



Associated Underwriters, Inc.

9412 Giles Road
LaVista, NE 68128

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HEALTH CLUB INSURANCE APPLICATION

General Information

- 1. Proposed effective date... Named Insured...
Company name... Individual Partnership Corporation
Street address...
City/State/Zip... Phone No...
Mailing address... City/State/Zip...
2. Number of members... Minimum age... Maximum age...
3. Gross receipts as respects membership sales... Initiation Fees... Pro Shop...
Note: Gross receipts should not include receipts for use of Athletic Courts...
All other (please explain)...
Total gross receipts...
4. Total area you sublease to others... sq.ft. Describe occupancy...
5. Does owner(s) lease, operate or participate in the operations of any other health club(s)?
If so, do you desire coverage for other facilities or is coverage provided elsewhere?
If coverage is provided elsewhere, we will require Certificate of Insurance.
6. Does owner(s) or insured(s) lease, operate or are you a subsidiary of any business(es) other than a health club(s)?
If so, are they to be insured under this policy?
If yes, supply all details. If not, provide a Certificate of Insurance on all other operations...
7. Number of years under current management...
8. Number of years of health club management experience...
9. Number of years at present location...
10. Previous Liability Carrier... Year... Carrier Name...
Policy Number... Premium \$...
Previous Property Carrier... Year... Carrier Name...
Policy Number... Premium \$...
11. Three year history
Date of Loss(s)... Amt. Paid/Reserves...
Description...
12. Has any company ever cancelled your insurance coverage?
If yes, give reason...
13. Are release forms signed?
14. What method is used for reporting complaints...
15. What are the first aid and emergency procedures...
16. Are lockers provided for patrons?
17. Are signs posted regarding the responsibility for patrons belongings?

18. Is a general health questionnaire completed or health examination required on all new members?  Yes  No

**Employees**

19. Number of employees? Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

20. Describe any formal training/educational requirements \_\_\_\_\_

21. Is staff required to have any CPR &/or First Aid Training?  Yes  No  
 If not, is training provided by employer?  Yes  No  
 22. If club includes aerobics, are instructors and/or head instructors certified?  Yes  No

**Equipment**

23. Number and brand of machines \_\_\_\_\_

24. Number of free weights and brand \_\_\_\_\_

25. Are spotters available?  Yes  No  
 26. Is equipment inspected?  Yes  No

How often \_\_\_\_\_

Are records kept?  Yes  No

Inspection performed by \_\_\_\_\_

27. Who maintains and repairs equipment? \_\_\_\_\_

**Premises Exposure**

28. Please specify yes or no. If yes, please specify number of exposures, i.e. Racquetball Courts 5, etc.

YES	NO	Type	Number
<input type="checkbox"/>	<input type="checkbox"/>	Aerobics	_____
<input type="checkbox"/>	<input type="checkbox"/>	Handball Courts	_____
<input type="checkbox"/>	<input type="checkbox"/>	Ice Skating	_____
<input type="checkbox"/>	<input type="checkbox"/>	Roller Skating	_____
<input type="checkbox"/>	<input type="checkbox"/>	Facial Tanning Machine	_____
<input type="checkbox"/>	<input type="checkbox"/>	Swimming Pools	_____
<input type="checkbox"/>	<input type="checkbox"/>	Racquetball Courts	_____
<input type="checkbox"/>	<input type="checkbox"/>	Tennis Courts	_____
<input type="checkbox"/>	<input type="checkbox"/>	Suntanning Units	_____
<input type="checkbox"/>	<input type="checkbox"/>	Batting Cages	_____

YES	NO	Type	Number	If Yes Answer. Please Explain
<input type="checkbox"/>	<input type="checkbox"/>	Provide Physicals	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Staff Medical Prof.	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Physical Therapist	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Is club connected with hospital or independent doctor?	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Blood Analysis	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Stress Testing	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Martial Arts	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Trampolines	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Diet Centers	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Gymnastic Classes	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Sports Medicine	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Liquid Protein	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Vitamin Injections	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Physical Contact Sports	_____	_____

**Swimming Pool**

29. Is there a lifeguard on duty in pool area at all times?  Yes  No

30. Is there proper lifesaving equipment available?  Yes  No

Type (i.e. hook, rope) \_\_\_\_\_

31. Are pool rules posted?  Yes  No Diving Board?  Yes  No Height \_\_\_\_\_

**Nursery**

- 32. Number of exits \_\_\_\_\_
- 33. Maximum number of children at any one time \_\_\_\_\_ Age Group \_\_\_\_\_
- 34. Number of attendants \_\_\_\_\_ Ages \_\_\_\_\_
- 35. Are the attendants trained in child care?  Yes  No
- 36. Are children allowed to stay if parents leave center?  Yes  No
- 37. Describe method used for signing children in and out of the nursery \_\_\_\_\_  
\_\_\_\_\_
- 38. Do you provide any type of exercise equipment or aerobics to children while in Nursery?  Yes  No  
If yes, explain \_\_\_\_\_  
\_\_\_\_\_

