

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 _____
Agency name _____ 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 _____

Inspection performed by _____ Are records kept? Yes No

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**