

# Cheer Gyms and Gymnastic Schools/Clubs Supplemental Quote Request Form

Please retain a copy of this form for your records.

## GENERAL INFORMATION

Named insured (as it appears on your certificate of insurance): \_\_\_\_\_  
 Policy number (as it appears on your certificate of insurance): \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Cell: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

## EXPOSURE INFORMATION

Check one:  Adding additional participants to existing coverage       Adding new coverage

Effective date needed: \_\_\_\_/\_\_\_\_/\_\_\_\_

- Note:
- You must submit this request form prior to the effective date needed.
  - Coverage can be bound after acceptance and payment receipt of our quote. Please give ample time to allow for quoting and review by you as we cannot backdate coverage.
  - All participants are required to be reported. TBD numbers cannot be accepted.
  - Coverage must follow the same commercial general liability coverage/limits currently provided with your policy.

	Type of Activity/Programs/Classes	No. of Participants
<input type="radio"/>	<input type="radio"/> Cheer <input type="radio"/> Child/Adult instructional gymnastic classes <input type="radio"/> Competitive/Artistic gymnastics - level ____ <input type="radio"/> Mobile gymnastic programs <input type="radio"/> Trampolines (instruction/training classes/programs only) <input type="radio"/> Pre-school gymnastics <input type="radio"/> Recreational gymnastics <input type="radio"/> Rhythmic gymnastics <input type="radio"/> Sports acrobatics (USAG sanctioned only) <input type="radio"/> Tumble bus <input type="radio"/> Tumbling	ages 18 & over _____ 13 & 17 _____ 7-12 _____ 5 & 6 _____ 4 & under _____
<input type="radio"/>	Arts and/or Crafts	
<input type="radio"/>	Basketball and/or Volleyball	
<input type="radio"/>	Camps or Clinics	
<input type="radio"/>	Exercise and/or Yoga Please list types (subject to approval): _____	
<input type="radio"/>	Martial Arts Please describe type of programs/classes offered (subject to approval): _____	
<input type="radio"/>	Dance, Theater Arts and/or Drama Please describe type of programs/classes offered (subject to approval): _____	
<input type="radio"/>	Swimming programs or classes	
<input type="radio"/>	Trial or open gym participants	
<input type="radio"/>	Other (please describe): _____ Note: This is subject to approval by us.	
<input type="radio"/>	Birthday/Social parties	No. of parties

## EXPOSURE INFORMATION CONTINUED

### Sexual Abuse or Sexual Molestation Liability (optional coverage)

Check one

I currently have Sexual Abuse or Molestation Liability Coverage in place and need to add the additional participants/parties reported on the prior page to my coverage.

I would like to add this coverage to my policy and have completed the underwriting questions below.

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 and training 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 and training 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 contractors screening controls used by your organization.

Please Complete All Questions <small>The term "Volunteers/Independent contractors" in the following questions means someone, including parent volunteers, who exert control over or supervises participants.</small>	Employees	Volunteers/Independent Contractors
Do you have employees and/or volunteers/independent contractors?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Are employment/volunteer applications required?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
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?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
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
Are background checks provided by a third party vendor/service?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
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

Please explain any NO responses: \_\_\_\_\_

**Information and resources applicable to preventing, responding to and treating Sexual Abuse and Molestation can be found at [www.CDC.gov](http://www.CDC.gov)**

**Sadler & Company Inc. PO Box 5866, Columbia, SC 29250 Agent: John Sadler  
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Sadler & Company of SC, Inc. - AR (License #254179)/dba/aka Sadler Insurance Agency - CA (License #0B57651)/Sadler & Company, Inc. - FL (License #L006784)/dba & S&C Agency, Inc. - KY (License #624039)/Sadler and Company, Inc. - MN (License #20499566)/Sadler Agency - NY (License #PC - 532473 and LB-532473) / Sadler & Co Inc. - OK (License #100103956)/ Sadler & Company, Inc. - TX (License # 19495) / Sadler & Company Insurance Agency, Inc. - UT (License #105192)/ Sadler and Company - VT (License # 577)

