



# USASF CHEER GYM

## Insurance Program and Enrollment Form

This brochure is valid for effective dates from 11/1/24 through 10/31/25

### PROGRAM DESCRIPTION

This program has been designed for U.S.-based USASF cheer gyms, specializing in the instruction of cheerleading, STUNT and competitive dance. Coverage provided includes important liability protection for the gym, including its employees and volunteers, for liability claims arising out of its operations.

For eligible USASF Cheer Gyms covered operations consist of operations and activities at your locations involving registered members/participants of your USASF Cheer Gym for cheer, STUNT and dance programs and/or activity(s) under direct supervision or organized by you, that have been reported to and approved by the Company, and for which the applicable premium has been paid; and off-site competitions, demonstrations, parades and fundraising activities that are under your direct supervision, or organized by you. Ancillary events or activities at off-site locations involving registered members/participants under your direct supervision, or organized by you, that have been reported to and approved by the Company, and for which the applicable premium has been paid. Covered operations may also include Birthday/Social parties at your premises that are under your direct supervision or organized by you. Activities involving non-registered members/participants, under your direct supervision or organized by you, that have been reported to and approved by the Company, and for which the applicable premium has been paid. USASF Sanctioned meets, competitions, or events hosted by you under your direct supervision or organized by you.

In addition, covered operations includes virtual training/instruction under your direct supervision or organized by you. Virtual training/instruction does not extend to any activities that include: gymnastic apparatus, tumbling or stunting (including building of pyramids), or in-water activities.

Coverage is provided by a carrier rated A (Excellent) by A.M. Best Company.

### ELIGIBLE OPERATIONS

Cheer gyms that are members of the U.S. All Star Federation that are primarily dedicated to the instruction and training of cheerleading and competitive dance.

### INELIGIBLE OPERATIONS

- Gym operations that provide instruction using gymnastics apparatus (bars, beam, vault, etc.)
- Competition and event organizers
- College or university cheer squads

Contact us for other insurance programs specifically designed for the operations mentioned above.

This brochure is for illustrative purposes only, and is not a contract of insurance. You must refer to the actual coverage document for complete information regarding coverage terms, conditions and exclusions as they may change from one coverage term to the next. You may request a copy of the full policy by submitting a written request to us. The cost of this program includes premium and Athlete Protection Fund Fee.

### WAYS TO ENROLL FOR COVERAGE

Submit this enrollment form, with payment, to Insight Risk Management

**E-MAIL**

lkulbeth@irmllc.com OR  
bmcadden@irmllc.com

**FAX**

1-901-278-2635

**MAIL**

Insight Risk Management  
7200 Goodlett Farms Parkway  
Cordova, TN 38016

**QUESTIONS**

1-901-278-5375

## COVERAGES AND LIMITS

Coverages	Option 1		Option 2		Option 3		Option 4	
Each Occurrence	\$ 1,000,000		\$ 1,000,000		\$ 2,000,000		\$ 2,000,000	
General Aggregate (Other than Products-completed Operations)	\$ 5,000,000 (per location)		\$ 5,000,000 (per location)		\$ 5,000,000 (per location)		\$ 5,000,000 (per location)	
Products-completed Operations Aggregate	\$ 1,000,000		\$ 1,000,000		\$ 2,000,000		\$ 2,000,000	
Personal and Advertising Injury	\$ 1,000,000		\$ 1,000,000		\$ 2,000,000		\$ 2,000,000	
Damage to Premises Rented to You (Fire Legal Liability)	\$ 1,000,000		\$ 1,000,000		\$ 1,000,000		\$ 1,000,000	
Medical Expense (other than participants)	\$ 5,000		\$ 5,000		\$ 5,000		\$ 5,000	
Hired Auto Liability and Non-owned Auto Liability (not provided in IL, LA, UT, VT & WI)	\$ 1,000,000		\$ 1,000,000		\$ 2,000,000		\$ 2,000,000	
Professional Liability	\$ 1,000,000		\$ 1,000,000		\$ 2,000,000		\$ 2,000,000	
Bodily Injury to Participants Liability	\$ 1,000,000		\$ 1,000,000		\$ 2,000,000		\$ 2,000,000	
Medical Payments for Participants (excess)	\$ 25,000 \$100.00 per claim deductible applies		\$ 150,000 \$250.00 per claim deductible applies		\$ 25,000 \$100.00 per claim deductible applies		\$ 150,000 \$250.00 per claim deductible applies	
Annual Cost (per student/member)	All States, except HI	Hawaii	All States, except HI	Hawaii	All States, except HI	Hawaii	All States, except HI	Hawaii
USASF Member Gym Plan includes STUNT - All Ages	\$ 27.85	\$ 24.21	\$ 29.81	\$ 25.91	\$ 39.24	\$ 34.11	\$ 41.20	\$ 35.81
USASF Member Gym attending Non-USASF sanctioned events	\$ 41.56	\$ 36.15	N/A	N/A	N/A	N/A	N/A	N/A
Annual Minimum Cost	\$ 500.00		\$ 500.00		\$ 750.00		\$ 750.00	

