

Eligibility Requirements: This application is for HEALTH CLUBS, MARTIAL ARTS STUDIOS, DANCE STUDIOS, YOGA STUDIOS, AND PILATES STUDIOS. 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.

Ineligible Activities or Services: If you provide any of the following instruction or service or sub-lease space to anyone providing these services, or if it describes your business operation, then you are not eligible for this coverage. Please contact us for guidance on what other coverages we offer.

- Cryotherapy
- Use "homemade" or "modified" equipment
- Inflatables
- Any aerial classes
- Gymnastics
- Any form of aerial yoga

I attest none of the ineligible activities or services are performed within the business seeking insurance. _____
Applicant's Signature

SECTION I - LICENSED AGENT OR BROKER INFORMATION:										
<i>(Please skip this section if you are not working with an agent or broker.)</i>										
Agency#		Agency Name:								
Contact Name:						License Number:				
Address:										
City:					State:			Zip:		
Phone:				Fax:				Email:		
SECTION II – GENERAL INFORMATION:										
<i>If this is a new venture, please attach resume(s) of owner and primary manager.</i>										
Named Insured:										
DBA:										
Business Type:	<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Other:									
Facility Type:	<input type="checkbox"/> Fitness Club <input type="checkbox"/> Personal Training Studio <input type="checkbox"/> Dance Studio <input type="checkbox"/> Unstaffed Club <input type="checkbox"/> Martial Arts <input type="checkbox"/> Yoga/Pilates <input type="checkbox"/> Other: Describe: _____									
Business Mailing Address:										
City:				State:			Zip:			County/ Parrish:
Property Address (if different):										
City:				State:			Zip:			County/ Parrish:
If more than one location, complete a separate application for each location.										
Phone:				Fax:				Website:		
Owner's Name:						Email:				
SSN:				FEIN:						
SECTION III – GENERAL LIABILITY INFORMATION:										
Policy Effective Date:	<i>(If New Facility, please enter Opening Date)</i>									
How many years have you been in business?										
Have you made any significant changes to your club during the past year?									<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain:										
Describe Business Operations:										
Year the business started:				Number of years of experience of current management:						

Do you own or rent the facility?						<input type="checkbox"/> Own <input type="checkbox"/> Rent			
If renting, Landlord Name:									
Landlord Mailing Address:									
City:					State:		Zip:		
Do you engage in any other operations as the Named Insured above?								<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain:									
How did you hear about Sports & Fitness Insurance?									
SECTION IV – COMMERCIAL GENERAL LIABILITY INSURANCE INFORMATION:									
Liability Limit:		<input type="checkbox"/> \$500,000 occurrence/\$1,000,000 aggregate		<input type="checkbox"/> \$1,000,000 occurrence/\$2,000,000 aggregate		<input type="checkbox"/> \$1,000,000 occurrence/\$3,000,000 aggregate		<input type="checkbox"/> \$2,000,000 occurrence/\$4,000,000 aggregate	
Would you like to include Primary Noncontributory coverage in your quote?								<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you own any vehicles in your business?								<input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, do you have a business auto policy in place?								<input type="checkbox"/> Yes <input type="checkbox"/> No	
Would you like a quote for Hired and Non-Owned Auto Coverage? <i>(If yes, please complete Hired & Non-Owned Auto Supplemental Application available on our website)</i>								<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you provide any classes for dance, aerobics, yoga, or Pilates? <i>(If yes, please complete Supplement for Dance/Aerobics/Yoga/Pilates available on our website)</i>								<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you had any claims in the past 3 years on a liability or property policy?								<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your facility part of a franchise group?				<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what group:			
Is facility currently insured?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Annual Premium:				Exp Date:	
Insurance Company Name:									
Have you ever been cancelled, non-renewed, or denied insurance on a liability policy?								<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, explain:									
Do you perform any of these services or activities at your facility?								<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>(Any aerial activities, Medical or Health Care Services, Nutritionists who provide prescriptions, medical advice, Sports Skills Instruction, Beauticians/Cosmetologist services, Nail Technicians services, Chiropractic, Acupuncture, or services of an Esthetician)</i>									
If Yes, explain:									
SECTION V – MANDATORY FINANCIAL INFORMATION: <i>(If this is a new business, please provide projections.)</i>									
Total Annual Gross Sales:				\$					
<i>(This amount should include all the money below.)</i>									
Annual Gross Sales From:									
Membership Dues: \$				Tanning: \$					
Initiation Fees: \$				Rental from Leased Space: \$					
Liquor: \$				Other: \$					
Pro Shop: \$									
Does your facility derive 80% or more of the revenue from personal training, circuit training, or small group training?								<input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION VI – EMPLOYEE/CONTRACTOR INFORMATION:									
Total number of employees:		Full-Time:		Part-time:		Contractors:			
Do you employ or contract with any of the following at your facility?									
Service		Number of Full-time		Number of Part-time		Number of Contractors			
Physical Therapists									
Massage Therapists									

