

SNYDER INSURANCE SERVICES & INSURASSET.COM, INC.

NEW BUSINESS APPLICATION FORM – *Children’s Fitness Center Program*

REQUESTED EFFECTIVE DATE:

Insured Information

Business Name		DBA					
Mailing Address		City		State		Zip	
Location Address: Must be listed if different than mailing		City		State		Zip	
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 or Tumblebus Program Only? <input type="checkbox"/> Yes <input type="checkbox"/> No							

Contact Name		Email Address		Website:			
Work Phone:		Fax		Cell		Home	
Tax ID or Social Security #		Year Business Started		Years prior ownership/related experience			
STATUS / Check One		<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation		<input type="checkbox"/> S-Corp	<input type="checkbox"/> Other

*** If less than 3 years in business you must attach a business resume ***

Prior Carrier Information

	Current Year	2 nd Prior Year	3 rd Prior Year
Liability Carrier:			
Policy Number:			
Policy Expiration:			
Annual Premium:			

Claim Information: *How many students have been injured in the last 3 years? None Listed Below

Type of Injury	1.	3.	5.
	2.	4.	6.

Additional Insured Information - Certificates

If you need to name an Additional Insured or send 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: _____ Address: _____ City/State/Zip _____ <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	Name: _____ Address: _____ City/State/Zip _____ <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
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DISCLAIMER: Please note that your Property, Automobile, Workers Compensation, or other policies are not included in this sports package. If you need coverage for any of these other policies, separate applications must be completed.

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	What are your Total Estimated Annual Gross Receipts?	Yes	No
1.	Are waivers and releases obtained from all participants, including adults? (Mandatory)		
2.	Do you have a written safety program, including procedures & rules concerning all activities?		
3.	Do you inspect equipment daily, keep inspection checklist & record of regularly scheduled maintenance?		
4.	Do you obtain national criminal background checks on primary coaches and volunteers?		
5.	Is the ratio of students to instructors for your overall activities 10:1 or less?		
6.	Do you have any trampolines or other rebound tumbling devices with posted rules for usage?		
7.	Do you have your own written rules of conduct regulations or by-laws for membership into your organization?		
8.	Has any policy or coverage been declined, cancelled or non-renewed in past 3 years? (If yes, explain below)		
9.	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 and Liability Limits must be equal to or greater than yours.		
10.	Do you offer licensed Day Care services? (If yes, please explain below) A Separate policy may be required. Day Care License Number: _____		
11.	Do you offer Parent's Day Out or Open Gym? (If yes, please explain below)		
12.	Do you have a booster club? Yes No If yes, are they a separate legal entity? Yes No If you share over 50% common ownership of Booster Club you can include them as an additional named insured With an annual premium charge of \$175.00. If you want this coverage, enter legal name of Booster Club to be insured: _____ Type of Activities performed by Booster Club: _____		
13.	Do you have a retail store on premises? If yes, annual sales \$ _____		
14.	Do you have an evacuation procedure and appropriate signs posted?		
Explanations for Questions 1-14 above (Attach additional pages if necessary)			

	Do you offer Birthday Parties? Yes No (If No, skip this section)	Yes	No
	Are Birthday Party attendees allowed on any gymnastics "skilled" equipment?		
	If your facility includes a Rock or Climbing Wall, are the Birthday Party attendees allowed on that apparatus?		
	Do you have any type of Inflatable or mechanical amusement device used by attendees of parties?		
	Are Birthday Party attendees allowed on trampolines? (If yes, explain protection used & supervision below)		
	What is the average number of attendees per party?		
	What is the ratio of staff members or instructors to attendees?		
	Briefly explain the type of activities normally offered at Birthday Parties or similar activities. Also, list all equipment used:		