• **Contact us at 1-901-278-5375 if higher limits are needed** •

**Coverage provided under this program includes:**

**Commercial General Liability with Enhancement Endorsement** – coverage which protects the insured against liability claims for bodily injury and property damage arising out of premises, operations, products and completed operations and personal and advertising injury. Additional or broadening coverages added with the enhancement endorsement are:

Extended Property Damage – expected or intended injury resulting from use of reasonable force to protect persons or property; Non-Owned Watercraft – extended to 58 feet; Property Damage to Borrowed Equipment; - \$10,000 each occurrence; Property Damage to Customers' Goods - \$10,000 each occurrence; Broadened Coverage – Damage to Premises Rented to You – definition expanded; Property Damage from Elevator Use; Personal and Advertising Injury from Televised or Videotaped Material (if not professionally produced); Medical Personnel - \$100,000 any one person; Broadened Definition of Insured – Newly Acquired or Formed Organization for Up to 180 Days; Supplementary Payments - \$2,500 Bail Bonds, \$500 a Day Loss of Earnings; Knowledge or Notice of Occurrence; Unintentional Failure to Disclose all Hazards; Waiver of Transfer of Rights of Recovery Against Others to Us (Waiver of Subrogation); Mental Anguish Resulting from Bodily Injury; Broadened Definition of Mobile Equipment

**Additional Coverages:**

- Emergency Real Estate Consultant Fee - \$25,000
- Identify Theft Exposure - \$25,000
- Key Individual Replacement Cost - \$50,000
- Lease Cancellation Moving Expense - \$2,500
- Temporary Meeting Place - \$25,000
- Terrorism Travel Reimbursement - \$25,000
- Workplace Violence Counseling - \$25,000

**Damage to Premises Rented to You** – This coverage is solely for the premises, and the contents of such premises, rented to you if the damage is caused by fire, lightning, explosion, smoke and leaks from sprinklers.

**Bodily Injury to Participants Liability** – coverage which offers protection against bodily injury liability claims brought by persons participating in covered activities of your cheer operations.

**Professional Liability** – provides protection against wrongful acts (negligent act, error, omission or breach of duty in the discharge of cheer activities) that occur under the operations of the insured.

## COVERAGES AND LIMITS CONTINUED

**Medical Payments for Participants** – coverage which pays the medical and dental expenses incurred by a “participant” when an accidental injury occurs while participating in your covered cheer operations. “Participant” means any:

- a. Person practicing for or participating in any physical exercise, athletic or recreational activity, game, sport, contest, performance, exhibition, or entertainment activity; or
- b. Member of the audience participating in any physical exercise, athletic or recreational activity, game, sport, contest, performance, exhibition, or entertainment activity.

“Participant” does not include any instructor, coach, official, referee, volunteer, or compensated member of your staff, including “employees” or independent contractors; nor does it include any member of the audience not described in Paragraph b. of this definition. The coverage is provided on an excess basis, responding after all other medical coverage available to the participant has been exhausted. If no other medical coverage exists, the coverage becomes primary. A \$100 or \$250 deductible applies to each claim, and the benefit period is two years from the date of the accident.

Medical Payments for Participants coverage is not extended to those non-registered members/participants of your hosted competition(s).

**Note:** You should require proof of medical payments for participants coverage being in place for all non-registered members/participants taking part in your hosted competition.)

**Hired Auto Liability and Non-owned Auto Liability** (not available for facility locations that are in: IL, LA, UT, VT & WI) – coverage which protects the insured against liability claims arising out of the maintenance or use of motor vehicles hired, leased, rented or borrowed by the insured on a short-term basis, as well as coverage for those autos your organization does not own, lease, hire, rent or borrow that are used in conjunction with your operations. Coverage does not extend to the transporting of participants, or the use of a multi-passenger vehicle (designed to carry 9 or more persons), or to those vehicles that are rented, hired or borrowed on a long-term basis.

## OPTIONAL COVERAGES AVAILABLE

### Subsidiary Activities Coverage

Subsidiary activities are considered to be activities such as camps and/or clinics, dance programs and/or classes, trial classes or open gym and yoga and/or exercise classes at your cheer gym where participants in these activities are non-registered member participants or are participants that are required to have a separate registration/enrollment in order to participate in these activities. Coverage is excluded for non-registered participants or those participants that are required to have a separate registration/enrollment unless this optional coverage is purchased.

Coverage Conditions:

1. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage with us for USASF’s Cheer Gyms RPG Insurance Program.
2. The same coverages and limits would apply to this optional coverage as purchased for your cheer gym.
3. A birthday/social party is not considered to be a subsidiary activity.