Personal Trainers			
Martial Arts Instructor			
Other:			
Do you require all independent contractors to carry their own insurance?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have written guidelines in place for preventing minors from being left alone with adults?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you conduct criminal background checks on employees, independent contractors, and/or volunteers who are 18 years old and older?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any of your employees, independent contractors and/or volunteers 18 years old and older have known convictions or allegations of sexual offenses?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are employees at each location are trained to operate an AED?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, how many? <input style="width:50px;" type="text"/>
Was full CPR training included with the AED training?			<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION VII – LIABILITY OPERATIONS/EXPOSURE INFORMATION:			
Square Footage of Facility:	<input style="width:150px;" type="text"/>	Avg. cost of membership/session/class:	<input style="width:100px;" type="text"/>
Number of Active Members/Clients/Students:	<input style="width:300px;" type="text"/>		
Please indicate the number of each of the following:			
Jacuzzis:	<input style="width:100px;" type="text"/>	Cryotherapy Units*:	<input style="width:100px;" type="text"/>
Saunas:	<input style="width:100px;" type="text"/>	Infrared Saunas:	<input style="width:100px;" type="text"/>
Tanning Units:	<input style="width:100px;" type="text"/>	Infrared Saunas w/ Red Light:	<input style="width:100px;" type="text"/>
Pools:	<input style="width:100px;" type="text"/>	Red Light Therapy:	<input style="width:100px;" type="text"/>
Steam Rooms:	<input style="width:100px;" type="text"/>		
Attach supplemental applications for Tanning Booth and Swimming Pool exposures. Available on our website. *Please note that our program does NOT insure Cryotherapy.			
What is the age of your infrared saunas?	<input style="width:200px;" type="text"/>		
Do you limit Infrared sauna usage to 90 minutes?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you cold water plunge?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the time limit allowed to stay in sauna/cold plunge?	<input style="width:150px;" type="text"/>
Is there safety signage warning against extended stays, those with high blood pressure or pregnant should avoid, those with medical conditions should first discuss with their doctor etc?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Boxing Rings/Octagons/Cages:	<input style="width:150px;" type="text"/>	(Cardio-kickboxing only no full contact boxing)	
Courts/Tracks:	<input style="width:150px;" type="text"/>	What type:	<input style="width:150px;" type="text"/>
Climbing Walls:	<input style="width:150px;" type="text"/>	Height:	<input style="width:100px;" type="text"/> <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
Obstacle Course:	<input style="width:150px;" type="text"/>	Height:	<input style="width:100px;" type="text"/> <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
Rebounders:	<input style="width:150px;" type="text"/>	(Full size trampolines are excluded)	
Pieces of Fitness equipment:	<input style="width:150px;" type="text"/>	(count everything except free weights, steps, and mats)	
Manufacturer(s) of equipment:	<input style="width:300px;" type="text"/>		
Age of equipment:	<input style="width:200px;" type="text"/>		
Do you have inflatables?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, then you are ineligible for this coverage.	
Do you use "home made" or "modified" equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, then you are ineligible for this coverage.	
Do you keep equipment maintenance logs?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Does an outside vendor perform your equipment maintenance?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, who:					
Is your equipment and building in good repair and maintained?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, explain:					
Do you provide childcare?		<input type="checkbox"/> Yes <input type="checkbox"/> No	or offer youth activities?		<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, attach a list of activities.)
If Yes, Staff to Child to Staff Ratio:					
What is the maximum hours allowed to stay?					
Do you have outdoor playgrounds for children?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a licensed daycare facility?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you offer gymnastics? (Children's floor level tumbling only)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you offer summer camps, day camps or parties? (If yes, attach day camp supplemental application from our website.)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you offer after school programs for children? (If yes, attach after school supplemental application from our website.)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you only host special events within the United States?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, describe:					
<p>(If yes, attach Special Event supplemental application. Available on our website. Please note that additional premium may apply. Special Events include holiday parties, fundraisers, tournaments and any other games or events that include participants other than your own members or are held off-site or require an entry fee. NOTE: We must receive our Special Event application and approve any Special Event for the General Liability policy to cover the event.)</p> <p>Note: No coverage is provided for events or activities outside of the United States.</p>					
Do you have separate coverage in place for your Special Event?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:		
Do you have lock-ins or other special events that have over-night exposure?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, describe:					
Do you sublease or rent space to others?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, how many square feet?		
If yes, to whom and what is the purpose:					
Do you have an office space outside of your facility?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, how many square feet is this space?		
Do you require signed waivers from all clients?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is safety signage used throughout the facility?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you verified if your state requires Automatic External Defibrillators (AEDs) for health clubs?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
How many AEDs does the applicant have at each location?					
Do you have non-slip surfaces in ALL wet areas?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have showers in your facility?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a daily cleaning schedule?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you operate an unstaffed club, key club or 24/7 access club?				<input type="checkbox"/> Yes <input type="checkbox"/> 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 Unstaffed Access. Available on our website.)					
Is the owner on site during all hours of operation?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you conduct orientation for all new members?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you sell liquor?		<input type="checkbox"/> Yes <input type="checkbox"/> No	or have a liquor license?		<input type="checkbox"/> Yes <input type="checkbox"/> No
(If yes, attach liquor supplemental application. Available on our website.)					
Do you have a restaurant or snack bar?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is there cooking?		<input type="checkbox"/> Yes <input type="checkbox"/> No
(If yes to cooking, attach restaurant supplemental application. Available on our website.)					
Do you own your own parking lot?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you produce videos?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many titles?		
				Gross Sales:	

