

Covers boxing, kickboxing, and Muay Thai gyms, from non-contact fitness classes to sparring and competition teams, including youth programs. Complete with ACORD 125/126. Attach the member waiver, sparring policy, and any USA Boxing or other sanctioning body club registration.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME	DBA / GYM NAME	FEIN	YEARS IN BUSINESS
GYM ADDRESS	CITY / STATE / ZIP	WEBSITE	

Entity type:
☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation ☐ Nonprofit club

PRIMARY CONTACT / TITLE	PHONE	EMAIL

SANCTIONING BODY CLUB REGISTRATION (E.G., USA BOXING)	FRANCHISE BRAND (IF ANY)

2 OPERATIONS

DESCRIPTION OF THE GYM (DISCIPLINES, CLASS TYPES, MEMBERS, COMPETITION TEAMS)

ACTIVITY	% OF MEMBERS / CLASSES

Activities: non-contact fitness / cardio boxing; bag and pad work; technical sparring; hard sparring; amateur competition team; professional fighters training; youth program.

Size and volume:

Members	Members under 18	Sparring sessions per week	Coaches	Rings
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2-1 Does the gym host or promote fights, smokers, or sanctioned events on site? ☐ Yes ☐ No

IF YES, EXPLAIN

2-2 Do professional fighters train or spar at the gym? ☐ Yes ☐ No

IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — SPARRING & HEAD INJURY

Standard fitness policies commonly exclude full-contact sparring. A wrongful death suit after a teenage boxer died from a sparring brain injury alleged the gym had no one trained in concussion management and no concussion policy.

3-1 Is sparring allowed only with a qualified coach present and supervising? ☐ Yes ☐ No

IF YES, EXPLAIN

3-2 Are members cleared by a coach before their first sparring session, based on experience and skill? ☐ Yes ☐ No

IF YES, EXPLAIN

3-3 Are sparring partners matched by weight, experience, and age, with adults and minors kept apart? ☐ Yes ☐ No

IF YES, EXPLAIN

3-4	Are headgear, mouthguards, and appropriate gloves required for all sparring, and is equipment inspected?	☐ Yes ☐ No
IF YES, EXPLAIN		
3-5	Is there a written concussion policy, including removal from sparring after a suspected concussion and written return-to-sparring clearance?	☐ Yes ☐ No
IF YES, EXPLAIN		
3-6	Are coaches trained to recognize concussion symptoms?	☐ Yes ☐ No
IF YES, EXPLAIN		
3-7	Are members who spar registered with a sanctioning body or required to have a current physical?	☐ Yes ☐ No
IF YES, EXPLAIN		
3-8	In the past 5 years, has any member suffered a concussion, serious head injury, or loss of consciousness at the gym?	☐ Yes ☐ No
IF YES, EXPLAIN		

4 EXPOSURE & RISK QUESTIONS — YOUTH, COACHES & FACILITY

4-1	Do coaches working with minors complete SafeSport training and criminal background checks?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-2	Is there a written policy limiting one-on-one contact between coaches and minors?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-3	Are coaches certified by USA Boxing or another recognized body, and do 1099 coaches carry their own liability insurance?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-4	Are heavy bags, ceiling mounts, and ring ropes inspected on a documented schedule?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-5	Are mats, gloves, and headgear cleaned daily to prevent skin infections (MRSA, ringworm)?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-6	Is an AED on site and are coaches trained in CPR?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-7	Does every member (and a parent for minors) sign a waiver that specifically describes sparring and head-injury risks?	☐ Yes ☐ No
IF YES, EXPLAIN		

5 PAYROLL, SALES & REVENUE

TOTAL ANNUAL PAYROLL (\$, ILLUSTRATIVE)	NUMBER OF W-2 COACHES / STAFF	NUMBER OF 1099 COACHES
PROJECTED ANNUAL GROSS REVENUE (\$, ILLUSTRATIVE)	PRIOR YEAR REVENUE (\$, ILLUSTRATIVE)	EVENT / FIGHT REVENUE (\$, ILLUSTRATIVE)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently-valued loss runs for the last 5 years.

CURRENT GL CARRIER

CURRENT GL LIMITS

PARTICIPANT ACCIDENT LIMIT

6-1 Has any carrier declined, cancelled, or non-renewed coverage for this operation in the last 5 years?

☐ Yes ☐ No

IF YES, EXPLAIN

6-2 Does the current policy exclude sparring, combat sports, participants, or competition?

☐ Yes ☐ No

IF YES, EXPLAIN

DATE OF LOSS	DESCRIPTION	TOTAL INCURRED (\$, ILLUSTRATIVE)	OPEN / CLOSED

6-3 Is the applicant aware of any incident, complaint, or circumstance not yet resulting in a claim that could reasonably give rise to one?

☐ Yes ☐ No

IF YES, EXPLAIN

7 RISK MANAGEMENT & SAFETY

7-1 Are injury reports written for every injury, with follow-up before the member returns to sparring?

☐ Yes ☐ No

IF YES, EXPLAIN

7-2 Is there a written emergency action plan for head and neck injuries, including when to call 911?

☐ Yes ☐ No

IF YES, EXPLAIN

7-3 Are waivers stored and retrievable for at least the statute of limitations (longer for minors)?

☐ Yes ☐ No

IF YES, EXPLAIN

8 SIGNATURE & FRAUD WARNING

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This supplemental is an intake document prepared by Cory Washington & Co. LLC to support carrier submission; it does not itself provide coverage.

FRAUD NOTICE: 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 and subjects such person to criminal and civil penalties. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)

TITLE

DATE

PRODUCER — CORY WASHINGTON & CO. LLC

PRODUCER SIGNATURE (TYPE FULL NAME)

DATE