



# CLY<sup>®</sup> Facility Insurance Application



Duncan Insurance Group, Inc  
Phone: 724-863-3420  
Toll Free: 888-383-3420 X  
Fax: 724-864-3022  
www.DuncanGRP.com



**SPORTS & FITNESS**  
INSURANCE CORPORATION

Submission Requirements 1. Waiver/Hold Harmless Agreement 2. Membership/Client/Student Contract 3. Loss History for past 3 years  
4. Resume of Owner for new venture 5. Martial Arts Sparring Rules

*(All policy communication such as renewal notifications, certificates of insurance, and policy documents will be handled via email. Please make sure we have a valid email address. Multiple Locations must complete a separate application for each location.)*

## Section I – Licensed Agent or Broker Information: *(Please skip this section if you are not working with an agent or broker.)*

Agent#: AGT3012 Name: Duncan Insurance Group, Inc.

Contact Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Address: 311 Main St

City: Irwin State: PA Zip: 15642

Telephone: 888-383-3420 Fax: 724-863-3420 Email: commercial-insurance@duncangrp.com

## Section II – General Information *(If New Facility, please indicate opening date:\_\_\_\_\_)*

Named Insured: \_\_\_\_\_ DBA: \_\_\_\_\_

Business Type: ☐Corporation ☐Individual ☐LLC ☐Partnership ☐Other:\_\_\_\_\_

Facility Type: ☐Fitness Club ☐Personal Training Studio ☐Dance Studio ☐CLY  
☐Martial Arts ☐Yoga/Pilates ☐Other:\_\_\_\_\_

Owner's Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County/Parrish: \_\_\_\_\_

Property Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County/Parrish: \_\_\_\_\_

Phone(required) : \_\_\_\_\_ Fax: \_\_\_\_\_ Web Site: \_\_\_\_\_

SSN: \_\_\_\_\_ FEIN: \_\_\_\_\_

Describe Business Operations: \_\_\_\_\_

Year the business started: \_\_\_\_\_ Number of years of experience of current management: \_\_\_\_\_  
*(If this is a new venture, please attach resume(s) of owner and primary manager.)*

1. Do you own or rent the facility? ☐Own ☐Rent

If renting, Landlord Name: \_\_\_\_\_

Landlord Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County/Parrish: \_\_\_\_\_

2. Do you sublease or rent space to others? ☐Yes ☐No If Yes, how many square feet? \_\_\_\_\_

If yes, to whom and what is the purpose: \_\_\_\_\_

3. Do you engage in any other operations as the Named Insured above? ☐Yes ☐No

If yes, explain: \_\_\_\_\_

4. Is applicant a subsidiary of another entity or does the applicant have any subsidiaries? ☐Yes ☐No

5. How did you hear about Sports & Fitness Insurance? \_\_\_\_\_

## Section III – Commercial General Liability Insurance Information

1. Liability limit: ☐ \$1,000,000 occurrence/\$2,000,000 aggregate

☐ \$2,000,000 occurrence/\$4,000,000 aggregate

2. Do you own any vehicles in your business? ☐Yes ☐No

If so, do you have a business auto policy in place? ☐Yes ☐No

3. Would you like a quote for Hired and Non-Owned Auto Coverage? ☐Yes ☐No

4. Is your facility part of a franchise group? ☐Yes ☐No If yes, what group: \_\_\_\_\_

5. Is facility currently insured? ☐ Yes ☐ No Annual Premium: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Insurance Company Name: \_\_\_\_\_
6. Have you ever been cancelled, non-renewed, or denied insurance on a liability policy? ☐ Yes ☐ No  
If Yes, explain: \_\_\_\_\_
7. Do you perform any of these services or activities at your facility? ☐ Yes ☐ No  
(Any aerial activities, Medical or Health Care Services, Nutritionists who provide prescriptions, medical advice, and Sports Skills Instruction)

**Section IV – Mandatory Financial Information**

(If this is a new business, please provide projections.)

