



Associated Underwriters, Inc.

9412 Giles Road
LaVista, NE 68128

Phone: 402.592.0900

Fax: 402.52.0962

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 (handball, racquetball or tennis), Batting Cages, Daycare/Nurseries or Snack Bars.

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)? [] Yes [] No
If so, do you desire coverage for other facilities or is coverage provided elsewhere? [] Yes [] No
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)? [] Yes [] No
If so, are they to be insured under this policy? [] Yes [] No
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? [] Yes [] No (not applicable in Missouri)

If yes, give reason _____

13. Are release forms signed? [] Yes [] No (Attach copies)

14. What method is used for reporting complaints _____

15. What are the first aid and emergency procedures _____

16. Are lockers provided for patrons? [] Yes [] No

17. Are signs posted regarding the responsibility for patrons belongings? [] Yes [] No

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**