



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

GYMNASTICS OR DANCE SUPPLEMENTAL APPLICATION

COMPLETE IN ADDITION TO ACORD APPLICATIONS.

ATTACH ADDITIONAL SHEETS AS NECESSARY.

ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

GENERAL INFORMATION

1)

Named Insured:			
Brokerage/Broker:			Agency/Agent:
Renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>			Policy Number:
Effective Date:			
Website:			

2)

Current Carrier Information:

Carrier:			
Limit of Insurance:			
Deductible:			
Premium:			
Offering renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>	Claims made? Yes <input type="checkbox"/> No <input type="checkbox"/>	Retroactive date:	

Please attach copies of the following:

- Currently valued five year loss runs, including claim detail for all losses open or exceeding \$15,000
- Applicant's brochure or marketing materials if a website is not available
- List of equipment available for client use and course maps for any obstacle or challenge courses
- Links to any publicly available video classes or tutorials, if applicable

3)

What are your operations? Check all that apply:

- Gymnastics Facility – Public
- Gymnastics Facility – Competition/Try-Out Qualified Gymnasts Only
- Gymnastics Facility – Private Team
- Gymnastics Facility – Aerial
- Gymnastics Facility – Cheerleading
- Gymnastics Facility – Parkour/Free Running
- Dance Studio – Public
- Dance Studio – Professional/Audition Qualified Dancers Only
- Dance Studio – Private Company
- Independent Coach or Trainer – Gymnastics
- Independent Instructor – Dance
- Dance or Gymnastics Choreography
- Gymnastics Facility Parties or Events

- 4) What are your projected receipts for the coming year? \$ _____
- 5) Are you subject to any state or local licensing or regulation? Yes No
 a. If yes, list regulations/licenses: _____
- 6) How many years have you been in operation? _____
- 7) Do you run criminal background checks on all employees? Yes No
 a. Are past convictions for violent crimes or sexual offenses exclusionary criteria for hiring? Yes No
 b. What is the minimum age for employment? _____
- 8) Does your operation have any age restrictions for participants? Yes No
 a. If yes, what is the minimum age? _____
 b. If you have participants under the age of 14, what is the maximum number of minor children that will be under the supervision of one instructor at any point? _____
- 9) Are all participants required to sign a waiver absolving you of all liability for bodily injury? Yes No
- 10) Is one or more staff members with CPR and First Aid certification on premise at all times? Yes No
- 11) Do you keep a written log of accident and incidents? Yes No
 a. How long are these records maintained? _____
- 12) Do you film any students (or potential students during try-out/audition)? Yes No
 a. If yes, is the student (or parent/guardian for minor children) informed they are being filmed? Yes No
 b. Is filmed footage reviewed with or available to the student? Yes No
 c. Is filmed footage ever used in commercial capacity (marketing, instructional videos, etc.)? Yes No
- 13) Do you host any exhibitions, recitals, or events where an audience is present? Yes No
 a. If yes, please attach details.
- 14) Do you host or sponsor any competitions, auditions, or try-outs where participants are judged or scored for prize, remuneration, ranking, event qualification, scholarship, or admittance/membership? Yes No
 a. If yes, do you act as a judge during these events? Yes No
 b. If yes to a., do any of these events involve competition between students or members of your facility against students or members of other facilities? Yes No
- 15) Do you travel to any events or competitions off-premise? Yes No
 a. If yes, do you provide transportation for performers/competitors? Yes No
- 16) Do staff physically contact students during instruction? Yes No
 a. If yes, is this by student request or spotting only? Yes No
- 17) Do you offer any childcare services, including after school pickup classes or lock-in events? Yes No
 a. If yes, do you pick up children from school campuses directly? Yes No
 b. If no to a., how far is the bus stop from your location? _____
 c. Does an employee meet children at the bus stop? Yes No
 d. If you are hosting lock-ins, please complete question 26).
- 18) Do you have a locker room or showers available at your facility? Yes No
 a. If yes, are locker rooms separated by gender? Yes No

- b. Is an employee of each gender on duty during all times when locker rooms or showers may be in use? Yes No

GYMNASTICS (Complete only if you have Gymnastics related operations)

