



PO Box 3870, Glen Allen, VA 23058-3870
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 www.markelinsurance.com

Cheerleading General Liability Insurance Application

Bruce Kay - License #A137679

Ineligible Operations are: Instructing & training on Olympic gymnastics apparatus; Overnight camp operations; Competition and event organizers; Recreation or High School Teams; Adult, College or University Cheer Squads

Section I - General Information

Business Ownership Type and Name:

Individual First Name: _____ Last Name: _____

Doing Business As: _____

Corporation LLC Partnership Organization

Name as it should appear on the policy: _____

Doing Business As: _____

Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ E-mail: _____

Fax: (____) _____ Web Site: _____

Are you a member of NACCC? Yes No

Are you a member of USASF? Yes No

Other Cheerleading organization(s) or association(s) with which you are affiliated: _____

Section II - Business Information

Please indicate liability limit requested: \$500,000 \$1,000,000

Accident Medical Coverage is mandatory. Please indicate limit requested: \$10,000 \$25,000 \$50,000

Years in business: _____ # Years at this location: _____ # Years experience of current management: _____

Please indicate the desired effective date: _____ / _____ / _____
month / day / year

Section III - Location Information

How many locations do you have? _____

(If more than one location, please complete an Additional Location Form for each one.)

Location1: Street address: _____

City: _____ State: _____ Zip: _____

1. Do you own or rent facility? Own Rent If private residence, check here:

If renting, Landlord Name: _____

Landlord Mailing Address: _____

2. Do you sublease, rent, or allow other people, organizations, clubs, or associations to use your facility or equipment at any time for any reason? Yes No
- If Yes: a) To whom? _____
- b) For what purpose? _____
- c) Do you require a Hold Harmless or Certificate of Insurance? Yes No
(If Yes, please attach a copy.)
3. Is this your primary occupation? Yes No If not, what is? _____
4. Please describe other business activities you own, operate, or manage: _____

5. Other income at any of your locations? Yes No Amount \$ _____
If yes, please describe sources (including other businesses or activities) _____

Section IV – Insurance Information

6. Is facility currently insured? Yes No Annual Premium: \$ _____
Insurance Company Name (*not agency*): _____
7. Has a liability or medical claim been made in the last 4 years? Yes No
- | If Yes:
Date of Loss | Type of Loss
(Acc. Med, Liability) | Description of Loss | Amount of Loss |
|-------------------------|---------------------------------------|---------------------|----------------|
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
8. Has a previous insurer refused to renew or cancelled your insurance coverage in the last 5 years? Yes No
If Yes, explain: _____

Section V – Census/Eligibility Information

- Location 1:**
9. Number of instructors: Full Time: _____ Part Time: _____ Student: _____
10. Do you have any instructors under age 21? Yes No
a) If Yes, is there always adult supervision overseeing their activities? Yes No
(Adult is defined as 21 years of age or older.)
11. What is the student/instructor ratio in a typical class? _____ students per instructor
12. What is the maximum number of students projected to be enrolled at the busiest time of year?
- | <i>By Age:</i> | <u>Number of Students</u> | <i>By Competition Classification Level:</i> | <u>Number of Students</u> |
|---------------------------|---------------------------|---|---------------------------|
| Under 6 years of age: | _____ | Beginners: | _____ |
| 6 to 18 years of age: | _____ | Intermediate: | _____ |
| Over 18 years of age: | _____ | Advanced: | _____ |
| Total number of students: | _____ | Adult: | _____ |

13. Do you require a waiver to be signed by parents/guardians for each student at all locations? Yes No
(If Yes, please attach a sample copy.)

a) Do you have written emergency procedures in place in the event of an injury? Yes No

b) Are all coaches and staff aware of these procedures? Yes No

c) Do you require physical exams? Yes No

14. Do you instruct "special needs" children? Yes No

If Yes: a) Number of participants with "special needs": _____ Participants per instructor ratio _____

b) Do you participate in the Special Olympics? Yes No

c) Have instructors had any special training? Yes No

If Yes, what kind of training? _____

At all locations:

15. Do you subscribe to NACCC or USASF safety guidelines and rules? Yes No

16. Have coaches/instructors completed AACCA safety certification or another safety program sponsored by NACCC or USASF? Yes No

If Yes: When? _____ Conducted by whom? _____

17. Is all equipment supervised by an instructor when being used by students? Yes No

18. Is the gym/cheer practice area secured when not in use? Yes No

19. Do you have any homemade or modified equipment or landing mats? Yes No

20. Do you have inflatable equipment? Yes No

If other than an AirTrak, please complete Inflatable Equipment Supplement.

If Yes: a) Is it used: To enhance cheer performance only (ex. AirTrak)

For play/recreational purposes

b) Is equipment used off site? Yes No

c) Is it rented out? Yes No

21. Do you have a spring floor? Yes No

22. Do you use trampolines or mini-trampolines? Yes No

Section VI – Financial Information

23. Annual gross receipts from tuition/membership fees (for all locations): \$ _____

24. Do you sell products at any of your locations? Yes No

If Yes: a) Annual gross receipts from products: \$ _____

b) Describe products sold: _____

c) Do you manufacture or re-label any as your own product? Yes No

d) If Yes, which products? _____

25. Do you have fitness equipment and/or weights that are used by anyone other than your cheer students at any location?

Yes No If Yes, annual gross receipts for this operation? \$ _____

26. Do you have any of the following at Location 1:		# Annually	# of Participants	# of Instructors/ Chaperones	Receipts
a) Birthday parties?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	\$_____
b) Exhibitions/Demos?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	\$_____
c) Sleepovers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	\$_____
d) Open Gym?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	\$_____
e) Hosted competitions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	\$_____
f) Fundraisers/Special Events?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	\$_____