**Pro Shop**

- 39. Receipts \$ \_\_\_\_\_
- 40. What products are sold \_\_\_\_\_
- 41. Are any products sold under your own label?  Yes  No
- 42. List products \_\_\_\_\_

**Building Information**

- 43. Area of club (sq. ft.) \_\_\_\_\_ Age of building \_\_\_\_\_
- 44. Date of last wiring upgrade? \_\_\_\_\_ 45. Date of last plumbing upgrade? \_\_\_\_\_
- 46. Total Area of Building (sq. ft) \_\_\_\_\_ 47. Date of last heating update? \_\_\_\_\_
- 48. Date of last roof update? \_\_\_\_\_
- 49. Construction  Frame  Metal clad  Masonry  Fire Resistive Number of stories \_\_\_\_\_
- 50. Sprinkler System?  Yes  No Central Station Burglar Alarm  Yes  No  
With Interior Motion Sensors  Yes  No
- 51. Describe all adjacent exposures and distance away from your premises (i.e., restaurant, bakery, etc.):  
To the right \_\_\_\_\_  
To the left \_\_\_\_\_  
And to the rear \_\_\_\_\_
- 52. Is any equipment leased?  Yes  No Type? \_\_\_\_\_  
Is loss payee required on your equipment or mortgagee on building coverage? (include full name, address, type of equipment & value) \_\_\_\_\_
- 53. Distance from fire hydrant \_\_\_\_\_ feet Distance from fire station \_\_\_\_\_
- 54. Type of neighborhood:  Residential  Commercial
- 55. Type of building maintenance and frequency \_\_\_\_\_
- 56. Is there any cooking on premises?  Yes  No If yes, explain \_\_\_\_\_  
\_\_\_\_\_
- Is there an Ansul System?  Yes  No  
If yes, is there a cleaning contract for the system and filters?  Yes  No

**Coverage Desired**

**PROPERTY** (All coverages are written with a \$1,000 deductible, 80% CO., RC unless otherwise stated)

Building \$ \_\_\_\_\_  
 Total Contents \$ \_\_\_\_\_  
 Contents Consists of: Equipment \$ \_\_\_\_\_  
 Furniture \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_

**OPTIONAL PROPERTY**

\$ \_\_\_\_\_ Loss of Earnings, limit per month \$ \_\_\_\_\_ up to \_\_\_\_\_ months  
 \$ \_\_\_\_\_ Sign Coverage, limit \$ \_\_\_\_\_  Attached to building  Free standing

**LIABILITY**

Limits Desired  \$1,000,000  \$2,000,000  \$3,000,000

Additional insured/landlord (list full name and address) \_\_\_\_\_

**CRIME**

Robbery and Safe Burglary - Money and Securities

Inside (must have a safe encased in floor or wall)

Inside limit \$ \_\_\_\_\_

Outside (messenger/custodian to/from bank)

Outside limit \$ \_\_\_\_\_

**In the event your facility has suntanning equipment, please answer the following questions.**

57. Number of units \_\_\_\_\_ Manufacturer \_\_\_\_\_

What type of bulbs are used?  UVA  UVB Maximum % of UVB bulbs unit \_\_\_\_\_

Manufacturer \_\_\_\_\_

Is it coin operated  Yes  No

Is there an attendant on duty?  Yes  No

Is eye protection mandatory?  Yes  No

Is it a suntan:  Bed  Booth

Is timer used?  Yes  No

Include where timer control is located \_\_\_\_\_

**Read and sign below**

I hereby state that the information contained in this application is true and accurate to the best of my knowledge and that no material facts have been misrepresented or mix-stated.

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.

Signature \_\_\_\_\_ Print name \_\_\_\_\_

Date \_\_\_\_\_ Title \_\_\_\_\_

Resident agent name \_\_\_\_\_

**COPY OF MEMBERSHIP CONTRACT INCLUDING HOLD HARMLESS CLAUSE  
MUST BE SUBMITTED WITH COMPLETED APPLICATION**

**APPLICATIONS MUST BE FULLY COMPLETED AND SIGNED  
PRIOR TO COVERAGE BEING BOUND**