|  |  |  |
| --- | --- | --- |
|  | Agency Name |       |
| Contact Name |       | Phone |       |
| Email Address |       |
|
|

Health & Fitness Facilities

|  |  |  |  |
| --- | --- | --- | --- |
| **Business Name** |  | **Effective Date** |  |
| **Mailing Address** |  |
| **City** |  | **State** |  | **Zip Code** |  |
| **Contact Name** |  | **Phone** |  |
| **Email Address** |  | **Website** |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **B****usiness Type** | **[ ]**  | **Corporation** | **[ ]**  | **LLC** | **[ ]**  | **Partnership** | **[ ]**  | **Individual** | **[ ]**  | **Other** |
| If other, please explain: |  | **FEIN:** |  |
| **Year Business Established** |  | **Years of Experience** |  |

**Premises Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Loc | Street Address | City  | State | Zip |
|   |       |       |       |       |
|   |       |       |       |       |
|   |       |       |       |       |

**General Information**

|  |  |
| --- | --- |
| Is the applicant a subsidiary of another entity? |  |
| Does the applicant have any other subsidiaries? |  |
| Does the applicant have any other business ventures for which coverage is not being requested? |  |
| Is this a franchise operation? |  |
| During the last 5 years has any applicant been indicted for or convicted of any degree of the crime of fraud, bribery or arson? |  |
| Any foreign operations or foreign products sold and/or distributed in the USA? |  |
| Any exposure to flammables, explosives, chemicals? |  |
| Any policy or coverage declined, cancelled or non-renewed in the last 3 years? |  |
| Any uncorrected fire and/or safety codes violations? |  |
| Has the applicant had a foreclosure, repossession bankruptcy or filed for bankruptcy during the last 5 years? |  |
| Has the applicant had a judgement or lien during the last 5 years? |  |
| Does the insured carry work comp, employers liability or non-subscriber coverage? |  |

Liability Section

|  |
| --- |
| **General Liability** |
| General Aggregate |  | Professional Liability |  |
| Products & Completed Operation |  | Abuse/Molestation |  |
| Personal & Advertising Injury |  | Assault & Battery |  |
| Each Occurrence  |  |  |
| Damage to Premises |  |  |
| Medical Payments |  | Deductible: |  |

|  |
| --- |
| **Automobile Liability** |
| Combined Single Limits |  | Hired & Non-Owned Auto |  |
| Personal Injury Protection |  | Physical Damage |  |
| Medical Payments |  | Comprehensive Deductible |  |
| Uninsured/Underinsured  |  | Collision Deductible |  |

*If electing automobile coverage please complete the scheduled auto section.*

|  |
| --- |
| **Excess/Umbrella Liability**(only available if underlying General Liability is written) |
| General Aggregate |  | Deductible: |  |
| Each Occurrence  |  |  |
|  |  |  |
| Underlying Coverages Included:  | [ ]  Automobile Liability | [ ]  Employers Liability |
| Do all underlying carriers have a A.M. Best rating of “A” or higher? |  |
| Do all underlying policies have a minimum limit of $1,000,000 or greater? |  |
|  |  |  |

|  |
| --- |
| **Additional Insured(s)** |
| **Entity Name** | **Street Address** | **City** | **State** | **Zip** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

