



SPORTS & FITNESS
INSURANCE CORPORATION

19825-B North Cove Rd #104
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- | 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 |

Delta Life Fitness Insurance Application

(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#: _____ Name: _____
Contact Name: _____ License Number: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____ Email: _____

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 Key Club (24/7)
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.)

- Do you own or rent the facility? Own Rent
If renting, Landlord Name: _____
Landlord Mailing Address: _____
City: _____ State: _____ Zip: _____ County/Parrish: _____
- 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: _____
- Do you engage in any other operations as the Named Insured above? Yes No
If yes, explain: _____
- Is applicant a subsidiary of another entity or Does the applicant have any subsidiaries? Yes No

Section III – Commercial General Liability Insurance Information

- Liability limit: \$500,000 occurrence/\$1,000,000 aggregate \$1,000,000 occurrence/\$2,000,000 aggregate
 \$1,000,000 occurrence/\$3,000,000 aggregate \$2,000,000 occurrence/\$4,000,000 aggregate
- 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 facility currently insured? Yes No Annual Premium: _____ Exp. Date: _____
Insurance Company Name: _____
5. Have you ever been cancelled, non-renewed, or denied insurance on a liability policy? Yes No
If Yes, explain: _____

Section IV – Mandatory Financial Information (If this is a new business, please provide projections.)

1. Total Annual Gross Sales: \$ _____
2. Annual Gross Sales From: Membership Dues: \$ _____ Initiation Fees: \$ _____ Liquor: \$ _____
Pro Shop: \$ _____ Tanning: \$ _____ Rental from Leased Space: \$ _____ Other: \$ _____

Section V – Employee/Contractor Information

1. Number of employees: Full-time: _____ Part-time: _____
2. Do you employ or contract with any of the following at your facility?
- | | # of Employees: Fulltime | Parttime | # of Ind. 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? _____ | _____ | _____ | _____ |
3. Do any of the independent contractors need to be insured under your policy? Yes No
4. Do you require all independent contractors to carry their own insurance? Yes No

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 Booths: _____ Swimming 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)
- 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. Is your equipment and building in good repair and maintained? Yes No
If no, explain: _____

6. 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
7. Do you perform criminal background check on employees? Yes No
8. Do any of your employees have known convictions or allegations of sexual offenses? Yes No
9. Do you have a licensed daycare facility? Yes No
10. Do you offer gymnastics? Yes No (Children's floor level tumbling only)
11. Do you offer summer camps, day camps or parties? Yes No
(If yes, attach day camp supplemental application. Available on our website.)
12. 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.)
13. Do you have lock-ins or other special events that have over-night exposure? Yes No
If yes, describe: _____
14. Do you host any events out of the U.S.? Yes No Note: No coverage is provided outside of the U.S.
15. Do you require signed waivers from all clients? Yes No
16. Is safety signage used throughout the facility? Yes No
17. Do you have non-slip surfaces in ALL wet areas? Yes No
18. Do you have showers in your facility? Yes No
19. Do you have a daily cleaning schedule? Yes No
20. Do you operate a key club or 24/7 access? 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.)
21. Is the owner on site during all hours of operation? Yes No
22. Do you conduct orientation for all new members? Yes No
23. Do you sell liquor? Yes No or have a liquor license? Yes No
(If yes, attach liquor supplemental application. Available on our website.)
24. 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.)
25. Do you own your own parking lot? Yes No
26. Do you produce videos? Yes No
If yes, how many titles? _____ Gross Sales: _____
27. Are any products sold or manufactured under your label? (i.e. vitamins, t-shirts, water bottles, etc.) Yes No
If yes, explain: _____

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

1. Do you offer spa services? Yes No
- If yes, please check if you offer any of the following services:**
- | | | |
|---|---|---|
| <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 No
- 2. 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 No
- 4. Do you do off-premise demonstration? Yes No
- 5. Do you offer kick boxing? (Only cardio boxing is covered) Yes No
- 6. 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 that work with minors? Yes No
- 9. Do any of your employees have known convictions or allegations of sexual offenses? Yes No
- 10. Do offer after school or summer camps? Yes No If Yes, please attach the day camp application.

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, 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. Full contact is not allowed.
Sparring guidelines must be submitted with application if applicable.

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 No

- 1. Do you teach private lessons? Yes No
- 2. Do you teach adults? Yes No
- 3. Do you teach children? Yes No Ages: _____

If so, do you perform criminal background check on employees? Yes No

And do any of your employees have known convictions or allegations of sexual offenses? Yes No

- 4. Do you have a performing company? Yes No
- 5. Do you operate a dance club? 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 – Yoga/Pilates (If does not apply skip to next applicable section) N/A

Total number of students/members/clients: _____

Number of workshops: _____ On premises: Yes No Off premises: Yes No

Yoga/Pilates Underwriting Requirements:

- 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 (Wood Construction) Joisted Masonry (Brick) Other _____
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)? _____
8. How much of the building do you occupy(sq/ft)? _____
 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 sprinkered? _____
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

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	\$	\$1,000	90%	Special Form / Replacement Cost
2. Contents and Stock	\$	\$1,000	90%	
3. Tenant Improvements	\$	\$1,000	90%	
4. Sign, Glass, Fence	\$	\$1,000	90%	
5. Business Interruption Coverage	\$	\$1,000		
6. Choices of Business Income Indemnity: Requires a 72 hour wait and business income maximum is 12 months. Is rental income included? <input type="checkbox"/> Yes <input type="checkbox"/> No				Length of time of coverage: <input type="checkbox"/> 3 months <input type="checkbox"/> 4 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months
7. Is facility currently insured? <input type="checkbox"/> Yes <input type="checkbox"/> No			Insurance Company Name: Annual Premium: Exp. Date:	

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: 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:
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 applications will be sent to you.

- Umbrella Liability Workers Compensation Flood Surety Bond