Cost (per participant, per camp and/or clinic)	All States, except HI	Hawaii
<b>Day/Weekly/Overnight Camp - per camp/clinic</b>		
Option 1 - \$1,000,000 CGL with \$ 25,000 Excess Medical	\$ 3.11	\$ 2.71
Option 2 - \$1,000,000 CGL with \$150,000 Excess Medical	\$ 3.62	\$ 3.15
Option 3 - \$2,000,000 CGL with \$ 25,000 Excess Medical	\$ 4.04	\$ 3.52
Option 4 - \$2,000,000 CGL with \$150,000 Excess Medical	\$ 4.55	\$ 3.96
<b>FUNDamentals Program – per activity</b>		
Option 1 - \$1,000,000 CGL with \$ 25,000 Excess Medical	\$ 15.77	\$ 13.71
Option 2 - \$1,000,000 CGL with \$150,000 Excess Medical	\$ 16.68	\$ 14.50
Option 3 - \$2,000,000 CGL with \$ 25,000 Excess Medical	\$ 21.12	\$ 18.36
Option 4 - \$2,000,000 CGL with \$150,000 Excess Medical	\$ 22.03	\$ 19.15
<b>Additional Sports Activities – per activity</b>		
Option 1 - \$1,000,000 CGL with \$ 25,000 Excess Medical	\$ 15.77	\$ 13.71
Option 2 - \$1,000,000 CGL with \$150,000 Excess Medical	\$ 16.68	\$ 14.50
Option 3 - \$2,000,000 CGL with \$ 25,000 Excess Medical	\$ 21.12	\$ 18.36
Option 4 - \$2,000,000 CGL with \$150,000 Excess Medical	\$ 22.03	\$ 19.15

## OPTIONAL COVERAGES AVAILABLE CONTINUED

### Sexual Abuse or Sexual Molestation Liability OR Abuse, Molestation, or Exploitation Defense Reimbursement

This program includes two options for coverage for claims arising out of sexual abuse or sexual molestation:

- Option 1: \$ 500,000 of liability coverage for sums the insured becomes legally obligated to pay as damages because of loss arising out of any actual or threatened sexual abuse or sexual molestation. This limit is part of, not in addition to the general liability limit selected.
- Option 2: \$100,000 of coverage for reimbursement of defense costs only resulting from claims arising out of abuse, molestation, or exploitation.

Coverage Conditions:

1. Coverage is contingent upon completion, as well as review/approval of the underwriting questions found on page 10.
2. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your cheer gym with us for USASF's Cheer Gym RPG Insurance Program.
3. Only one option may be purchased.
4. This coverage is 100% fully earned at inception.

Options	Age Group/Activity Type	Rate (per participant)	
		All States, except HI	Hawaii
<b>Option 1</b> - 500,000 w/\$1,000,000 aggregate Sexual Abuse or Sexual Molestation Liability (\$150.00 minimum premium applies)	Attend Non-sanctioned USASF events	\$ 6.90	\$ 6.00
	Cheer/STUNT Students	\$ 4.62	\$ 4.02
	FUNDamentals Program	\$ 2.62	\$ 2.28
	Additional Sports Activities	\$ 2.62	\$ 2.28
	Day/Weekly/Overnight Camp	\$ .52 (per camp/clinic)	\$ .45 (per camp/clinic)
<b>Option 2</b> - \$100,000 Abuse, Molestation, or Exploitation Defense Reimbursement	Flat Rate Per School/Club	\$ 100.00	\$ 100.00

### Equipment and Contents Coverage (Inland Marine)

This provides coverage for direct loss or damage to your supplies and equipment, furnishings, improvements and betterments, signs and leased personal property, HVAC or building glass where you are a tenant and who have contractual responsibility to insure due to fire, theft, vandalism or other covered causes (subject to actual policy terms and conditions). You must insure the full replacement cost of all of your equipment and contents to avoid a co-insurance penalty at the time of loss. Should you add additional equipment or contents to your inventory, please contact us to have your insured value amended to avoid a co-insurance penalty.

Additional coverages automatically included in the coverage form are

- Business Income with Extra Expense – actual loss sustained (up to \$50,000)
- Money and Securities Coverage - \$10,000 any one occurrence
- Valuable Papers and Records Coverage - \$10,000 on premises / \$2,500 off premises
- Account Receivable Coverage - \$10,000 on premises / \$2,500 off premises
- Employee Theft - \$5,000 any one occurrence
- Forgery or Alteration - \$10,000 any one occurrence
- Robbery or Safe Burglary of Other Property - \$10,000 inside the premises / \$10,000 outside the premises
- Additional Acquired Property – up to \$15,000
- Concession Equipment - \$50,000 any one occurrence
- Pollutant Cleanup - \$25,000

Coverage Conditions:

1. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your cheer gym with us for USASF's Cheer Gyms RPG Insurance Program
2. Coverage will be effective the day after we receive the proper completed enrollment form with premium and will expire on the expiration date of your USASF Cheer Gyms RPG Insurance Program.
3. Receipt of purchase is required at the time of loss to show verification of purchase for any improvements or betterments.