If Yes, describe events: _____

Section VII – Safety/Activities Information

At all locations:

27. Are the individual cheerleaders' abilities and skill level assessed on an annual basis for team placement? Yes No
28. How often do you inspect your equipment/apparatus? Daily Weekly Monthly Other _____
29. If you have equipment, do you keep a maintenance log? Yes No N/A
30. Do you follow the NACCC's or USASF's recommended guidelines for number of spotters? Yes No
31. Do you train students for proper spotting techniques? Yes No
32. Do you require proficiency before skill progression? Yes No
33. Do you have Dance students that do not cheer? Yes No (If Yes, please complete Dance Application.)
34. Are teams/individuals supervised at all times by a qualified coach in a safe facility with proper floors and mats? Yes No
35. Do you mandate floor mats for complex stunts if not on a spring floor? Yes No
36. Is someone who is trained in First Aid and CPR present at all practices? Yes No
37. Do your pyramids go higher than 2-1/2 people? Yes No
38. Do you allow only advanced students to perform pyramids higher than 2 people? Yes No
- a) Do you toss from one base to another base? Yes No
- b) Do you participate in more than 10 competitions a year? Yes No
- If Yes, number of competitions/year: _____
39. Do you have Camps with activities other than cheerleading? Yes No
(If Yes, please complete Travel/Tournaments/Camps & Competitions Supplement.)
40. Do you travel for any events? Yes No If yes, complete Travel & Tournaments Supplement.
41. Do you have Tanning Beds? Yes No If yes, please complete Tanning Bed Supplement.
42. Do your students participate in competitions that are governed by NACCC/USASF rules? Yes No
If no, whose rules do you follow? _____
43. Please list any other activities you offer: _____
44. Do you have a program for strength and conditioning training? Yes No
45. Does facility operate a licensed child care center or babysitting? Yes No
(If Yes, please complete Child Care Application.)
46. Do you have a climbing wall? Yes No (If Yes, please complete our Climbing Wall Supplement)

Please Note: Coverage is not included for booster club activities unless the booster club is operating in the corporate name and is not a separate entity.

Fraud Warning: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Certification: I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which materially affects this insurance has been withheld:

Agency Information			
Agency Name:_____	Contact:_____		
Agency Address:_____			
City:_____	State:_____	Zip:_____	
Phone:_____	Fax:_____	E-mail: _____	

How did you hear about us? (Check one)

- Previously Insured with Market
- Magazine Ad (specify):_____ Referred by:_____
- Web site/search engine:_____ Other (specify):_____

Additional coverage is available. If you would like a quote on any of the following, please check the appropriate box(es), and applications will be mailed to you. For faster service, call us at 800-640-6601.

Please send me an application for the following additional coverages:

Property:

- Building
- Contents/Equipment
- Sign
- Crime
- Business Income
- Umbrella Liability

Please include the following with your application:

- Hold Harmless Agreements or Certificates of Insurance (if you lease or sublease space)
- Resumes of Directors and Instructors (if business has been in operation less than 3 years)
- Claims experience ("loss runs") from current insurer
- List of products sold
- Supplements where required, as stated throughout this application
- Copy of Waiver or Hold Harmless Agreement signed by Parent/Guardian

Cheerleading Application - Additional Location Form

Insured Name: _____

Street address: _____

City: _____ State: _____ Zip: _____

1-2. Do you own or rent facility? Own Rent If private residence, check here:

If renting, Landlord Name: _____

Landlord Mailing Address: _____

2-2. Do you sublease, rent, or allow other people, organizations, clubs, or associations to use your facility or equipment at any time for any reason? Yes No

If Yes: a) To whom? _____

b) For what purpose? _____

c) Do you require a Hold Harmless or Certificate of Insurance? Yes No
(If Yes, please attach a copy.)

3-2. Number of instructors: Full Time: _____ Part Time: _____ Student: _____

4-2. Do you have any instructors under age 21? Yes No

a) If Yes, is there always adult supervision overseeing their activities? Yes No
(Adult is defined as 21 years of age or older.)

5-2. What is the student/instructor ratio in a typical class? _____ students per instructor

6-2. What is the maximum number of students projected to be enrolled at the busiest time of year?

By Age:

Number of Students

Under 6 years of age: _____
6 to 18 years of age: _____
Over 18 years of age: _____
Total number of students: _____

By Competition Classification Level:

Number of Students

Beginners: _____
Intermediate: _____
Advanced: _____
Adult: _____

7-2 Do you instruct "special needs" children? Yes No

If Yes: a) Number of participants with "special needs": _____ Participants per instructor ratio _____

b) Do you participate in the Special Olympics? Yes No

c) Have instructors had any special training? Yes No

If Yes, what kind of training? _____

8-2. Do you have any of the following at Location 2:

			# Annually	# of Participants	# of Instructors/ Chaperones	Receipts
a) Birthday parties?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____	\$ _____
b) Exhibitions/Demos?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____	\$ _____
c) Sleepovers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____	\$ _____
d) Open Gym?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____	\$ _____
e) Hosted competitions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____	\$ _____
f) Fundraisers/Special Events?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____	\$ _____

If Yes, describe events: _____