|  |
| --- |
| **Exposures**  |
| **Number of Employees** |  | **Number of Members** |  |
| **Gross Retail Sales** |  | **Independent Trainers** |  |
| **Avg. Daily Attendance** |  | **Avg. Weekly Attendance** |  |
| **# of Rockwall(s)** |  | **# of Tanning Bed(s)** |  |
| **# of Pool(s)** |  | **# of Trampoline(s)** |  |
| Please identify products sold on premises: |       |
| Do you sell fully or partially assembled equipment or products? |  |
|  |  |  |  |  |  |  |
| **H****ours of Operations:** | **From** |  | **To** |  | **[ ]  24 Hours**  |
| Are there any unstaffed hours of operations? |  |
| If yes, please explain |       |
| Are there security cameras or monitoring devices used? |  |
| Is the applicant a member of the International Health, Racquet & Sports club Association (HRSA) or the IDEA Health & Fitness Association (ISEA)? |  |
| Have you had a license suspension/revocation in the last 5 years? |  |
| Does the insured perform background checks and drug testing on all candidates prior to hiring? |  |
| Is there a formal training program in place for all staff & new hires? |  |
| Does the insured have a formal training and background requirement for their staff?  |  |
| Please describe required experience and qualifications:       |
| Are employees required to be certified by a nationally recognized organization? |  |
| Are all staff members required to be trained in CPR and First Aid? |  |
| Is there a well-stocked first aid kit on the premises? |  |
| Is there a defibrillator on premises? |  |
| If so, have employees been trained to use it? |  |
| Are there enough staff members on duty to actively monitor the club activities? |  |
| Do you have a formal accident reporting procedure? |  |
| If yes, please describe the record keeping |  |
| Are your trainers certified by a nationally recognized organization? |  |
| If so, which organization? |  |
| Are aerobics classes taught by certified trainers? |  |
| If yes, please provide a list and/or schedule of classes offered.       |  |
| Do you periodically test members to determine their ability and performance levels, assessing their progress? |  |
| If so, are the assessments documented in their member file?  |  |
| Are members required to have forms signed by their physician? |  |
| Are weight reduction plans recommended to patrons? |  |
| If so, are the patrons urged to have the recommendations approved by their physician? |  |
| Are there any promises or guarantees made in advertising about weight reduction results that can be achieved? |  |
| Are there any spa operations? |  |
| Does the club offer sport(s) instruction or personal training? |  |
| If so, are the instructors employees? |  |
| Is nutritional counseling/diet services offered? |  |
| If so, are the instructors employees? |  |
| Are there any diets recommended under 1,000 calories a day? |  |
| Are trainers required to consider patrons complaints about pain while exercising? |  |
| Are all counselors trained/credentialed in nutritional counseling? |  |
| Are all independent personal trainers required to be certified?  |  |
| Do you require all independent contractors to carry their own insurance naming you as an additional insured? |  |
| Do the operations include a swim club or active pool facility?  |  |
| If yes, is there a lifeguard on duty? |  |
| Does the facility have hot tubs and/or sauna/steam rooms? |  |
| Are rules clearly posted throughout the swimming, hot tub and/or sauna/steam room areas? |  |
| Are there any slides associated with the pool(s)? |  |
| Are instructions and warnings posted near equipment and machines? |  |
| Are the exercise rooms and equipment in good condition? |  |
| Do showers, pool, whirlpool area and steam rooms have non-skid flooring? |  |
| Do you sanitize all equipment daily? |  |
| Is sanitizing spray and towels provided for members’ use? |  |
| In the weight room, do assistants help as “spotters”? |  |
| Is exercise equipment from a foreign manufacturer? |  |
| Is the equipment inspected daily and preventative maintenance practiced? |  |
| Does the manufacturer inspect the equipment annually? |  |
| Is newly assembled equipment tested before patrons use? |  |
| Are all members required to signed a waiver of liability form? |  |
| Are all new members trained in the proper use of equipment? |  |
| Are prospective member advised to get the approval of a physician before participating in exercise or weight reduction programs? |  |
| Does the insured require all members to complete a medical form listing any conditions, such as physical handicaps or chronic ailments, which might affect their ability to participate safely? |  |
| Is cross fit training offered? |  |
| Is the facility ever rented to outside groups for special events or social occasions? |  |
| If so, please describe |       |
| Do you host competitions, exhibitions or other events which attract a large crowd? |  |
| Do you offer gymnastics?  |  |
| If the facility has trampolines and/or rockwall(s), is there staff assigned to supervise the area and members at all times? |  |
| Are the areas locked when not in use and/or being supervised by a staff member? |  |
| Have there been any incidents or claims brought against your facility, or any facility you’ve been associated with, for sexual molestation or misconduct? |  |
| If so, please provide details |       |
| Does your facility do background checks on all employees and/or volunteers? |  |
| Please describe types of checks performed. |       |
| Are there any written guidelines in force regarding sexual misconduct? |  |
| If not, please explain. |       |
| Is childcare provided? |  |
| If so, are sick children accepted? |  |
| Is there a playground? |  |
| **Max Attendance** |  | **Youngest Age** |  | **Attendant to Child Ratio** |  |
| Scheduled Auto Section**Vehicle Schedule**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Make**  | **Model**  | **Vin** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