Total Value per Location	Rate		Deductible	Minimum Cost
	All States, except HI	Hawaii		
\$ 1 - \$ 10,000	\$ .033	\$ .03	\$ 250	\$ 100.00
\$ 10,001 - \$100,000	\$.0286	\$ .026	\$ 1,000	\$ 100.00
\$ 100,001 +	\$.0286	\$ .026	\$ 2,500	\$ 100.00

## EXCLUSIONS

The following represent only some of the exclusions contained in this policy and state variations may apply.

- Abuse, molestation, or exploitation
- Aerial silks exceeding 5 ft. in height
- All operations listed as ineligible
- Amusement devices (e.g.: rides, inflatables-unless reported/approved, bungees or dunk tanks)
- Asbestos
- Bodily injury to participants while in a hired auto or non-owned auto
- Childcare/babysitting services
- Circus training skills
- Climbing walls - exceeding ten (10) feet in height with no safety harness system, unless reviewed and approved by us
- Communicable diseases
- Employment-related practices
- Fungi or bacteria
- Lead
- Multi-passenger vehicles
- Nuclear energy liability
- Parkour, ninja, urban/extreme gymnastics, tricking, free-running and/or similar type activities/programs
- Pollution

## FREQUENTLY ASKED QUESTIONS

### 1. We are a newly formed gym and we are not sure how many students we will have, how should I report my student count?

You need to report the number of students you project to have within an annual term. You may add additional students at any time by using the gymnastics and cheer supplemental form.

### 2. Is coverage under this policy extended to independent contractors (non-employees) working on behalf of the gym?

Independent contractors (non-employees) are not covered under this program. We, however, do offer an insurance program specifically designed for independent contractors that directly supervise an individual or group engaged in sport activities. Within this coverage, the independent contractor instructor can list your cheer gym as an additional insured while instructing at your gym or as a part of your operations. Contact us at 1-901-278-5375 for more information.

### 3. Am I allowed to transport students to activities such as meets, tournaments or events?

This insurance program does not provide coverage for the transportation of students. Should the transportation of students be necessary for your operation, we suggest that you contact us at 1-901-278-5375.

### 4. Will we receive a policy after submitting the enrollment form?

A copy of the RPG master policy can be requested in writing to: Insight Risk Management, 7200 Goodlett Farms Parkway, Cordova, TN 38016.

### 5. Is my gym covered for a meet or tournament that we are hosting that involves non-registered students/members?

Yes, liability coverage is included for meets or tournaments you host that include students/members of your school, as well as non-registered students/members. Medical payments for participants coverage is not available for non-registered students.

### 6. What is Equipment and Contents Coverage (Inland Marine)?

This provides coverage for direct loss or damage to your supplies and equipment, furnishings, improvements and betterments, signs and leased personal property, HVAC or building glass where you are a tenant and who have contractual responsibility to insure due to fire, theft, vandalism or other covered causes (subject to actual policy terms and conditions). You must insure the full replacement cost of all of your equipment and contents to avoid a co-insurance penalty at the time of loss. Should you add additional equipment or contents to your inventory, please contact us to have your insured value amended to avoid a co-insurance penalty.





## BUSINESS INFORMATION CONTINUED

FOR ALL ACCOUNTS (New or Renewal), please complete the following:

1. Do you attend or participate in any competitions or events that are not sanctioned by USASF? If so, you must choose the \$41.56 (\$36.15 Hawaii) Option I rate on the next page.  Yes  No
2. Do you have activities that occur away from the facility location/premises other than competitions, demonstrations, exhibitions, parades or fundraising activities?  Yes  No  
If yes, please describe: \_\_\_\_\_  
(Activities held off-site must be reported prior to occurring and approved by us except for competitions, demonstrations, exhibitions, parades or fundraising activities.)
3. Do you have camps or clinics?  Yes  No  
If yes: a. Do non-members attend?  Yes  No  
(Non-member campers are excluded unless you purchase the optional subsidiary activity coverage available.)  
b. Describe the type of camps or clinics you may have along with the activities/events taking place at the camps/clinics: \_\_\_\_\_  
(Coverage can only be extended for those types of operations/activities that coverage has been purchased for under this program. Ancillary activities are subject to approval)  
c. Describe any activities that occur away from your facility: \_\_\_\_\_  
(Activities held off-site are subject to approval.)
4. Do you have child-care/babysitting services/pre-schools and/or accredited schools?  Yes  No  
(Child-care and/or babysitting services are excluded under this program.)
5. Do you have climbing devices?  Yes  No  
If yes: a. List maximum height of climbing device: \_\_\_\_\_ Describe the device: \_\_\_\_\_  
b. Is a safety harness required?  Yes  No  
(If over 10 feet, please include pictures of the device with this submission for review. Prior approval is required for climbing walls exceeding 10 feet with no safety harness.)
6. Do you have dance programs or classes and/or drama and theater programs or classes that are separate from your cheer program?  Yes  No  
(The following type of dance operations are not eligible for coverage under this program: ballroom rental facilities, banquet and reception halls, cabarets, dance halls, discotheques, nightclubs, production companies, professional dance companies and professional touring companies.)
7. Do you have inflatable devices that are not used for cheerleading training or instruction?  Yes  No  
Only those inflatable devices that are designed for gymnastics/cheer training are covered by this program (e.g.: Tumb Track & Air Track, etc.) Other inflatable recreation devices (e.g.: bounce houses, slides, obstacle courses, etc.) are excluded unless pre-approved by us. Please contact us for additional information and the supplemental questionnaire to complete. Additional premium may apply.
8. Do you have a swimming pool, sauna, steam room, jacuzzi, hot tub, whirlpool or spa?  Yes  No  
(Please contact us for additional information on coverages available for a swimming pool exposure and a questionnaire to complete. If approved, an additional premium applies, per pool. Swimming pools are excluded unless approved and appropriate premium paid. Saunas, steam rooms, jacuzzis, hot tubs, whirlpools and spas are excluded under this program, with no optional coverage available for these exposures).
9. If you suspect an athlete has a concussion, do you have an action plan that includes:
  - a. Immediately removing the athlete from play or practice?  Yes  No
  - b. Keeping the athlete out of play or practice until they provide written clearance from a licensed physician?  Yes  No

Insight Risk Management, LLC • 7200 Goodlett Farms Parkway, Cordova, TN 38016

• Phone 1-901-278-5375 • Fax 1-901-278-2635

Insight Risk Management, LLC is a producer in all states, CA #OI536256, TX #1861300, FL #L007299

## CERTIFICATE REQUESTS

Once your enrollment form is approved, you will receive a Certificate of Insurance as evidence that coverage is bound. **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.**

**Note: Please request all additional insureds needed for this policy term. Additional insureds from the expiring policy term will not be automatically renewed.**

1. When is this certificate needed? : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

2. This certificate is for:  General Liability Coverage  Equipment & Contents/Inland Marine Coverage (if applicable)

3. What is the additional insured's relationship to you?  Owner/manager/lessor of premises (facility or venue)

Sponsor  Co-promoter  Lessor of equipment/contents (liability)  Loss Payee (equipment/contents)

Other (please identify/explain): \_\_\_\_\_

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

4. Certificate holder/additional insured name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. 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 attached a copy of the insurance requirements/instructions you've received.**

6. For specific events: Date(s) of event/activity: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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: \_\_\_\_\_

7. For Loss Payee: Type of equipment (please describe): \_\_\_\_\_ 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.**

## PROGRAM COST CALCULATION

The cost due is determined by applying the appropriate option and rate for your cheer gym to the greatest number of students/registered members that your program could have annually.

**Cost Calculation - Please check the type of facility you operate, and the limit option needed:**

**USASF Member Gym that includes STUNT**

Option 1 - \$1,000,000 CGL with \$25,000 Excess Medical - Rate = \$27.85 per student, Hawaii Rate = \$24.21

Option 2 - \$1,000,000 CGL with \$150,000 Excess Medical - Rate = \$29.81 per student, Hawaii Rate = \$25.91

Option 3 - \$2,000,000 CGL with \$25,000 Excess Medical - Rate = \$39.24 per student, Hawaii Rate = \$34.11

Option 4 - \$2,000,000 CGL with \$150,000 Excess Medical - Rate = \$41.20 per student, Hawaii Rate = \$35.81

**USASF Member Gym that attends non-USASF sanctioned events**

Option 1 - \$1,000,000 CGL with \$25,000 Excess Medical - Rate = \$41.56 per student, Hawaii Rate = \$36.15

Rate	X	# of Students/Members	=	Annual Cost
\$	X		=	\$
<b>Program Minimum Cost</b> - enter the minimum premium that correlates to your limit choice \$1,000,000 limit = \$500; \$2,000,000 limit = \$750				\$
<b>Program Cost</b> The minimum cost of \$500 or \$750 will apply if the annual cost does not exceed \$500 or \$750. If the annual cost exceeds the Program minimum cost, enter that amount here. Otherwise, enter the Program minimum cost here				\$
Athlete Protection Fund Fee \$1.00	x	_____ total # of students/ members from above	=	\$ (a)
<b>Total Program Cost</b> (add a + b)				\$ (b)



## OPTIONAL COVERAGES PREMIUM CALCULATION

### Subsidiary Activities

Please check one option and complete calculations below. (Note: The option chosen must be selected for all subsidiary activities.)

