GYMNASTICS & CHEER GYM SUPPLEMENTAL

Covers gymnastics clubs, all-star cheer gyms, tumbling programs, and ninja gyms. Trampoline parks use CWCO-SUP-TRAMPOLINE. 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

GOVERNING BODY MEMBERSHIPS (USAG, USASF, ETC.) | COACHES (COUNT)

2 OPERATIONS

ATHLETES ENROLLED | ATHLETES UNDER 18 (%) | COMPETITIVE TEAM ATHLETES | SQUARE FEET

Equipment and features (check all that apply):

☐ Foam pit ☐ Resi pit ☐ In-ground trampoline ☐ Tumble track ☐ Rod floor ☐ Ninja obstacles ☐ Open gym / parties

2-1 Does the gym have a foam or resi pit? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 Does the gym run open gym sessions or birthday parties? ☐ Yes ☐ No
IF YES, EXPLAIN

2-3 Does the gym travel to competitions with athletes? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — YOUTH PROTECTION & CATASTROPHIC INJURY

Gymnastics carries two defining risks: abuse of minors — USA Gymnastics paid $380 million to Nassar survivors — and landings that can cause spinal injuries. Federal Safe Sport rules and skill progressions are the core defenses.

3-1 Are all staff and volunteers who work with minors criminal-background and sex-offender-registry checked before starting? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 Do staff complete abuse-prevention training (e.g., SafeSport or equivalent) before working with minors and yearly after? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 Is there a written policy banning unobserved one-on-one contact between adults and minors, including texting and social media? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 Are suspected abuse reports made to law enforcement and child protective services within 24 hours? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 Are children released only to parents or guardians listed on file? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 Is the gym compliant with its governing body's SafeSport requirements? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 Are new skills taught through written progressions with spotting before athletes perform them alone? ☐ Yes ☐ No
IF YES, EXPLAIN

3-8 If yes to 2-1, are pits maintained to the manufacturer's depth and cube-density standards? ☐ Yes ☐ No
IF YES, EXPLAIN

3-9 If yes to 2-1, are feet-first landing rules enforced for pits? ☐ Yes ☐ No
IF YES, EXPLAIN

3-10 Are coaches safety-certified by their governing body? ☐ Yes ☐ No
IF YES, EXPLAIN

3-11 Has an athlete suffered a spinal, head, or other catastrophic injury, or made an abuse allegation? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — EQUIPMENT, OPEN GYM & TRAVEL

4-1 Is equipment inspected daily and repaired or removed when damaged? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 If yes to 2-2, is open gym supervised by trained staff at set ratios, with no flips allowed unsupervised? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 If yes to 2-3, are travel rules in place for rooming and adult-athlete interaction? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Does every athlete's parent sign a waiver and medical release? ☐ Yes ☐ No
IF YES, EXPLAIN

5 PAYROLL & RECEIPTS

TOTAL ANNUAL PAYROLL ($)	TUITION RECEIPTS ($)	OPEN GYM / PARTY RECEIPTS ($)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

GL CARRIER / LIMITS	ABUSE & MOLESTATION LIMIT	PARTICIPANT ACCIDENT (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 Is an AED on site with CPR-certified staff present? ☐ Yes ☐ No
IF YES, EXPLAIN

7-2 Are practice areas visible (windows, open floor plans) with no closed-door coaching? ☐ 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