**Driver Schedule**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **First Name** | **Last Name** | **Date of Birth** | **Drivers License**  | **State** | **Date of Hire** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

|  |  |
| --- | --- |
| Are any passenger vans operated? |  |
| If yes, please explain |       | Passenger capacity :       |
| Do you provide transportation for members to and from the club? |  |  |
| Is personal use of the vehicles permitted? |  |  |
| If yes, please explain |       |
| Does the insured offer driver safety training? |  |  |
| Is there any two-way communication devices used in the vehicles? |  |  |
| If so, please describe equipment  |       |
| Are all electronics and communication devices hands free? |  |
| Is training provided on the procedure and use of such devices? |  |
| Do you pull Motor Vehicles Records prior to permitting driving responsibilities? |  |
| Are all drivers 25+ years in age? |  |  |
| Do any drivers have major violations in the past 3 years? |  |  |

Property Section  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Loc.** | **Street Address** | **City**  | **State**  | **Zip**  | **PC** |
|   |       |       |       |       |       |
| **Building Information** | **Year of Updates** | **Protection** |
| Year Built |       | Wiring |       | Theft Alarm |       |
| Construction |       | Plumbing |       | Sec. Cameras |       |
| Area |       | Heating |       | Fire Alarm  |       |
| Stories |       | Roof |       | Sprinklered |       |
| Distance to Fire Station  |       | Distance to Fire Hydrant |       |
| **Limits of Coverage** |
| **Coverage** | **Limits**  | **Deductible** | **Form** | **Cause of Loss** |
| Building |       |       |       |       |
| Bus. Pers. Prop. |       |       |       |       |
| Business Income |       |       |       |       |
| Signs |       |       |       |       |
| Inland Marine\*  |       |       |       |       |
| Property Enhancement  | Include [ ]  | Not Elected [ ]  |  |
|  |

***If electing Inland Marine please provide a schedule for items over $1,000 in value***

|  |  |
| --- | --- |
| Is the premises protected with a Central Station Burglar Alarm? |  |
| If there are racquetball or basketball courts with hardwood flooring, is toluene used to strip old wax from floors? |  |
| In the event of business interruption, is there rental space readily available in your area? |  |
| Do you have any reciprocal arrangements with other clubs to use their facilities in the event of a loss? |  |
| Do you use multiple suppliers or rely upon one? |  |

Inland Marine Schedule

|  |  |  |  |
| --- | --- | --- | --- |
| **Make** | **Model** | **Serial Number** | **Value** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

Insurance History Section

**Prior Insurance Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Prior Carrier** | **Policy Term** | **Policy Number** | **Policy Premium** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| Currently valued loss runs are a submission requirement. If there have been any losses, adequate information must be included to explain actions taken to preclude a similar loss(es). Quotes will be conditioned on this requirement, and no coverage is to be bound without this information.  |

**Loss History**

|  |  |
| --- | --- |
| [ ]  | Click here if no prior claims |
| **Date of Loss** | **Description of Claim** | **Amount Paid** | **Claim Status** |
|       |       |       | [ ]  | Open | [ ]  | Closed |
|       |       |       | [ ]  | Open | [ ]  | Closed |
|       |       |       | [ ]  | Open | [ ]  | Closed |
|       |       |       | [ ]  | Open | [ ]  | Closed |

|  |
| --- |
| PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIESWITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST INWRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.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 MAY subject that person to criminal and civil penaltieS AND MAY FURTHERMORE LEAD TO VOIDING OF THE INSURANCE POLICY. |
| **(Applicants Initals)** |  |
| THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE |
| **Producer’s Signature** | **Producers Name (please print)** | **Date** |
|  |  |  |
| **Applicant’s Signature** | **Applicants Name (please print)** | **Date** |
|  |  |  |