- 19) What equipment does your facility have? Check all that apply:
- | | | |
|--|--|---|
| <input type="checkbox"/> Uneven Bars (foam pit) | <input type="checkbox"/> Uneven Bars (mat) | <input type="checkbox"/> Pommel Horse |
| <input type="checkbox"/> Balance Beam (low) | <input type="checkbox"/> Balance Beam (competition height) | <input type="checkbox"/> Floor Exercise Square |
| <input type="checkbox"/> Vault (crash pad) | <input type="checkbox"/> Vault (landing mat) | <input type="checkbox"/> Still Rings |
| <input type="checkbox"/> Horizontal Bar (foam pit) | <input type="checkbox"/> Horizontal Bar (mat) | <input type="checkbox"/> Trampoline |
| <input type="checkbox"/> Open Foam Pit | <input type="checkbox"/> Rhythmic Gymnastics Apparatus | <input type="checkbox"/> Gymnastics Wheel/Rhönrad |
| <input type="checkbox"/> High Wire (harnessed) | <input type="checkbox"/> High Wire (fall net/pad) | <input type="checkbox"/> Aerial Silks |
| <input type="checkbox"/> Trapeze (harnessed) | <input type="checkbox"/> Trapeze (fall net/pad) | <input type="checkbox"/> Aerial Hoop |
| <input type="checkbox"/> Vert/Warped Walls | <input type="checkbox"/> Jump Boxes | <input type="checkbox"/> Tumbling Aid Foam Shapes |
| <input type="checkbox"/> Parkour Rails | <input type="checkbox"/> Climbing/Grip Walls/Ladders | <input type="checkbox"/> Balance Logs |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | |
- 20) How often is equipment sanitized? _____
- 21) Do you provide chalk for students? Yes No
- 22) Do you provide shared grips for students? Yes No
- 23) If you are involved in cheerleading, at what age do you allow stunts in routines? _____
- a. Are stunts taught and practiced with spotters? Yes No
- 24) Does your facility have any open floor training or open to play times? Yes No
- 25) Please complete the following if you have aerial gymnastics exposures:
- a. Is rigging mounted to a free-standing tripod or similar structure? Yes No
- b. If no to a., is rigging ceiling mounted? Yes No
- c. Who installed the rigging? _____
- d. How frequently is rigging inspected? _____
- e. What is the maximum weight rating of the rigging? _____
- f. If the weight rating is under 500 pounds per potential occupant, are potential clients required to have their weight measured by staff prior to accepting them as students? Yes No
- g. How frequently are silks, straps, and hammocks replaced? _____
- h. What is the maximum height a student can reach? _____
- i. What is the thickness of all crash pads or catch net height used during aerial work? _____
- j. Is aerial work always conducted with a spotter? Yes No
- 26) Please complete the following if you have party or event exposures:
- a. Do you allow any unattended facility rentals for parties or events? Yes No
- b. Do you provide food and beverages for parties? Yes No
- c. Do you require the host parent or guardian to remain present during the party? Yes No
- d. How many children maximum may attend a party? _____
- e. Do you require additional adult supervisors or staff over a certain number of children? Yes No
- f. If yes to e., how many? _____

- g. Do you limit the number of children allowed in a foam pit at one time? Yes No
- h. Do you perform head counts of children before entering the facility floor and between movement to different activities? Yes No
- i. Is trampoline one of the party activities? Yes No
- j. If yes, how many children may jump at once? _____

DANCE STUDIO *(Complete only if you have Dance Studio related operations)*

- 27) What type(s) of dance are taught in your studio? Check all that apply:
- | | | |
|--|---|---|
| <input type="checkbox"/> Ballet (slipper) | <input type="checkbox"/> Ballet (pointe) | <input type="checkbox"/> Tap |
| <input type="checkbox"/> Jazz | <input type="checkbox"/> Hip-Hop | <input type="checkbox"/> Lyrical |
| <input type="checkbox"/> Theater | <input type="checkbox"/> Contemporary | <input type="checkbox"/> Latin (Salsa, Bachata, Bolero, etc.) |
| <input type="checkbox"/> Samba/Afro-Brazilian | <input type="checkbox"/> Swing | <input type="checkbox"/> Ballroom (Waltz, Foxtrot, Tango) |
| <input type="checkbox"/> Belly Dancing | <input type="checkbox"/> Flamenco | <input type="checkbox"/> Pole/Erotic Dance |
| <input type="checkbox"/> Zumba | <input type="checkbox"/> Country-Western (2 Step, Line) | <input type="checkbox"/> Bharatanatyam |
| <input type="checkbox"/> Dragon/Chinese Festival | <input type="checkbox"/> Irish Step Dance/Clogging | <input type="checkbox"/> Hula/Pacific Islander Folk |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | |
- 28) Do any of your classes or choreography involve the use of props? Yes No
- a. Do any of these props involve fire or weaponry? Yes No
- 29) Do any of your classes or choreography involve any lifts, stunts, or catches? Yes No
- a. If yes, are these taught and practiced with a spotter? Yes No
- 30) Are any of your classes or dance styles enrollment limited to a certain gender? Yes No
- a. Are any of your dance styles enrollment limited to students over a certain age? Yes No
- b. If yes to a., which? _____
- 31) If you are teaching ballet, do you ever advance students to pointe before grade 6? Yes No
- 32) Do you host any dancing events or parties (not including recitals or auditions)? Yes No
- a. If yes, do you serve food or beverages? Yes No
- b. Do you serve alcohol? Yes No
- c. Are guests limited to 18 years of age or older? Yes No
- d. Are students permitted to bring non-student guests? Yes No
- 33) Are students required to buy shoes or recital outfits through you? Yes No

ACCOUNT HISTORY

- 34) During the past five years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for nonpayment of premium by any insurance or finance company. If Yes, please attach and explanation. Yes No
- 35) Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages or accidents arising out of or related to your operations that a reasonably prudent person might expect to give rise to a claim or lawsuit whether valid or not which might directly or indirectly involve the company? If yes, please attach an explanation. Yes No

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: 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, or denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an 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 \$5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 the person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____

FEIN #: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____