Yes	No	THIS SECTION MUST BE COMPLETED, If answer is Yes, complete supplemental pages as shown
		Do you offer any overnight activities? If yes, complete Overnight Section (Page 6)
		Does your facility include a Rock Wall? *Harness & helmets required for walls over 10 feet What is the height of your wall: (___ 10' & under with pad) (___ 10'-1" to 20') (___ Over 20') Is the Rock Wall Portable and removed from premises at any time? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Does your facility include a Zip Line? If yes indicate: Height _____ Length _____
		Do you own/operate any Inflatable devices? (Does not mean air tracks) If yes, how many _____ List name of each inflatable
		Do you offer instructional swimming? If yes, Complete Pool Supplement Section (Page 6)
		Do you have a Soft Play unit (such as McDonalds/Discovery Zone?)
		Do you have a Foam Pit? If yes, are sides padded? <input type="checkbox"/> Yes <input type="checkbox"/> No Depth of Pit _____ Describe Padding:

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Business Name:	dba
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This Section is for class participation **ONLY**
 Indicate **AVERAGE** monthly student enrollment
 Example: Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec
 1 00 100 90 0 0 0 90 100 100 100 200 200
 == 1,080 ÷ 12 = 90 Average Monthly Students

Please complete this Section if you have any of the below activities

Include Team & Non Team Class Participation	18 & Younger	19 & Older
Cheerleading: Non-Competitive		
Cheerleading: Competitive		
Do you use a mat or a Springboard Floor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Gymnastics - Including Preschool Gymnastic Tumbling, Arts/Crafts, Music and Games NO ONE OVER 22 ON EQUIPMENT! (Do not include Mommy & Me or Tumblebus Participants - See Below)		
Dance		
Aerobics		
Rythmic Floor Exercise /Motor Skills		
Tumblebus (Mobile Program)		
Mommy & Me (Must have Adult Waiver)		
Martial Arts: Specify Type:		
Swimming - MONTHLY # of swimmers Number of months/year _____ (Complete Supplement Page 6)		
Before/After School Drop Off kids that Do not participate in any activity above		
Other (please list)		
TOTAL MONTHLY PARTICIPANTS		

Birthday Parties
 Number of Parties Per Year _____
 Average number of Participants/Party _____

Day Camps
 Total Number of Camp Days Per Year = _____
 Number of **DAILY** Campers **NOT** included in other Section as regular students = _____ / DAY

Overnight Camps & Sleepovers
 (Must complete Page 6)
 Total number of nights per year _____
 Number of **OVERNITE** Campers **NOT** included in other Section as regular students = _____ / NIGHT

Cheerleading & Gymnastics Competitions
Only include Non-Sanctioned Competitions Hosted by You
 Total number of **DAYS** competitions are held per year _____
 Number of students **PER DAY** = _____ (Not per Competition)

Number of Full & Part Time Coaches: _____

ACCIDENT RATING SECTION

****Number of students in age classification below should equal total average monthly participants shown above**

Student Ages	# of TEAM Students	Company Use	# of NON-TEAM Students	Company Use	
12 & Under					
13 - 15					
16 - 18					Accident
19 & Above			Include Mommy & Me		Catastrophic
COMPANY USE CAT	x =	Team Total	Parties	Non team Total	Total -Accident&CAT

It is understood and agreed that Accident coverage is "excess." No benefits will be payable for expenses covered under the medical expense benefit to the extent that benefits are provided therefore under any other policy or prepayment plan (including a plan under federal, state, or other governmental law, unless it is a requirement of such law that insurance benefits be paid first).

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**Sexual Abuse and Molestation coverage will be included if the following questions are answered "Yes"
If any of the below are answered "NO" coverage will not be included:**

	YES	NO
Does your organization have and enforce written standards regarding Sexual Abuse & Molestation?		
Does the employment application for your paid staff and volunteers include questions about whether they Have ever been convicted for any crime including sex-related or child abuse related offenses?		
Does your state permit you to do criminal background checks on prospective employees and/or volunteers? If yes, do you routinely request and receive such background checks?		
During your staff orientation do you discuss child/sexual abuse including how to recognize the signs and what to do if a staff personnel, child, or volunteer reports someone molested him/her and document it?		
Do you have a plan of supervision that monitors staff and volunteers in day-to-day activities with children?		
Do you have a crisis management plan for dealing with staff personnel, including volunteers, victims, parents, authorities and media if you have an incident of abuse?		

LOSS STATEMENT: My Business has had no General Liability claims or losses in the past 5 years unless stated below. Please list claims and losses even if nothing was paid on the claim or if you don't know how much was paid:

Date of Claim	Description of Injury or Claim	Amount Paid

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) 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. 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.