Select all of the activities you may have and report the total number of non-registered members of the gym and/or the number of separately enrolled participants in each of the activities listed below.

- Option 1 - \$1,000,000 CGL with \$ 25,000 Excess Medical
- Option 2 - \$1,000,000 CGL with \$150,000 Excess Medical
- Option 3 - \$2,000,000 CGL with \$ 25,000 Excess Medical
- Option 4 - \$2,000,000 CGL with \$150,000 Excess Medical

	Type of Activity	Number of Participants	X	Option	Rate		=	Annual Premium	
					All States, except HI	Hawaii			
<input type="radio"/>	Day/Weekly/Overnight Camp - per camp/clinic		X	<input type="radio"/> Option 1 <input type="radio"/> Option 2 <input type="radio"/> Option 3 <input type="radio"/> Option 4	\$ 3.11 \$ 3.62 \$ 4.04 \$ 4.55	\$ 2.71 \$ 3.15 \$ 3.52 \$ 3.96	=	\$	
<input type="radio"/>	Dance Programs and/or Classes (additional sports activities)		X	<input type="radio"/> Option 1 <input type="radio"/> Option 2 <input type="radio"/> Option 3 <input type="radio"/> Option 4	\$ 15.77 \$ 16.68 \$ 21.12 \$ 22.03	\$ 13.71 \$ 14.50 \$ 18.36 \$ 19.15	=	\$	
<input type="radio"/>	FUNDamentals Program		X	<input type="radio"/> Option 1 <input type="radio"/> Option 2 <input type="radio"/> Option 3 <input type="radio"/> Option 4	\$ 15.77 \$ 16.68 \$ 21.12 \$ 22.03	\$ 13.71 \$ 14.50 \$ 18.36 \$ 19.15	=	\$	
<input type="radio"/>	Trial Classes and/or Open Gym (additional sports activities)		X	<input type="radio"/> Option 1 <input type="radio"/> Option 2 <input type="radio"/> Option 3 <input type="radio"/> Option 4	\$ 15.77 \$ 16.68 \$ 21.12 \$ 22.03	\$ 13.71 \$ 14.50 \$ 18.36 \$ 19.15	=	\$	
<input type="radio"/>	Yoga and/or Exercise Classes (additional sports activities)		X	<input type="radio"/> Option 1 <input type="radio"/> Option 2 <input type="radio"/> Option 3 <input type="radio"/> Option 4	\$ 15.77 \$ 16.68 \$ 21.12 \$ 22.03	\$ 13.71 \$ 14.50 \$ 18.36 \$ 19.15	=	\$	
<input type="radio"/>	Other (please describe) _____ _____ Note: This is a subject to approval by K&K (additional sports activities)		X	<input type="radio"/> Option 1 <input type="radio"/> Option 2 <input type="radio"/> Option 3 <input type="radio"/> Option 4	\$ 15.77 \$ 16.68 \$ 21.12 \$ 22.03	\$ 13.71 \$ 14.50 \$ 18.36 \$ 19.15	=	\$	
<b>Total Subsidiary Activities Premium</b> (add all lines above)									\$

## OPTIONAL COVERAGES PREMIUM CALCULATION CONTINUED

### Sexual Abuse or Sexual Molestation Liability Coverage OR Abuse, Molestation, or Exploitation Defense Reimbursement

Coverage is contingent upon underwriting review and approval of the following questionnaire.

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

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? If yes, please explain: \_\_\_\_\_  Yes  No
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 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.

<b>Please Complete All Questions</b>	<b>Employees</b>	<b>Volunteers/Independent contractors</b>
<small>The term "Volunteers/Independent contractors" in the following questions means someone who exerts control over or supervises participants.</small>		
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 employee/volunteer/independent contractor 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 to questions asked in #5: \_\_\_\_\_

Options	Activity Type	Rate (per participant)		X	Total # of Students/ Participants (see pg 8 & 9)	=	Premium
		All States, except HI	Hawaii				
<input type="radio"/> <b>Option 1 - \$500,000 w/ \$1,000,000 aggregate Sexual Abuse or Sexual Molestation Liability</b>	Attends Non-sanctioned Events Member	\$ 6.90	\$ 6.00	X		=	\$
	Cheer/STUNT Student	\$ 4.62	\$ 4.02	X		=	\$
	FUNdamental Program	\$ 2.62	\$ 2.28	X		=	\$
	Additional Sports Activities	\$ 2.62	\$ 2.28	X		=	\$
	Day/Weekly/Overnight Camp/Clinic	\$ .52	\$ .45	X		=	\$
	<b>TOTAL Sexual Abuse/Sexual Molestation Liability Premium</b> (add all lines above, \$150.00 minimum premium applies)						
<input type="radio"/> <b>Option 2 - \$100,000 - Abuse, Molestation, or Exploitation Defense Reimbursement</b>							\$100.00

# OPTIONAL COVERAGES PREMIUM CALCULATION CONTINUED

## Equipment and Contents Coverage (Inland Marine)

**Check here and skip this section if you do not want this coverage option**  
 TO AVOID A CO-INSURANCE PENALTY, YOU MUST INSURE 100% OF THE REPLACEMENT COST OF YOUR EQUIPMENT AND CONTENTS FOR ALL OF YOUR LOCATIONS.