1. Total Annual Gross Sales: \$ \_\_\_\_\_ (This amount should include all of the money below.)
2. Annual Gross Sales From: Membership Dues: \$ \_\_\_\_\_ Initiation Fees: \$ \_\_\_\_\_ Liquor: \$ \_\_\_\_\_  
Pro Shop: \$ \_\_\_\_\_ Tanning: \$ \_\_\_\_\_ Rental from Leased Space: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_
3. Does your facility derive 80% or more of the revenue from personal training, circuit training, or small group training? ☐ Yes ☐ No

**Section V – Employee/Contractor Information**

1. Total number of employees: Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_ Contractors: \_\_\_\_\_

2. Do you employ or contract with any of the following at your facility?

	# of Employees: Fulltime	Parttime	Contractors
a) Beauticians/Cosmetologists	_____	_____	_____
b) Estheticians	_____	_____	_____
c) Physical Therapists	_____	_____	_____
d) Massage Therapists	_____	_____	_____
e) Personal Trainers	_____	_____	_____
f) Dieticians or nutritionists	_____	_____	_____
g) Nail Technicians	_____	_____	_____
h) Martial Arts Instructors	_____	_____	_____
i) Chiropractors or Acupuncturists	_____	_____	_____
g) Other? _____	_____	_____	_____
Total Number of Employees:	_____	_____	_____

3. Do you require all independent contractors to carry their own insurance? ☐ Yes ☐ No
4. Our fitness facility does not cover independent contractors, do any of your independent contractors need insurance? ☐ Yes ☐ No Your independent contractors can purchase insurance on our website.

**Section VI – Liability Operations/Exposure Information**

1. Facility Size (square feet): \_\_\_\_\_ Avg. cost of membership/session/class: \_\_\_\_\_  
Number of Active Members/Clients/Students: \_\_\_\_\_
2. Please indicate the **number** of each of the following:
- Jacuzzis: \_\_\_\_\_ Saunas: \_\_\_\_\_ Steam Rooms: \_\_\_\_\_ Tanning Units: \_\_\_\_\_ Pools: \_\_\_\_\_  
(Attach supplemental applications for Tanning Booth and Swimming Pool exposures. Available on our website.)
- Boxing Rings: \_\_\_\_\_ (Cardio-kickboxing only – no full contact boxing)
- Courts/Tracks: \_\_\_\_\_ (What type: \_\_\_\_\_)
- Climbing Walls: \_\_\_\_\_ (Height: \_\_\_\_\_ ☐ Indoor ☐ Outdoor)
- Obstacle Course: \_\_\_\_\_ (Height: \_\_\_\_\_ ☐ Indoor ☐ Outdoor)
- Rebounders: \_\_\_\_\_ (Full size trampolines are excluded)
- Pieces of equipment: \_\_\_\_\_ (count everything except free weights, steps, and mats)
- Manufacturer(s) of equipment: \_\_\_\_\_ Age of equipment: \_\_\_\_\_
3. Do you use “home made” or “modified” equipment? ☐ Yes ☐ No How old is your equipment? \_\_\_\_\_
4. Do you keep equipment maintenance logs? ☐ Yes ☐ No
5. Does an outside vendor perform your equipment maintenance? ☐ Yes ☐ No If yes, who: \_\_\_\_\_
6. Is your equipment and building in good repair and maintained? ☐ Yes ☐ No  
If no, explain: \_\_\_\_\_