The undersigned authorized officer of the Applicant acknowledges that he/she is aware that the limit of liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of this policy.

The SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE. ALL undersigned authorized officers of the Applicant hereby further acknowledges that he/she is aware that legal defense costs that are incurred shall be applied against the retention amount.

Fraud Warning(s)

NOTICE TO APPLICANTS: 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Signed _____
Name

Title _____
Must be authorized owner or officer

Business Name

Date: _____

Attest: Snyder Insurance Services, Inc. & Insurasset.com, Inc. Producer: Raymond F. Snyder

Pool Supplement AND Overnight's

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Business Name	dba
Location of Pool: <input type="checkbox"/> At my facility <input type="checkbox"/> Other Location: (Address)	

Pool Supplement

Type of premises <input type="checkbox"/> Gym <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Apartment <input type="checkbox"/> Swim Club <input type="checkbox"/> Other		Hours of operation:	
Type of Pool <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> In Ground <input type="checkbox"/> Above Ground		Condition of Pool: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Length	Width	Depth: Shallow End	Deep End
Water Clarity <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor			
		YES	NO
1.	Does the public have use of the pool? If yes, is there a fee or admission charged?		
2.	Are lifeguards on duty during all hours of operation? Total number of lifeguards		
3.	Does Pool have a diving board? If yes, height above pool _____ Does it have handrails? <input type="checkbox"/> Yes <input type="checkbox"/> No Slip resistive surface? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4.	Is there a water slide? If yes, describe height and type of slide		
5.	Is there a wading pool? If yes, depth: _____		
6.	Is there a rope and float line separating the shallow from the deep end?		
7.	Is there a minimum 4" width line painted on the bottom separating the shallow from the deep end?		
8.	Does the pool have 2 entrances into the water, one at each end and consisting of ladders or stairs?		
9.	Do all stairs leading into the pool have at least one handrail and all ladders at least 2 handrails?		
10.	Are depth measurements plainly and conspicuously marked at or above the waterline?		
11.	Are minimum and maximum depths and all points of slope change marked?		
12.	Is the following safety equipment conspicuously and conveniently on hand at all times: a. A light, strong pole not less than 12 feet long including a body hook? b. A minimum throwing rope at least 50 feet long attached to a ring buoy? c. A telephone with 911 clearly listed?		
13.	Is the perimeter of the pool completely protected by a fence at least 4' in height?		
14.	Are all gates self-closing and have self-latching mechanisms at least 45" above the ground?		
15.	Does the pool have in-pool lighting or light of sufficient strength to illuminate the bottom?		
16.	Are eating and drinking allowed in the pool area?		
17.	Are all walking surfaces slip resistant?		
18.	Are the pool rules posted? List and describe signs posted		
19.	Is an analysis of the pool's temperature and chemical makeup made and recorded daily?		

Sleepover and Overnight Camp Supplement

		YES	NO
1.	Are any activities unsupervised? If yes, please list: _____		
2.	Is at least 1 person over the age of 25 on-site all night?		
3.	Are counselors/group leaders at least 18 years of age?		
4.	Is there any water-related activity or water hazard? Explain: _____		
5.	Is the camp classified as a "special needs" camp?		
6.	Is the camp coed?		
Director's # of years camp experience		What is ratio of supervisor to camper?	
Describe sleeping arrangements: _____			
Describe physical characteristics of camp: _____			
Details of each counselor's training: _____			
Describe all activities allowed at overnights: _____			

Signed by: _____

Date: _____

SNYDER INSURANCE SERVICES & INSURASSET.COM, INC.

