SPORTS & FITNESS INSURANCE CORPORATION

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# F45 TRAINING WORKERS COMPENSATION APPLICATION

1. Trade Name:______________________________
2. Exact Business Name:______________________________
3. ☐Individual ☐Partnership ☐Corporation ☐LLC ☐Other *(specify)*________________
4. Street Address:______________________________

   *(A separate application for each location is required)*
5. City:______________________________

   State:______________Zip:______________County:____________________
6. Phone:______________Fax:______________Email:____________________
7. Mailing Address:______________________________
8. Federal ID#:____________________ Number of years in business:__________
9. Desired Effective Date:____________________ Number of yrs mgmt experience:__________
10.

| # of Employees: | Annual Payroll* |
|---|---|
| | |
| | |
| | |

11. Limit of Employers Liability: ☐ Statutory ($100/100/500) ☐ $500,000 ☐ $1,000,000

12. Persons to be Included or Excluded: (**Partners, Officers, Relatives)

**LIST **ALL** OFFICERS EVEN IF THEY DO NOT WORK AT THE CLUB**

Officers Names: *Does Payroll Above **Include or Exclude** Remuneration for Officers?

#______________________________

#______________________________

#______________________________

Are owners to be included? ☐ Yes ☐ No Do owners have their own health insurance? ☐ Yes ☐ No

***{If new business, skip 13-15}***

13. Has any carrier canceled or declined coverage during the past 3 years? ☐ Yes ☐ No

    If yes, Name carrier and explain:______________________________

14. Name of Current Carrier:______________Policy Number:____________________

    Policy Period from____________________to ____________________
15. Claim Experience for the past 3 years: *(attach separate sheet if necessary)*

| Date of Loss | Name | Description | Amount Paid | Days Lost |
|---|---|---|---|---|
| | | | | |
| | | | | |

Rating Information: Current Experience Mod *(if known)*:____________________

Application contains a description of all hazards known by me to exist on this date and those likely to exist at any time during the policy period. *Any application containing false information would be considered fraudulent and is subject to criminal penalties.*

Applicant's Printed Name:______________________________Date:______________

Applicant's Signature:______________________________