7. Do you provide childcare? ☐ Yes ☐ No or offer youth activities? ☐ Yes ☐ No (If YES, attach list of activities)
- a. If Yes, Staff to Child ratio: \_\_\_\_\_
- b. What is the maximum hours allowed to stay? \_\_\_\_\_
- c. Do you have outdoor playgrounds for children? ☐ Yes ☐ No
- d. Do you have written guidelines in place for preventing minors being left alone with adults? ☐ Yes ☐ No
8. Do you perform criminal background check on employees and independent contractors? ☐ Yes ☐ No
9. Do any of your employees have known convictions or allegations of sexual offenses? ☐ Yes ☐ No
10. Do you have a licensed daycare facility? ☐ Yes ☐ No
11. Do you offer gymnastics? ☐ Yes ☐ No (Children's floor level tumbling only)
12. Do you offer summer camps, day camps or parties? ☐ Yes ☐ No (If yes, attach day camp supplemental application from our website.)
13. Do you offer an after school program for children? ☐ Yes ☐ No  
(If yes, attach after school program supplemental application from our website.)
14. Do you host special events? ☐ Yes ☐ No If yes, describe: \_\_\_\_\_  
(If yes, attach special event supplemental application. Available on our website. Please note that additional premium may apply.)
15. Do you have lock-ins or other special events that have over-night exposure? ☐ Yes ☐ No  
If yes, describe: \_\_\_\_\_
16. Do you host any events out of the U.S.? ☐ Yes ☐ No Note: No coverage is provided outside of the U.S.
17. Do you require signed waivers from all clients? ☐ Yes ☐ No
18. Is safety signage used throughout the facility? ☐ Yes ☐ No
19. Do you have non-slip surfaces in ALL wet areas? ☐ Yes ☐ No
20. Do you have showers in your facility? ☐ Yes ☐ No
21. Do you have a daily cleaning schedule? ☐ Yes ☐ No
22. Do you operate a key club or 24/7 access club? ☐ Yes ☐ No  
(A Key Club is a facility that is accessible 24 hours a day via key or access card, with no supervision.  
Please attach supplemental application for 24 Hr Access. Available on our website.)
23. Is the owner on site during all hours of operation? ☐ Yes ☐ No
24. Do you conduct orientation for all new members? ☐ Yes ☐ No
25. Do you sell liquor? ☐ Yes ☐ No or have a liquor license? ☐ Yes ☐ No  
(If yes, attach liquor supplemental application. Available on our website.)
26. Do you have a restaurant or snack bar? ☐ Yes ☐ No If yes, is there cooking? ☐ Yes ☐ No  
(If yes to cooking, attach restaurant supplemental application. Available on our website.)
27. Do you own your own parking lot? ☐ Yes ☐ No
28. Do you produce videos? ☐ Yes ☐ No  
If yes, how many titles? \_\_\_\_\_ Gross Sales: \_\_\_\_\_
29. Are any products sold or manufactured under your label? (i.e. vitamins, t-shirts, water bottles, etc.) ☐ Yes ☐ No  
If yes, explain: \_\_\_\_\_
30. Would you like to include Employee Dishonesty coverage in your quote? ☐ Yes ☐ No  
Employee dishonesty coverage protects an employer from financial loss due to the fraudulent activities of one or more employees.

### Section VII – Spa Services (If does not apply skip to next applicable section) ☐ N/A

1. Do you offer any of the spa services listed below? ☐ Yes ☐ No If yes, please check the services offered:
- |                                                                 |                                                       |                                           |
|-----------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Laser skin enhancement therapy         | <input type="checkbox"/> Laser hair removal           | <input type="checkbox"/> Botox treatments |
| <input type="checkbox"/> Plastic surgery procedures             | <input type="checkbox"/> Microdermabrasion            | <input type="checkbox"/> Chemical peels   |
| <input type="checkbox"/> Hair replacement procedures            | <input type="checkbox"/> Intense pulsed light therapy | <input type="checkbox"/> Face lifting     |
| <input type="checkbox"/> Removal of warts or other growths etc. | <input type="checkbox"/> Other _____                  |                                           |
2. Do you offer any additional procedures or processes designed to remove layers of skin  
(other than enzyme exfoliation)? ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_
3. Do you manufacture or custom mix any of your own products? ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_

**Section VIII – Martial Arts** (If does not apply skip to next applicable section) ☐ N/A

Name the style you teach: \_\_\_\_\_ Federation or Association: \_\_\_\_\_

Level of contact: ☐ Light ☐ Full ☐ None

Belt rank of owner/primary instructor: \_\_\_\_\_ Number years teaching experience: \_\_\_\_\_

Number of Active Students: \_\_\_\_\_ Ratio of instructors to students: \_\_\_\_\_ Age range of students: \_\_\_\_\_

1. Do you participate in tournament(s)? ☐ Yes ☐ No2. Do you sponsor tournaments? ☐ Yes ☐ No

(Please call for Special Event coverage if hosting a tournament off premise.)

3. Do you practice sparring? (**Please attach sparring regulations**) ☐ Yes ☐ No4. Do you do off-premise demonstration? ☐ Yes ☐ No5. Do you offer kick boxing? (Only cardio boxing is covered) ☐ Yes ☐ No6. Do you have weapons training? (Only padded or fake weapons are eligible) ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

7. What other type of equipment is used on premise? \_\_\_\_\_

8. Do you perform criminal background check on employees and independent contractors? ☐ Yes ☐ No9. Do any of your employees have known convictions or allegations of sexual offenses? ☐ Yes ☐ No10. Do offer after school or summer camps? ☐ Yes ☐ No If Yes, please attach the day camp application.11. Do you have written guidelines in place for preventing minors being left alone with adults? ☐ Yes ☐ No**Martial Arts Underwriting Requirements:**

1. All participants in sparring or contact drills must wear protective gear which is usual and customary for the style.
2. Usual protective gear would be mouthpiece, head gear, groin cup, chest protector, shin guards, hand and foot pads.
3. A hold harmless agreement must be kept on file for each student.
4. Each student should receive a copy of the sparring rules.
5. Sparring guidelines must be submitted with application if applicable. Full contact is not allowed.