**Step 1: Fill in the values to determine your total replacement cost amount for ALL locations**

<b>Individually list any items with values over \$5,000</b>	<b>Value</b>
_____	\$ _____
_____	\$ _____

**Provide values for categories below**  
 (DO NOT include those values already shown above)

Supplies & Inventory (office supplies, items held for sale)	\$ _____
Equipment & Contents (athletic equipment, electronics, furniture, non-structural glass, phone/fax system, office contents, etc.)	\$ _____
Improvements & Betterments (items you have installed or altered at your expense, such as flooring, mirrors, ceiling tile, window treatments, lighting, shelving, etc.) - Receipt of purchase is required at the time of loss to show verification of purchase.	\$ _____
Signs (indoor or outdoor)	\$ _____
Misc. Equipment - please describe: _____	\$ _____
_____	\$ _____
<b>Total replacement value for all location(s) (add all lines above)</b>	<b>\$ _____</b>

**Step 2: Complete ONLY if your replacement cost value is over \$100,000**

1. Please describe the building type your equipment is stored in (e.g.: frame or fire resistive warehouse)  
 \_\_\_\_\_
2. Do you have a security system in place?  Yes  No
  - a. If yes, please describe: \_\_\_\_\_
3. Is any other operations, besides your own, or equipment of others stored in the same facility in which you store your equipment?  Yes  No
  - a. If yes, please describe: \_\_\_\_\_
4. Please attach a complete inventory list with values of each item

**Step 3: Calculate premium**

(If total calculated premium is less than the minimum premium, the total premium due is the minimum premium.)

Equipment and Contents Premium			
<input type="radio"/> <b>My total replacement value is between \$1 – \$10,000</b> (\$250 deductible will apply)			
Rates: All States except Hawaii = \$.033		Hawaii Applicant = \$.03	
\$ _____	x \$ _____	= \$ _____	\$ _____ (C)
Rate	Total Replacement Value		Equipment and Contents Premium (\$100.00 minimum premium applies)
<input type="radio"/> <b>My total replacement value is over \$10,000</b> (\$10,001 - \$100,000 value = \$1,000 deductible and \$100,001+ = \$2,500 deductible)			
Rates: All States except Hawaii = \$.0286		Hawaii Applicant = \$.026	
\$ _____	x \$ _____	= \$ _____	\$ _____ (C)
Rate	Total Replacement Value		Equipment and Contents Premium (\$100.00 minimum premium applies)

## TOTAL COST SUMMARY

Please complete with premium/cost total for each coverage selected or if indicate coverage is not needed.	Coverage Not Needed	
Total Program Cost (page 8)	\$	
Subsidiary Activities - optional coverage (page 9)	\$	<input type="radio"/>
Sexual Abuse/Sexual Molestation Premium - optional coverage (page 10) <input type="radio"/> \$100,000 Defense Reimbursement Only OR <input type="radio"/> \$1,000,000 Liability Limit	\$	<input type="radio"/>
Equipment and Contents Premium - optional coverage (page 11)	\$	<input type="radio"/>
<b>Subtotal Due</b> (add all lines above)	\$	A
Annual Risk Purchasing Group Administration Fee (Required)	\$	15.00 B
<b>Total Cost Due</b> (add lines A + B)	\$	

**COSTS ARE 20% FULLY EARNED AND NON-REFUNDABLE/NON-TRANSFERRABLE ONCE COVERAGE BEGINS\***

**COVERAGE IS CONTINGENT UPON RECEIPT OF PAYMENT AND A FULLY COMPLETED ENROLLMENT FORM.**

**NO COVERAGE WILL BE DEEMED IN EFFECT UNTIL THE ACCURATE PAYMENT IS RECEIVED BY THE COMPANY OR THEIR REPRESENTATIVE.**

**CANCELLATIONS/CHANGES CAN ONLY BE MADE BY THE NAMED INSURED.**

\*See page 4. Sexual Abuse/Sexual Molestation options are 100% fully earned at inception (may vary by state).

