



CARRIER:

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# Fitness Center Product Application

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I – INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

## I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past three years. If there is loss history, please complete the entire application.

Applicant's name (include DBA name): \_\_\_\_\_

Mailing address: \_\_\_\_\_

Location address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Web address: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Inspection contact name: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Form of business:  Individual  Corporation  Partnership  LLC  Trust  Other \_\_\_\_\_

### Description of Operations:

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1. What year did the business start? \_\_\_\_\_
2. How many years has the applicant been at the current location? \_\_\_\_\_
3. Do you own the building?  Yes  No  
(If "No," skip building owner questions under both the Property Coverage and General Liability Coverage sections below)

### Property Coverage

<b>Building Construction:</b> <input type="checkbox"/> Frame <input type="checkbox"/> Joisted masonry <input type="checkbox"/> Non-combustible <input type="checkbox"/> Masonry non-combustible <input type="checkbox"/> Modified fire resistive <input type="checkbox"/> Fire resistive				
<b>Occupancy</b> (check all that apply): <input type="checkbox"/> Office <input type="checkbox"/> Workshop <input type="checkbox"/> Apartment <input type="checkbox"/> Other: _____				
Protection Class _____ <input type="checkbox"/> Basic <input type="checkbox"/> Special <input type="checkbox"/> Broad	Cause of Loss <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	Deductible	Number of Stories _____	Type of Burglar Alarm <input type="checkbox"/> Local <input type="checkbox"/> Central Station <input type="checkbox"/> None
What year was the building constructed? _____				
What type of plumbing is in the building? <input type="checkbox"/> PVC <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Lead <input type="checkbox"/> Other: _____				
What type of roof is on the building? <input type="checkbox"/> Flat <input type="checkbox"/> Wood shake <input type="checkbox"/> Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Tile <input type="checkbox"/> Slate <input type="checkbox"/> Other: _____				
What is the age of the roof? _____ years				
Is the building fully protected by an operational sprinkler system covering 100% of the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No				
What is the square footage of the entire structure? _____ sq. ft.				
What is the total square footage owned or occupied by you? _____ sq. ft.				
<b>Building Limit:</b> \$ _____ <b>Coinsurance</b> (80% minimum) _____ % <input type="checkbox"/> ACV <input type="checkbox"/> RC				
<b>Existing Improvements and Betterments Value</b> \$ _____ <b>Coinsurance</b> (80% minimum) _____ % <input type="checkbox"/> ACV <input type="checkbox"/> RC				

<b>Business Personal Property Limit:</b> \$ _____	<b>Coinsurance (80% minimum)</b> _____ %	<input type="checkbox"/> ACV <input type="checkbox"/> RC
<b>Business Income Limit:</b> \$ _____	<b>Coinsurance</b> _____ <b>or</b> _____	<b>Monthly Limit of Indemnity</b>
<input type="checkbox"/> With extra expense <input type="checkbox"/> Without extra expense	<input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 70% <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100%	<input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6

**General Liability Coverage**

4. Occurrence/Aggregate limit    \$100,000/\$200,000    \$300,000/\$600,000    \$500,000/\$1 million    \$1 million/\$2 million
5. Abuse and molestation liability limit    \$100,000/\$300,000    \$300,000/\$300,000    \$500,000/\$500,000    \$1 million/\$1 million
6. Exposure basis:  
 Annual gross sales: \$ \_\_\_\_\_  
 Number of members: \$ \_\_\_\_\_
7. Number of sports courts: \_\_\_\_\_
8. Does the facility have any treadmills?  Yes    No
9. Any jacuzzis, hot tubs, saunas or steam rooms?  Yes    No
10. Are there any shower facilities?  Yes    No
11. Are there any swimming pools?  Yes    No
12. Is the facility open 24 hours?  Yes    No  
 If "Yes," do you have a fitness staff certified in CPR on duty during all hours of operation?  Yes    No
13. Do members have access outside of regular business hours?  Yes    No
14. Number of massage services units: \_\_\_\_\_
15. Number of tanning units: \_\_\_\_\_
16. Building owner:  
 Is any portion of the building leased to commercial tenants?  Yes    No  
 If "Yes," applicable sq. ft. \_\_\_\_\_  
 Does the applicant lease any apartments at this location?  Yes    No  
 If "Yes," number of units \_\_\_\_\_ applicable sq. ft. of apartments \_\_\_\_\_

**Additional Interests** (AI = Additional insured, LP = Loss payee, M = Mortgagee)

Name	Relationship/Interest	Address	City, State, Zip	AI	LP	M
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**II. LOSS INFORMATION FOR THE PAST THREE YEARS**

Coverage Type	Date of Loss	Description of Loss	Paid	Reserved	Status
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

Please provide additional information or claims on a separate sheet.