**Section IX –Dance/Aerobics** (If does not apply skip to next applicable section) ☐ N/A

Total number of students: \_\_\_\_\_ Style(s) that you teach: \_\_\_\_\_

Number of recitals: \_\_\_\_\_ On premises: ☐ Yes ☐ No Off premises: ☐ Yes ☐ No1. Do you teach private lessons? ☐ Yes ☐ No2. Do you teach adults? ☐ Yes ☐ No3. Do you teach children? ☐ Yes ☐ No Ages: \_\_\_\_\_If so, do you perform criminal background check on employees and independent contractors? ☐ Yes ☐ NoAnd do any of your employees have known convictions or allegations of sexual offenses? ☐ Yes ☐ No4. Do you have a performing company? ☐ Yes ☐ No5. Do you operate a dance club? ☐ Yes ☐ No6. Do you have written guidelines in place for preventing minors being left alone with adults? ☐ Yes ☐ No**Dance Underwriting Requirements:**

1. Regular gymnastics is not covered in this program. Call us for additional information on other programs available.
2. Cheerleading is not covered in this program. Call us for additional information on other programs available.

**Section X – CLY/Yoga/Pilates** (If does not apply skip to next applicable section) ☐ N/A

section) Total number of students/members/clients: \_\_\_\_\_

Number of workshops: \_\_\_\_\_ On premises: ☐ Yes ☐ No Off premises: ☐ Yes ☐ No

Yoga/Pilates Underwriting Requirements:

CLY Certified? Yes No

1. Sweat lodges are not covered under this program.
2. International travel is not covered under this program.

**Section XI – General Property Information** – This includes coverage for damage to physical property, including equipment and contents from hazards such as fire and theft.

(If this section does not apply skip to next applicable section) ☐ N/A

1. Construction Type: ☐ Frame (ISO 1) ☐ Joisted Masonry (ISO 2) ☐ Light Noncombustible (ISO 3)  
☐ Masonry Noncombustible (ISO 4) ☐ Modified Fire Resistive (ISO 5) ☐ Fire Resistive (ISO 6)
2. Roof Construction Type: ☐ Shingles ☐ Metal ☐ Concrete ☐ Other \_\_\_\_\_
3. If known, what is the Fire Protection Class? \_\_\_\_\_
4. How many stories are in the building? \_\_\_\_\_
5. Is there a Basement in the building? ☐ Yes ☐ No
6. In what year was the building built? \_\_\_\_\_
7. What is the Total Size of the building (sq/ft)? \_\_\_\_\_ How much of the building do you occupy(sq/ft)? \_\_\_\_\_
8. What other occupancies are in the building? \_\_\_\_\_
9. Do you have a fence? ☐ Yes ☐ No If yes, is it ☐ Wooden or ☐ Metal Value of fence: \$ \_\_\_\_\_
10. Do you have a sign? ☐ Yes ☐ No If yes, is the sign attached? ☐ Yes ☐ No Value of sign: \$ \_\_\_\_\_
11. If building is over 25 years old, give year of the update for the:  
 Roof: \_\_\_\_\_ Wiring: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Heating: \_\_\_\_\_
12. Is the building vacant? ☐ Yes ☐ No If yes, what percent of it is? \_\_\_\_\_
13. Do you have a burglar alarm? ☐ Central Station ☐ With Keys ☐ None.  
 a. If yes, alarm was installed by \_\_\_\_\_ b. If yes, alarm is serviced by: \_\_\_\_\_
14. Is there a safe on premises? ☐ Yes ☐ No
15. Do you have fire protection? ☐ Standpipes ☐ CO2/Halon ☐ None
16. Do you have sprinklers? ☐ Yes ☐ No If yes, what percentage of your space is sprinklered? \_\_\_\_\_
17. Do you have a fire alarm? ☐ Central Station ☐ Local Gong ☐ None
18. Describe the type of structure or business that exists around your building and the distance to it:  
 a. Right Side (Exposure) : \_\_\_\_\_ Distance: \_\_\_\_\_  
 b. Left Side (Exposure) : \_\_\_\_\_ Distance: \_\_\_\_\_  
 c. Rear (Exposure) : \_\_\_\_\_ Distance: \_\_\_\_\_
19. How far in miles is the closest fire station \_\_\_\_\_ and the closest fire hydrant \_\_\_\_\_ in relation to the building?
20. Does the closest fire station have a tanker truck? ☐ Yes ☐ No
21. Does the facility currently property insurance? ☐ Yes ☐ No Annual Premium: \_\_\_\_\_  
 Exp. Date: \_\_\_\_\_ Insurance Company Name: \_\_\_\_\_

