



GENERAL LIABILITY RENEWAL APPLICATION

Legal Business Name _____

dba (doing business as) _____

Type of Business Corporation LLC Partnership Other: _____

Mailing Address _____

City _____ State _____ Zip _____

Location Address: _____

City _____ State _____ Zip _____

If more than one location complete a separate application for each location.

Contact Name _____ Phone _____ Fax _____

Email _____ Web Address _____

Total Annual Gross Sales (This amount should include all of the money below.) \$ _____

Annual Gross Sales From

Membership Dues \$ _____ Tanning \$ _____

Initiation Fees \$ _____ Rental from Leased Space \$ _____

Liquor \$ _____ Other \$ _____

Pro Shop \$ _____

Number of active members/students/clients? _____ How many years have you been in business? _____

Have you made any significant changes to your club during the past year? Yes No

If yes, explain _____

Please check all exposures that you have added in the last year:

- Crossfit Trampolines Climbing Wall Inflatables # _____ Gymnastics
- Swimming Pool Subleased Space Camps Bubble Roof Restaurant
- Pro Shop Boxing Ring/Cage Babysitting School Programs 24/7 Access
- Water Slides Liquor Tanning Medical/Doctors or Nurses
- Catering Cheerleading League Sports Conventional Boxing
- Martial Arts Obstacle course After School Prgm Other, not listed above: _____

Do you host any Special Events? Yes No

Describe _____

NOTE: We must receive our Special Event application and approve any Special Event for the General Liability policy to cover the event.

Do you perform criminal background checks on all employees and independent contractors? Yes No

If you offer child care or kids programming, do you have written guidelines in place for preventing minors being left alone with adults? Yes No

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

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.

Applicant Signature: _____ Date: _____

Licensed Agent or Broker Information (if applicable)

Name: _____ License Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____