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- Submission Requirements
1. Waiver/Hold Harmless Agreement
 2. Sample Membership Contract
 3. Loss History for past 3 years for existing franchise
 4. Resume of Owner for new franchise

F45 Training Sports & 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: _____
 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: _____

Year the business started: _____ Number of years of experience of current management: _____

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

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 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: Fitness training/classes: \$ _____ Other: \$ _____

Section V – Employee/Contractor Information

1. Number of employees: Full-time: _____ Part-time: _____
2. Number of Independent Contractors: Full-time: _____ Part-time: _____
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
5. Do you perform criminal background check on employees and independent contractors? Yes No
6. Do any of your employees have known convictions or allegations of sexual offenses? 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:
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
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, how many children are kept per staff member? _____
 - b. What is the maximum hours allowed to stay? _____
7. 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.)
8. Do you host any events out of the U.S.? Yes No Note: No coverage is provided outside of the U.S.
9. Do you require signed waivers from all clients? Yes No
10. Is safety signage used throughout the facility? Yes No
11. Do you have non-slip surfaces in ALL wet areas? Yes No
12. Do you have showers in your facility? Yes No
13. Do you have a daily cleaning schedule? Yes No
14. Is the owner on site during all hours of operation? Yes No
15. Do you conduct orientation for all new members? Yes No
16. Do you own your own parking lot? Yes No
17. Are any products sold or manufactured under your label? (i.e. vitamins, t-shirts, water bottles, etc.) Yes No
If yes, explain: _____
18. Do you have defibrillators on premises? Yes No
19. Are all of your employees trained in CPR? Yes No

Section VII – 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
21. Does the facility currently carry property insurance? Yes No Annual Premium: _____
 Exp. Date: _____ Insurance Company Name: _____

Section VIII – 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. Contents and Stock	\$	\$1,000	90%	
3. Mirrors	\$			
3. Tenant Improvements	\$	\$1,000	90%	
5. Sign – 2' \$6,000 or 3' \$10,000	\$	\$1,000	90%	
5. Glass (Tenant) (Windows, Plate Glass, etc.)	\$	\$1,000	90%	
7. Business Income with extra expense	\$	\$1,000		
8. Choices of Business Income Indemnity: Requires a 72 hr wait and business income maximum is 12 months. <input type="checkbox"/> 3 months <input type="checkbox"/> 4 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months				

Section IX – 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 X – 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:

Section XI – 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