**Section XII – Property Insurance Information** (If does not apply skip to next applicable section) ☐ N/A

Proposed Effective Date : \_\_\_\_\_ Proposed Expiration Date: \_\_\_\_\_

YOU MUST COMPLETE ALL OF THE FOLLOWING SECTIONS – ENTER ZERO IF NONE APPLIES				
SUBJECT OF INSURANCE	AMOUNT	DEDUCT	COINS	PERILS, FORMS & CONDITIONS TO APPLY
1. Building Coverage (Skip if you don't own)	\$	\$1,000	90%	Special Form / Replacement Cost
2. Business Personal Property (Contents & Stocks includes Mirrors)	\$	\$1,000	90%	
3. Tenant Improvements	\$	\$1,000	90%	
4. Sign	\$	\$1,000	90%	
5. Glass (Tenant) (Windows, Plate Glass, etc.)	\$	\$1,000	90%	
6. Fence	\$	\$1,000	90%	
7. Business Income with extra expense	\$	\$1,000		
Rental Income-This is rental income from tenants or instructors who rent space from you.	\$	\$1,000		
8. Choices of Business Income Indemnity: <b>Requires a 72 hour wait and business income maximum is 12 months.</b> Does rental income need to be included in the business income? <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="float: right; text-align: right;">             Indemnity:  <input type="checkbox"/> 3 months <input type="checkbox"/> 4 months  <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months           </div>				

**Section XIII – General Liability and Property Claim / Loss Information**

Have you had any claims in the past 3 years on a liability or property policy? ☐ Yes ☐ No

If yes, enter all losses for prior 3 years, annual aggregates for each line of insurance may be entered in the description if preferable (if aggregates provided, indicate # of claims); explain all claims exceeding \$5,000.

Date of Loss	Type of Loss	Description (Describe what corrective Measures if applicable)	Amount Paid \$	Amount of Reserves \$

**Section XIV – Additional Insureds**

Name & Address	Interests
Name: CLY Organization Address: 13690 South West King Lear Way City state and Zip: King City, OR, 97224	<input checked="" type="checkbox"/> Franchisor
Name: Address: City state and Zip:	<input type="checkbox"/> Landlord <input type="checkbox"/> Mortgage <input type="checkbox"/> Other Please specify:
Name: Address: City State and Zip:	<input type="checkbox"/> Landlord <input type="checkbox"/> Mortgage <input type="checkbox"/> Other Please specify:
Name: Address: City state and Zip:	<input type="checkbox"/> Landlord <input type="checkbox"/> Mortgage <input type="checkbox"/> Other Please specify:
Name: Address: City state and Zip:	<input type="checkbox"/> Landlord <input type="checkbox"/> Mortgage <input type="checkbox"/> Other Please specify:

**Section XV – Disclaimer**

THIS POLICY DOES NOT COVER CLAIMS ARISING OUT OF THE RECOMMENDATION, SELLING, PROMOTION, MANUFACTURING, AND/OR TESTING OF VITAMINS, HERBS, NUTRITIONAL AND/OR DIET SUPPLEMENTS.

**No application will be accepted unless signed by the applicant.**

The applicant warrants that all answers to the questions on this application are true and correct. Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing false information, or conceals for the purpose of misleading information concerning fact thereto, commits a fraudulent insurance act, which is a crime.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Agent (If applicable)

\_\_\_\_\_  
Date

**Additional coverages are available:** Please check the applicable box and an applications will be sent to you.

☐ Umbrella Liability ☐ Workers Compensation ☐ Flood ☐ Surety Bond