



ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

GYMNASTICS DISCOVERY QUESTIONNAIRE

THIS IS FOR QUOTATION PURPOSES ONLY—THIS IS NOT A BINDER

PROPOSED EFFECTIVE DATE: _____

General Information

1. Applicant (as it would appear on the coverage contract): _____
2. Doing Business As: _____
3. Does the organization engage in any other business operations under this name? Yes No
4. Mailing Address: _____
City: _____ State: _____ Zip: _____
5. Contact Person: _____ Years Experience: _____
Contact Person is: Owner Manager Promoter Management Other: _____
6. Day Phone: _____ Evening Phone: _____ Fax Number: _____
7. Web Address: _____ E-Mail Address: _____
8. Is this a new business? Yes No
If no, how many years have you been in business? _____
9. Applicant is: Individual Corporation Partnership Joint Venture Other: _____
10. Length of season: _____

Insurance History

11. Who was your last or is your current insurance carrier? _____
12. What is or was your annual premium? _____
13. Describe your claims and loss history: _____

Underwriting Information

14. Limits of Liability Requested:

<input type="checkbox"/> 50,000 per accident / 100,000 annual aggregate	<input type="checkbox"/> 100,000 per accident / 200,000 annual aggregate
<input type="checkbox"/> 100,000 per accident / 300,000 annual aggregate	<input type="checkbox"/> 200,000 per accident / 300,000 annual aggregate
<input type="checkbox"/> 200,000 per accident / 500,000 annual aggregate	<input type="checkbox"/> 300,000 per accident / 500,000 annual aggregate
<input type="checkbox"/> 300,000 per accident / 300,000 annual aggregate	<input type="checkbox"/> 500,000 per accident / 500,000 annual aggregate
<input type="checkbox"/> 300,000 per accident / 1,000,000 annual aggregate	<input type="checkbox"/> 500,000 per accident / 1,000,000 annual aggregate
15. Self-Insured Retention: 1,000 2,500 5,000 Other: _____
16. Physical Address of Facility: _____
Square footage: _____
17. Number of enrollees annually: _____
18. List all locations where activities are to take place: _____

19. Check all apparatus and training tools available at your gymnasium:

<input type="checkbox"/> Spring/foam floor	<input type="checkbox"/> Solid foam training pit
<input type="checkbox"/> Loose foam training pit	<input type="checkbox"/> Trapeze
<input type="checkbox"/> Overhead-mounted spotting belt	<input type="checkbox"/> Still rings
<input type="checkbox"/> Vaulting horse	<input type="checkbox"/> Pommel horse
<input type="checkbox"/> Uneven parallel bars	<input type="checkbox"/> Balance beam
<input type="checkbox"/> Horizontal bar	<input type="checkbox"/> Trampoline
<input type="checkbox"/> Mini trampoline	<input type="checkbox"/> Double mini trampoline
<input type="checkbox"/> Tumble track	

20. List all other activities taking place at this location, and the annual number of students involved in each activity:

<input type="checkbox"/> Martial Arts	<input type="checkbox"/> Dance
<input type="checkbox"/> Aerobics	<input type="checkbox"/> Weight Training
<input type="checkbox"/> Swimming	<input type="checkbox"/> Other:

21. Please include any information which adequately describes your premises, i.e. photos, brochures, and a diagram of the premises.

22. Interest in premises: Owner Tenant (provide name and address of owner) Other: _____

23. Is the gymnasium practice area secured from use by any other persons than coaches or trainees under supervision during regular operating hours? Yes No

24. Equipment, training and training area:

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is each apparatus inspected to assure that it is performance ready prior to practice or competition by a trained teacher or coach?
			Do you follow equipment manufacturer's recommendations for:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Installation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maintenance/inspection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Posting of warning labels
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the specific use and condition of your mats meet USGF and manufacturer's specifications?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you use trampolines? If yes, a trampoline supplement must be filled out
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all activities taking place on the trampoline supervised?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all students warned as they progress through the various skills to be learned in Gymnastics, of the inherent risk involved in participating , and of the rules of participation?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you put USGF safety posters and warnings in your gymnasium?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you obtain medical information prior to participation?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a medical emergency plan and procedures?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all gymnastics activities supervised by appropriately experienced and/or certified personnel?

Note: Competitions held at other facilities with your regular students are covered. Competitions held at your facility can be included if you obtain a certificate of Additional Insured from the visiting program naming you as Additional Insured. If that is not obtainable, each competition can be scheduled and added for a fee of \$25.00 each. If USGF sanctioning is obtained on an event, additional coverage may not be required.

36. Checklist of items to include with this Discovery Questionnaire. Not everyone will have all these items. Not all these items are essential, some are. The Association will work with you to develop the required materials that you may not have.

