

UNDERSTANDING GYM INSURANCE COI REQUIREMENTS

If someone you work with asks for insurance wording like **Additional Insured, Primary & Noncontributory, or a Waiver of Subrogation**, you're not alone. This often comes up with **landlords, licensing or programming partners** like CrossFit or other affiliates, **event partners, vendors, or lenders and banks**. These requirements are very common and are mostly about making claims simpler if something goes wrong.

Here's what they mean, in normal language.

A. ADDITIONAL INSURED(S)

What they're asking for: They want to be added to your General Liability policy for claims related to your business operations.

Why? If a claim involves both of you, your insurance can help defend both parties.

What this does NOT mean: They do not get their own policy. They are only covered for liability connected to your operations.

B. WAIVER OF SUBROGATION

What they're asking for: If your insurance pays a claim, they don't want your insurer coming back later to try to recover money from them.

Why? It prevents follow-up lawsuits between insurers and protects business relationships.

Good to know: This does not reduce your coverage or benefits in any way.

C. PRIMARY & NONCONTRIBUTORY

What they're asking for: They want your insurance to respond first, without involving their insurance.

Why? This avoids back-and-forth between insurers and keeps claims moving faster.

D. INDEMNIFICATION

Where this shows up: This is usually in your contract with the landlord, partner, or other party.

What it means: You agree to take responsibility for claims that arise out of your business activities.

How insurance fits in: Your General Liability policy is designed to support this by covering defense and eligible claim

HOW ALL OF THIS FITS TOGETHER

These requirements usually work as a package:

- The contract assigns responsibility and your insurance backs that responsibility
- Your policy pays first and the various insurers do not fight each other later

This setup reduces confusion and speeds up claim handling

HOW TO GENERATE A COI THAT MEETS THESE REQUIREMENTS

You do not need to call anyone or buy a new policy, although we're here to help if you need more assistance.

To add a partner or landlord to your Certificate of Insurance:

1. Log into your customer portal. Go to <https://go.gyminsurance.com/policy> and login with the email address associated with your insurance policy.
2. Click on the 'Generate Certificate of Insurance' button at the top of the screen.
3. In the Certificate Holder field, enter their legal name and address. This will add them as an Additional Insured. Enter one Additional Insured per certificate. You can add up to 50 Additional Insureds.
4. If you need specific language in the description section of your COI (section 4 in our sample COI), enter this into the Description field. Anyone who needs this will usually provide you with what they want added, but if you have questions, you can reach out to us at info@gyminsurance.com for assistance.

SAMPLE COI ON NEXT PAGE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Authentic Insurance Services, Inc 41 E 11th St, 11th Floor New York, NY 10003	CONTACT NAME: Cole Riccardi PHONE (A/C, No, Ext): 888-598-3527 E-MAIL ADDRESS: support@authenticins.com	FAX (A/C, No): 877-856-9817
	INSURER(S) AFFORDING COVERAGE	
INSURED 1 Tara Test Gym 123 N Main St, Dayton, OH 45402, US YOUR COMPANY NAME AND ADDRESS SHOULD MATCH WHAT IS ON YOUR LEASE OR CONTRACTS	INSURER A: 2 Everspan Insurance Company INSURER B: INSURER NAMES & NAIC #	NAIC # 24961
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
X	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			AC1EIC-58643280525XXXPUSH-01	05/28/2025	05/28/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

4 ANY TEXT YOU ENTER IN THE DESCRIPTION FOR THE CERTIFICATE FIELD WILL PRINT HERE.

CERTIFICATE HOLDER **CANCELLATION**

5 THE ADDITIONAL INSURED'S (CERTIFICATE HOLDER) LEGAL NAME AND ADDRESS WILL PRINT HERE.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Cole Riccardi</i>