# CORY WASHINGTON & CO.

SMARTER RISK. STRONGER BUSINESS.

## CROSSFIT & FUNCTIONAL FITNESS SUPPLEMENTAL

*Covers CrossFit affiliates, functional-fitness boxes, bootcamps, and high-intensity training studios, including hosted competitions. Traditional gyms use CWCO-SUP-GYM. Complete with ACORD 125, 126, and 140.*

## 1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME

DBA

FEIN

YEARS IN BUSINESS

BUSINESS ADDRESS

CITY / STATE / ZIP

WEBSITE

**Entity type:**

☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation

PRIMARY CONTACT / TITLE

PHONE

EMAIL

CROSSFIT AFFILIATE (Y / N)

COACHES (COUNT)

## 2 OPERATIONS

MEMBERS

CLASSES PER WEEK

MAX CLASS SIZE

YOUTH MEMBERS (%)

2-1 Does the box host or run competitions or events? ☐ Yes ☐ No

IF YES, EXPLAIN

2-2 Do any events include swimming, open water, or long outdoor runs? ☐ Yes ☐ No

IF YES, EXPLAIN

2-3 Does the box run classes for children or teens? ☐ Yes ☐ No

IF YES, EXPLAIN

## 3 EXPOSURE & RISK QUESTIONS — OVEREXERTION, COMPETITIONS & EMERGENCIES

*At the 2024 CrossFit Games, athlete Lazar Đukić drowned during a swim that followed a 3.5-mile run — the event's first death in nearly 20 years, with accounts of a disorganized response. Overexertion, rhabdomyolysis, and heat illness are the everyday version of the same risk.*

3-1 Are new members put through an on-ramp program before joining regular classes? ☐ Yes ☐ No

IF YES, EXPLAIN

3-2 Are coaches trained to recognize rhabdomyolysis and heat illness? ☐ Yes ☐ No

IF YES, EXPLAIN

3-3 Are workouts scaled to each athlete's ability, especially for newer members? ☐ Yes ☐ No

IF YES, EXPLAIN

3-4 Is an AED on site? ☐ Yes ☐ No

IF YES, EXPLAIN

3-5 Is a CPR/AED-certified coach present at every class? ☐ Yes ☐ No

IF YES, EXPLAIN

3-6 Is there a written emergency action plan, practiced at least twice a year? ☐ Yes ☐ No

IF YES, EXPLAIN

3-7 If yes to 2-1, does every event have a written safety plan with medical staff on site? ☐ Yes ☐ No

IF YES, EXPLAIN

3-8 If yes to 2-2, are water events staffed with certified lifeguards and spotters? ☐ Yes ☐ No

IF YES, EXPLAIN

3-9 If yes to 2-2, is every athlete counted out of the water at the end of each wave? ☐ Yes ☐ No
IF YES, EXPLAIN

3-10 Does every participant sign a waiver, including event-specific waivers for competitions? ☐ Yes ☐ No
IF YES, EXPLAIN

3-11 Has a member collapsed, been hospitalized for rhabdomyolysis, or died? ☐ Yes ☐ No
IF YES, EXPLAIN

## 4 EXPOSURE & RISK QUESTIONS — COACHING, LIFTING & THE BOX

4-1 Do all coaches hold a current Level 1 or equivalent certification? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Are barbells, rigs, and pull-up bars inspected on a written schedule? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Are lifting areas spaced so dropped weights can't reach other athletes? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 If yes to 2-3, are youth coaches background-checked? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 If yes to 2-3, do parents sign consent and waiver forms for every youth athlete? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Are outdoor workouts (runs, sled pushes) routed away from traffic? ☐ Yes ☐ No
IF YES, EXPLAIN

## 5 PAYROLL & RECEIPTS

| TOTAL ANNUAL PAYROLL ($) | MEMBERSHIP RECEIPTS ($) | EVENT / COMPETITION RECEIPTS ($) |
|---|---|---|
| | | |

## 6 PRIOR INSURANCE & LOSS HISTORY

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

| GL / PROFESSIONAL CARRIER / LIMITS | PARTICIPANT ACCIDENT (Y / N) | SPECIAL EVENT COVERAGE (Y / N) |
|---|---|---|
| | | |

6-1 Has any carrier declined, cancelled, or non-renewed coverage in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

| DATE OF LOSS | DESCRIPTION | TOTAL INCURRED ($) | OPEN / CLOSED |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

6-2 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

7-1 Are incident reports completed the same day? ☐ Yes ☐ No
IF YES, EXPLAIN

7-2 Are hydration and rest breaks built into hot-weather workouts? ☐ 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 |
|---|---|---|
| | | |