**III. ELIGIBILITY CRITERIA**

21. Has insurance coverage been cancelled or nonrenewed in the past three years (*not applicable in MO*)?  Yes    No  
 If "No," advise reason: \_\_\_\_\_
22. Are there past, pending or planned foreclosures and/or bankruptcies or judgments for unpaid taxes against the named insured or any officer, partner, member or owner, individually within the past five years?  Yes    No

## Property

23. Does any location built prior to 1978 have aluminum wiring or knob-and-tube wiring?  Yes  No
24. Does any location built prior to 1978 have 100% of wiring on functioning and operational circuit breakers?  Yes  No
25. Do all public areas, occupancies and/or habitational units have functioning and operational smoke and/or heat detectors?  Yes  No
26. Is the building a nonstandard structure (i.e Bubble, Dome, etc)?  Yes  No
27. Is this a seasonal operation?  Yes  No

## General Liability

28. Will/Has the establishment acted as a franchisor (grantor of franchise)?  Yes  No
29. Does the applicant offer aerial yoga or pole dancing classes?  Yes  No
30. Are all fitness personal required to be CPR certified and if required by local ordinance/law, have an AED machine and are AED certified?  Yes  No
31. Are all members, guests or participants using the facility/taking part in classes sponsored/hosted by the applicant required to sign a release/waiver of liability?  Yes  No
32. Are all personal trainers and instructor required to be certified?  Yes  No
33. Are there any chiropractic, physical therapy, rehabilitation services or similar professional services by direct employees?  Yes  No
34. Are warning signs posted in clear view of all tanning units, hot tubs, saunas, steam rooms and fitness equipment?  Yes  No
35. Do members have access to facilities outside regular business hours?  Yes  No
36. Does the applicant provide any services such as but not limited to medical services, blood analysis, diagnostic testing, stress testing, cryotherapy, salt therapy rooms or spa services (other than massage)?  Yes  No
37. Does the applicant allow instruction or participation of children under the age of 12?  Yes  No
38. Does the applicant have up-to-date service/maintenance logs on all equipment?  Yes  No
39. Does the applicant manufacture or alter the packaging of any diet aids, vitamins, supplements or similar products?  Yes  No
40. Does the applicant provide any of the following: overnight retreats, mountain trail hiking, walking, biking, climbing or on-water activities?  Yes  No
41. Have there been any actual or alleged incidents regarding molestation or abuse?  Yes  No
42. If any professionals rent space from the insured, are they required to carry their own insurance and name our applicant an additional insured?  Yes  No
43. Is the facility staffed during all hours of operation?  Yes  No
44. Is there any trampoline or gymnastic activity/instruction?  Yes  No
45. Is there sparring or physical contact between instructors or participants?  Yes  No

## Additional General Liability Information

46. Do you have tanning units?  Yes  No
- If "Yes," please answer the following questions:*
- a. Are there more than four units?  Yes  No
- b. Are all units Underwriters Laboratories (UL) approved?  Yes  No
- c. Are all minors required to have a parent or guardian sign a release prior to use?  Yes  No
- d. Are individuals warned against using tanning units when pregnant or using photosensitive medication?  Yes  No
- e. Does applicant have exclusive access to controls?  Yes  No
- f. Are individuals required to wear goggles?  Yes  No
- g. Are logs kept on each person's usage, and is the maximum number of uses enforced?  Yes  No
47. Do you have child sitting services?  Yes  No
- If "Yes," please answer the following questions:*
- a. Are criminal and background checks performed on all potential employees having exposure to or responsibility for children?  Yes  No
- b. Are children under six weeks old accepted?  Yes  No
- c. Are children required to be signed in and signed out?  Yes  No
- d. Is any member who signs in a child required to be on premises at all times?  Yes  No
48. Does the applicant want to include a blanket additional insured coverage?  Yes  No
49. Does the applicant want to purchase medical payments for athletic participants?  Yes  No