WORKER'S COMPENSATION QUOTE REQUEST

Business Name		dba		
Mailing Address		City	State	Zip
Phone	Email	Contact Name		
REQUESTED EFFECTIVE DATE:				

Please complete ALL of the following information for an accurate proposal

Individual	Corporation	Subchapter S	Limited Corp	Other
Years in Business	Federal Tax ID number			# of Locations

LOCATIONS

	Street	City	County	State	Zip Code
1					
2					
3					

****List partners, officers, relatives working in the business and if they should be Included or Excluded from coverage**

#	Name	Birth Date	Title / Relationship	Duties Performed	Include or Exclude	Payroll Amount	Percent of Ownership
1							
2							
3							

Employees – DO NOT include Partners/Officers shown above

State of Employment	Location Number	Duties Performed (ie: Clerical/Coach/Manager)	Employees		Estimated Annual Payroll
			#Full Time	#Part Time	

Current Insurance – Do you have Workers Compensation now? YES NO

If yes, complete the following showing the last five years:

Effective Date	Company & Policy Number	Annual Premium	# of Claims	Amount Paid

If you have a Workers Compensation policy, please return the following items with your quote request:
1) Copy of current policy (1st pages), 2) Copy of Loss Runs for last 3 years, 3) Last four quarterly 941 forms

Has there been a change in ownership within the last 3 years? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, explain below	Do you have any volunteers? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, explain duties performed below
Explanation:	Explanation:

****Included Owners/Officers may be required to pay premium for amounts higher than actual salary depending on your state minimum requirements****

Signature: _____ Date: _____

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PROPERTY QUOTE REQUEST

Business Name: _____		DBA: _____	
Mailing Address: Street: _____		City: _____	State: _____ Zip: _____
Location: <input type="checkbox"/> Same as Mailing			
<input type="checkbox"/> Different than mailing: Street: _____ City: _____ State: _____ Zip: _____			
Work # _____	Fax # _____	Home # _____	Cell # _____
Number of Years in Business: _____		Number of Years related experience: _____	
ANNUAL GROSS RECEIPTS: _____			

REQUESTED EFFECTIVE DATE: _____	County property located in: _____
	Name of Fire Department/District: _____

COVERAGE LIMITS

Building Coverage	Personal Property	Business Interruption	Signs
\$ _____ Leased Owned Cause of loss – Special Coverage 100% Replacement Cost (90% Coinsurance \$1,000 Ded) Co Use Only - 4% Inflation Guard X Include \$25,000 Sewer Backup	Replacement Value \$ _____ (Amount of Business Equipment) 0% Inflation Guard (90% Coinsurance - \$1000 Deductible) X Include \$25,000 Sewer Backup	Coverage to help pay monthly expenses in the event of a claim \$ _____ Monthly Business Expenses Company Use Only BI Amount: _____	Actual Value \$ _____ Attached Detached Coverage Requested: Yes No

REQUIRED INFORMATION FOR PROPOSAL

Square footage of Entire Building _____ Square Footage Occupied _____ Year Built _____
 Type of Construction: Metal/Steel Brick/Masonry Wood Frame Other _____
 Type of other business occupancies that are in your building _____
 In a strip Mall: Yes No In an Industrial Park Yes No Double cylinder Deadbolts Yes No
 Burglar Alarm: None Central Local Manufacturer _____
 Fire Alarm: None Central Local Manufacturer _____
 Is there a working sprinkler system? Yes No If yes, % of building w/sprinkler _____
 If building is over 25 years old check the following items that have been updated and when work completed:
 Wiring/year _____ Roof/year _____ Heating/year _____ Plumbing/year _____
 Exposure to the right of your building _____ Distance _____
 Exposure to the left of your building _____ Distance _____
 Exposure behind your building _____ Distance _____
 Inside City Limits: Yes No Distance to Fire Department _____ miles Distance to hydrant _____ Ft
 *Number of Enclosed Pools _____ N/A Indoor Outdoor # of Diving boards _____ Fenced: Yes No
 Describe type of sign: _____ #of stories in building 1 1½ 2 Other _____

**Complete this section if a landlord, leasing company for equipment or mortgage company will need proof of coverage **

Mortgagee Name: _____ Street Address: _____ City/State/Zip _____	Landlord Loss Payee Mortgage Company Additional Insured Evidence of Insurance Only (If more than 1, attach additional pages if necessary)
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To the best of my knowledge, the following is a complete list of the losses we have incurred in the last five (5) years with respect to Property Insurance as it relates to the above Named Insured: None Details below

Date: _____	Type of Claim: _____	Amount Paid: _____
Date: _____	Type of Claim: _____	Amount Paid: _____
Date: _____	Type of Claim: _____	Amount Paid: _____

Signature: _____ Date: _____