<input type="checkbox"/> Brochure	<input type="checkbox"/> Advertising Materials
<input type="checkbox"/> Liability Waiver (if used)	<input type="checkbox"/> Operating Plan, Procedural Manual (Optional)
<input type="checkbox"/> Staff Manual (Optional)	<input type="checkbox"/> Emergency Plan
<input type="checkbox"/> Personnel Roster	<input type="checkbox"/> Registration Form
	<input type="checkbox"/> First Aid Kit List

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Discovery Questionnaire, the Applicant for insurance hereby represents and warrants that the information provided in the Discovery Questionnaire, together with all supplemental information and documents provided in conjunction with the Discovery Questionnaire, is true, correct, inclusive of all relevant and material information necessary for the Association to accurately and completely assess the Discovery Questionnaire, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Association can and will rely upon the Discovery Questionnaire and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Discovery Questionnaire and all supplemental information and documents provided in conjunction with the Discovery Questionnaire are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Discovery Questionnaire or the payment of any premium does not obligate the Association or any insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Discovery Questionnaire, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Association, and its agents, to gather any additional information the Association deems necessary to process the Discovery Questionnaire for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Association has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Association in conjunction with consideration of the Discovery Questionnaire.

The Applicant further represents that the Applicant understands and agrees the Association: (i) may present a quote with a sub-limit of liability for certain exposures, (ii) may quote certain coverages with certain activities, events, services, or waivers excluded from the quote, (iii) will rate each quotation in the best interest of each Association member to the extent possible to meet the overall intent of the Association's program of insurance for all members, and (iv) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Association's accounting office receives the required premium payment, and the Applicant signs and returns the appropriate "Acknowledgement and Coverage Contract Receipt" form within 10 days of receiving an insurance coverage contract.

The Applicant agrees that the Association and any party from whom the Association may request information in conjunction with the Discovery Questionnaire may treat the Applicant's facsimile signature on the Discovery Questionnaire as an original signature for all purposes.

IMPORTANT: Each accepted Applicant is provided insurance as a participating member under a Master Group Policy of Insurance issued on behalf of the International Special Events and Recreation Association, a qualified "Purchasing Group" under the Risk Retention Act of 1986—Public Law 97-45. Master Group Policies have been issued to the Association, formed and governed by the laws, rules, and regulations of the State of Utah, to which

members will be added as "Participating Members." The Association's program of insurance is a fully insured plan with an insurer permitted to provide insurance in each Association member's state of residence.

All coverage contract charges and service provider fees are minimum and fully earned as of the effective date of coverage. Membership in the Association is restricted to those whose business or activities are similar with respect to liability to which members are exposed by virtue of any common business, act, product, service, premises, or operations. The Applicant represents that the Applicant understands and agrees: (i) the Applicant's request for the Association to quote or otherwise effect coverage for the Applicant is without undue influence or incentive, (ii) the Applicant is individually procuring any insurance that may be provided as a participant in a Master Group Policy, where the benefits and coverage have already been approved by the Association's Purchasing Group, (iii) any coverage that may be provided will be provided under a Master Coverage Contract has been effected in the State of Utah as the state in which the Purchasing Group is organized and domiciled, and where the Association's Purchasing Group's principal office is located, (iv) all rules and regulations applicable to the individual or self-procurement of insurance will govern any coverage provided, and (v) the Applicant is individually responsible for the direct payment of taxes related to coverage provided in the Applicant's state of residence. Should taxes be made a part of any quotation provided by the Purchasing Group to the Applicant, the Association may, as an accommodation and convenience to the Applicant, collect and remit any tax collected to the tax collection agency in the member's state of residence.

Dated: _____

Applicant:

Signature

Print Name



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PERSONNEL ROSTER

Company Name: _____

Date: _____

Check all boxes that apply using the chart below. Make duplicates or request more forms if needed. Key Personnel must submit resumes.

- | | |
|------------------------------|--------------------------|
| A Certified Instructor | D Independent Contractor |
| B Certification Organization | E EMT |
| C Standard First Aid (Basic) | F Other |

Name	Age	Years Experience	Key Personnel	Trip Leader	A	B	C	D	E	F



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APPLICATION FOR MEMBERSHIP

The International Special Events and Recreation Association, Inc., has been formed as a "Purchasing Group" under the Risk Retention Act of 1986 (Public Law 97-45), to offer liability insurance to members of the Association.

To join the Association and participate in the benefits of membership, please complete the application below and return it with your membership fee and annual dues payment. Please make your check payable to the International Special Events and Recreation Association, Inc. The initial membership enrollment fee is \$5.00. Annual membership dues are \$75.00. If you have already enrolled in the Association, you do not need to complete this form.

1. Applicant : _____
2. Mailing Address: _____
 City: _____ State: _____ Zip: _____
3. Contact Person: _____
4. Day Phone: _____ Evening Phone: _____ Fax Number: _____
5. Type of business conducted: _____
6. How many years have you been in business? _____
7. States of Operation: _____
8. Please list below the name and address of any other association you are currently a member of:

Dated: _____

Applicant:

Signature

Print Name