# CERTIFICATE REQUESTS

**Complete this section if you require additional certificates listing a facility, property owner or similar third-party as an additional insured on your policy. Provide a separate request for each additional certificate needed.**

## **CERTIFICATE #1**

1. When is this certificate needed? : \_\_\_\_ / \_\_\_\_ / \_\_\_\_
2. What is the additional insured's relationship to you?  
 Owner/manager/lessor of premises (facility or venue)  Sponsor  Co-promoter  
 Other (please identify/explain): \_\_\_\_\_

NOTE: The certificate holder will automatically be an Additional Insured for an Owner/manager/lessor, Sponsor or Co-Promoter relationship

3. Certificate holder/additional insured name: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Does the certificate holder/additional insured require any special wording or endorsements?  Yes  No  
If yes, check all that apply:  CG2026  Primary/Noncontributory  Waiver of subrogation  
 Other (please explain): \_\_\_\_\_

**NOTE: If you are not sure, please attach a copy of the insurance requirements/instructions you've received.**

5. For specific events:  
Date(s) of event/activity: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Hours of event/activity: \_\_\_\_ A.M./P.M. to \_\_\_\_ A.M./P.M.  
Type of event/activity: \_\_\_\_\_ Name of event/activity: \_\_\_\_\_  
Location of event/activity: \_\_\_\_\_  
Replacement cost value: \_\_\_\_\_

**The most common delay in certificate processing is caused by providing partial or incorrect name and/or instructions.  
Please check your request carefully before submitting.**

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## **CERTIFICATE #2**

1. When is this certificate needed? : \_\_\_\_ / \_\_\_\_ / \_\_\_\_
2. What is the additional insured's relationship to you?  
 Owner/manager/lessor of premises (facility or venue)  Sponsor  Co-promoter  
 Other (please identify/explain): \_\_\_\_\_

NOTE: The certificate holder will automatically be an Additional Insured for an Owner/manager/lessor, Sponsor or Co-Promoter relationship

3. Certificate holder/additional insured name: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Does the certificate holder/additional insured require any special wording or endorsements?  Yes  No  
If yes, check all that apply:  CG2026  Primary/Noncontributory  Waiver of subrogation  
 Other (please explain): \_\_\_\_\_

**NOTE: If you are not sure, please attach a copy of the insurance requirements/instructions you've received.**

5. For specific events:  
Date(s) of event/activity: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Hours of event/activity: \_\_\_\_ A.M./P.M. to \_\_\_\_ A.M./P.M.  
Type of event/activity: \_\_\_\_\_ Name of event/activity: \_\_\_\_\_  
Location of event/activity: \_\_\_\_\_  
Replacement cost value: \_\_\_\_\_

**The most common delay in certificate processing is caused by providing partial or incorrect name and/or instructions.  
Please check your request carefully before submitting.**

## PLEASE READ AND SIGN

### Representation Statement

The undersigned authorized officer of the applicant declares that the statements set forth herein are true to the best of his or her knowledge. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) 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 complete the insurance.

I am aware that accurate reporting is required for premium calculation and that my books and records, as they relate to this coverage, may be examined or audited by the company at any time during the coverage period and up to three years thereafter. I acknowledge that intentional misrepresentation or misreporting may jeopardize coverage and that the company reserves the right to decline/void any ineligible coverage.

I further acknowledge that, I have reviewed all information provided with this enrollment form and understand the exclusions which apply, as well as the activities and operations for which coverage is not provided.

**Applicant business name** (from page 1): \_\_\_\_\_

**Applicant or agent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**If an agent:** Check here to acknowledge you are signing on behalf of the named insured

### 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 CA:** For your protection, California law requires that you be advised of the following:

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**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.