\$5,000	\$5,000	Products	\$1,000,000	

* Remarks: _____

Note: Any premium bearing policy endorsements will be invoiced separately and paid in full.

The submission of this application form does not guarantee coverage. Coverage begins with a complete enrollment form, full payment received and written approval issued.

Any person who knowingly presents a false claim for payment or a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signed waivers are required for anyone participating in any activity.

Please forward a copy of your waiver and release form along with this application and sign below to request an Amerikids quote which may not include all requested coverages.

Do you wish to finance your premium? Yes No

Signature: _____ Print _____

Date: _____

**TOTAL NUMBER OF STUDENTS REGISTERED TO YOUR GYM
EACH MONTH FOR THE LAST 12 MONTHS:**

January: _____

February: _____

March: _____

April: _____

May: _____

June: _____

July: _____

August: _____

September: _____

October: _____

November: _____

December: _____

AmeriKids

Do you want to include Sexual Abuse and Molestation with limits of \$25,000 per occurrence / \$100,000 aggregate (Higher limits available on request)

If coverage is requested, you must comply with the following requirements or coverage WILL NOT be afforded.

Name of Gym: _____

Address of Gym: _____

SML Coverage

Answer the following questions if the organization has and enforces written standards regarding Sexual Abuse and Molestation:

1. Does the employment application for your paid staff and volunteers include questions about whether the individual has ever been convicted for any crime, including sex-related or child-abuse related offenses? YES/NO

2. Does your state permit you to do criminal background investigations on prospective employees and/or volunteers? YES/NO

3. If yes, do you routinely request and receive such background investigations? YES/NO/N/A

4. How do you verify employment and/or volunteer related references?
In Person By Telephone Do Not Verify

5. Do you discuss child/sexual abuse including how to recognize the signs, and what to do if a staff personnel/child and/or volunteer reports someone molested him/her at your staff orientation? YES/NO

6. Do you document that you discuss child/sexual abuse with your staff? YES/NO/N/A

7. Do you have a plan of supervision that monitors staff including volunteers in day-to-day relationship with the children? YES/NO

8. Do you have a crisis management plan for dealing with staff personnel, including volunteers, victim, parents, authorities and media if you have an incident of abuse? YES/NO

Insured Signature: _____

Date: _____

**If you would like a quote for Building, Contents, Loss of Income or Workers Compensation
please complete this page:**

NAME that the property is owned under: _____

FEIN #: _____

Location Address: _____

PROPERTY Do you want us to quote for you?

Expiration Date Of Your Current Policy: _____ Premium \$ _____

(If you own the building)

BUILDING LIMIT REPLACEMENT COST: \$ _____

(Do you want us to quote for you?)

CONTENTS LIMIT REPLACEMENT COST: \$ _____ OR ACV _____

(Do you want us to quote for you?)

LOSS OF INCOME LIMIT: \$ _____

(Do you want us to quote for you?)

Deductible: \$1,000 Or Other \$ _____

Construction Type: Frame ___ Or Masonry ___ Or Other(describe): _____

Year Of Construction: _____ # Stories: _____

Within 1,000 Of A Fire Hydrant? ___ Within 3 Miles Of A Fire Station? ___ Is The Building Sprinklered? ___

Any Alarm System? Yes Or No Central Station Or Local?

If Built Prior To 1985 Building Improvements:

Wiring Yr: _____ Roofing Yr: _____ Plumbing Yr: _____ Heating Yr: _____

Total Square Footage: _____ Area Occupied _____

Other Occupants: _____

Exposures Within 50': Left Side _____ Right Side: _____ Rear: _____

Mortgagee / Loss Payee: _____

WORKERS COMPENSATION Do you want us to quote for you?

Do You Have Coverage Currently? _____ Total Annual Payroll: _____

Current Carrier: _____ Current Premium: _____ Expiration Date: _____

Number Of: Full Time Employees: _____ Part Time Employees: _____

Please provide information below for **OWNERS/OFFICERS** only.

Circle

Name: _____ DOB _____ Duties _____ %owner _____ Payroll _____ Inc/Excl

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AmeriKiDS Gymnastics Club Membership

(\$25 annual membership fee)

Please type or print clearly

Club Name: _____

Gym Address: _____

Mailing Address: _____

City: _____ State: _____ Zip _____

Girls Program: _____ Boys Program: _____

Contact Name: _____

Phone: () _____ Fax: () _____ Alternate Phone: _____

Required Email Address: _____

(Most correspondence will be through email since it is the fastest way to communicate.)

Website Address: _____

Have you or any of your staff been:

Convicted of a felony? _____

Convicted of sexual misconduct? _____

Denied membership in any other gymnastics organization? _____

Club owner or authorized agent's printed name

Club owner or authorized agent's signature

Date

Your club membership allows for registration of athletes, sanctioning competitions and participation in AmeriKiDS sanctioned/member events and other specified benefits as they develop. Mail form and club membership fee of \$25 payable to AmeriKiDS Gymnastics.