50. Does the risk have a pool?  Yes  No  
 If "Yes," how many pools?  Yes  No
51. Does the applicant need to name any person or organization for Waiver of Transfer of Rights of Recovery Against Others to Us?  Yes  No  
 If "Yes," how many people or organizations need endorsement?  Yes  No
52. Does the applicant want to include a Grantor of Franchise as an additional insured  Yes  No  
 If "Yes":  
 a. How many additional insureds of this type? \_\_\_\_\_  
 b. What is the name of the additional insured? \_\_\_\_\_  
 c. What is the full mailing address of the additional insured?  
 \_\_\_\_\_
53. Does the applicant want to include a lessor of leased equipment as additional insured?  Yes  No  
 If "Yes":  
 a. How many additional insureds of this type? \_\_\_\_\_  
 b. What is the name of the additional insured? \_\_\_\_\_  
 c. What is the full mailing address of the additional insured?  
 \_\_\_\_\_
54. Add hired and non-owned automobile liability?  Yes  No  
 If "Yes":  
 a. Is there a commercial auto insurance policy in force?  Yes  No  
 b. Are employees or volunteers required to use their personal automobile to conduct the applicant's business on a regular basis?  Yes  No  
 c. Are vehicles used to transport people or deliver goods or products on a regular basis?  Yes  No

## FRAUD STATEMENTS

**Alabama, Arkansas, District of Columbia, New Mexico, Rhode Island and West Virginia:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**California:** For your protection California law requires the following to appear on this application. Fraud Statement: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado Fraud Statement:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**Florida Fraud Statement:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kansas Fraud Statement:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a crime and may be subject to fines and confinement in prison.

**Maine Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits

**Maryland Fraud Statement:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Ohio Fraud Statement:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma Fraud Statement:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon Fraud Statement:** Notice to Oregon applicants: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**Kentucky and Pennsylvania Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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.

**Tennessee, Virginia and Washington Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Fraud Statement (All Other States):** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

**STATE NOTICES**

**Arizona Notice:** Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

**Florida Surplus Lines Notice:** (Applies only if policy is non-admitted) You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

**Florida and Illinois Punitive Damage Notice:** I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

**Maine Notice:** The insurer is not permitted to withdraw any binder once issued, but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

**Minnesota Notice:** Authorization or agreement to bind the insurance may be withdrawn or modified only based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days' notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

**Ohio Representation Statement:** By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy.

**THE INSURED UNDERSTANDS AND AGREES THAT ANY MATERIAL MISREPRESENTATION OR OMISSION ON THIS APPLICATION WILL ACT TO RENDER ANY CONTRACT OF INSURANCE NULL AND WITHOUT EFFECT OR PROVIDE THE COMPANY THE RIGHT TO RESCIND IT.**

**Utah Punitive Damages Notice:** I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: \_\_\_\_\_ License #: \_\_\_\_\_

Agent's signature: \_\_\_\_\_ Main agency phone number: \_\_\_\_\_

(Required in New Hampshire)

Agency mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The signer of this Application acknowledges and understands that the information provided herein is material to the Company's acceptance of the risk and issuance of the requested policy. The signer of this Application represents that the information provided herein is true and correct in all matters. Any changes in the information represented in this Application occurring prior to the effective date of a policy shall be promptly reported to the Company in which case, the Company has the right to modify or withdraw any quote or binder issued based on such changes. The Company has the right but not the obligation to investigate any representation(s) in this Application. A decision by the Company not to investigate shall not estop the Company from relying on this Application in issuing a policy. It is agreed that this Application and any material submitted therewith, including but not limited to any supplemental Application(s), shall be the basis of any policy that is issued.

**New York Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicant's signature: \_\_\_\_\_ Title: \_\_\_\_\_

President, Chairperson of the Board, Managing Member, or Executive Director

Date: \_\_\_\_\_