## COVERAGE EXCLUSIONS

The following notable exclusions are contained in the commercial general liability coverage provided by this program (note: state variations may apply). Abuse, molestation, or exploitation (unless optional coverage is reported, approved by us, and appropriate premium paid); Acrobatic or circus skilling training; Any adult-themed parties/meetings/trip, including but not limited to parties/meetings, trips during which demonstration of products and/or services used in the adult entertainment industry take place; Asbestos; Bodily injury to participants while in a hired auto or non-owned auto; Childcare and/or babysitting services; Commercial general liability standard exclusions (CG0001 4/13 edition); Cap on losses from certified acts of terrorism; Communicable disease; Cryogenic chambers/therapy; Cyber incident, data compromise, and violation of statutes related to personal data; Cycling (other than stationary); Dance operations that are not eligible for coverage under this program: ballroom rental facilities, banquet and reception halls, caberets, dance halls, discotheques, nightclubs, production companies, professional dance companies and professional touring companies; Employment related practices; Fireworks; Fungi or bacteria; High wires, ribbon/fabric performing devices or trapeze systems more than 5 feet from the ground without a safety harness; Instruction/activities held on or in open water (e.g.: lakes, ponds, ocean); Lead; Martial arts styles consisting of: the sport of boxing (contact/sparring), dim mak, haganah, kali/eskrima, 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 the sport of wrestling; Massage therapy; Medical, therapy or health care services; Multi-passenger vehicles; Nuclear energy; Operations related, in whole or in part, to performance as an exotic dancer or any similar occupation in the adult entertainment industry; Parkour, obstacle course, ninja, free-running, tricking, urban gymnastics, extreme tumbling, or any similar type programs; Salon services or indoor tanning; Saunas, steam rooms, Jacuzzis, hot tubs, whirlpools or spas; Sexually transmitted disease; Silica or silica-related dust; Specified recreational vehicles and activities – Aircraft/hot air balloon; Airport; Amusement device (the ownership, operation, maintenance or use of any device or equipment a person rides for enjoyment, including, but not limited to: mechanical or non-mechanical ride, slide, or water slide (including any ski or tow when used in conjunction with a water slide); inflatable recreational device, unless optional coverage is reported, approved by us, and the appropriate premium paid; vertical device or equipment used for climbing either permanently affixed or temporarily erected unless it is a climbing wall exceeding (10) feet in height with no safety harness system. Amusement device does not include any video games or computer games or any device that is specifically designated for the training or instruction of the activity for which you are enrolled; Animal; Bungee; Dunk tank; Haunted attraction; Performer (injury or death to any performer or entertainer during any activity, event or exhibition including but not limited to any stunt, concert, show or theatrical event. This exclusion does not apply to participants in any activity, event or exhibition that are part of the designated operations for which you are enrolled); Rodeo; Saddle animal; Snowmobile; Sports rehabilitation services/therapy; Swimming pools (unless reported to, approved by us, and appropriate premium paid); The sale or distribution of medicinal, herbal and/or nutritional products; Total pollution with a building heating, cooling & dehumidifying equipment exception and hostile fire exception; Trampoline parks/facilities; Unmanned aircraft; Use of projectile weapons including, but not limited to firearms and tasers, and defense sprays; Use of sharpened/bladed weapons; Those operations listed as ineligible: Gym operations that provide instruction using gymnastic apparatuses (e.g. bars, beam, vault, etc.); Competition and event organizers; College or university cheer squads/teams

## 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 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.

**PLEASE READ AND COMPLETE #9 BELOW (if you do not wish to receive documents via email), and SIGN 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.

Insight Risk Management (Insight), 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 Insight, 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: Insight Risk Management; 7200 Goodlett Farms Parkway, Cordova, TN 38016.
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 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 <https://irmllc.com/privacy-statement/>.
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: \_\_\_\_\_

**REPRESENTATION STATEMENT**

**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 6): \_\_\_\_\_

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

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

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

## PAYMENT PLAN OPTIONS

Applicant business name: \_\_\_\_\_ Effective date: \_\_\_\_\_

**Step 1: Select Payment Plan:** Check one.

- 100% Plan** - 100% of the total premium is due to bind coverage
  
- 30% / 70% Plan**
  - 30% of the total premium + \$15 RPG fee is due to bind coverage
  - The balance of the premium (70%) will be due within 30 days of the effective date
  
- 25% + 3 Plan**
  - 25% of the total premium + \$15 RPG fee is due to bind coverage
  - The balance of the premium will be due in (3) consecutive monthly installments

**Step 2: Select future installment option:** Check one.

- Please mail me an invoice for any future balance/installments
  
- If paying by credit card, please automatically charge my credit card provided below for any outstanding balances or installments.

**Step 3: Making your Payment:**

**Pay by credit card:**

- Please complete the information below, so we may contact you for payment information. We are no longer able to accept credit cards via email or fax.

Contact name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Best hour(s) to call: \_\_\_\_\_

**OR**

- **Mail** See below for mailing address

**Pay by check:** (Payable to: K&K Insurance Group)

- **Mail** Insight Risk Management  
7200 Goodlett Farms Parkway  
Cordova, TN 38016

**NOTE: This option could delay coverage being bound by up to 2 weeks.**