Are any products sold or manufactured under your label? (i.e. vitamins, t-shirts, water bottles, etc.):		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain:			
Would you like to include Employee Dishonesty coverage in your quote?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Employee dishonesty coverage protects an employer from financial loss due to the fraudulent activities of one or more employees.			
SECTION VIII – SPA SERVICES: (IF DOES NOT APPLY SKIP TO NEXT SECTION)			NOT APPLICABLE: <input type="checkbox"/>
Do you offer any of the spa services listed below?		<input type="checkbox"/> Yes <input type="checkbox"/> 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: _____		
Do you offer any additional procedures or processes designed to remove layers of skin (other than enzyme exfoliation)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain:			
Do you manufacture or custom mix any of your own products?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain:			
SECTION IX – MARTIAL ARTS: (IF DOES NOT APPLY SKIP TO NEXT SECTION)			NOT APPLICABLE: <input type="checkbox"/>
Name the style you teach:		Federation or Association:	
Level of contact:			<input type="checkbox"/> Light <input type="checkbox"/> Full <input type="checkbox"/> None
Belt rank of owner/primary instructor:		Number years teaching experience:	
Number of Active Students:	Ratio of instructors to students:	Age range of students:	
Do you participate in tournament(s)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you sponsor tournaments? (Please call for Special Event coverage if hosting a tournament off premise.)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you practice sparring? (Please attach sparring regulations)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you do off-premise demonstration?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you offer kick boxing? (Only cardio boxing is covered)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have weapons training? (Only padded or fake weapons are eligible)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain:			
What other type of equipment is used on premise?			
Do offer after school or summer camps?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please attach the after school and/or day camp application.
<u>Martial Arts Underwriting Requirements:</u>			
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 X – GENERAL PROPERTY INFORMATION THIS INCLUDES COVERAGE FOR DAMAGE TO PHYSICAL PROPERTY, INCLUDING EQUIPMENT AND CONTENTS FROM HAZARDS SUCH AS FIRE AND THEFT:			NOT APPLICABLE: <input type="checkbox"/>
(IF DOES NOT APPLY SKIP TO NEXT SECTION)			
Construction Type:		<input type="checkbox"/> Frame (ISO 1) <input type="checkbox"/> Joisted Masonry (ISO 2) <input type="checkbox"/> Light Noncombustible (ISO 3) <input type="checkbox"/> Masonry Noncombustible (ISO 4) <input type="checkbox"/> Modified Fire Resistive (ISO 5) <input type="checkbox"/> Fire Resistive (ISO 6)	
Roof Construction Type:	<input type="checkbox"/> Shingles <input type="checkbox"/> Metal <input type="checkbox"/> Concrete <input type="checkbox"/> Other	If Other, describe:	
If known, what is the Fire Protection Class?			
How many stories are in the building?			
Is there a basement in the building?		<input type="checkbox"/> Yes <input type="checkbox"/> No	In what year was the building built?

What is the Total Size of the building (sq/ft)?		How much of the building do you occupy (sq/ft)?	
What other occupancies are in the building?			
Do you have a fence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is it Wooden or Metal Value of fence: \$	
Do you have a sign?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is the sign attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No Value of sign: \$
If building is over 25 years old, give year of the update for the:			
Roof:	Wiring:	Plumbing:	Heating:
Is the building vacant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what percent of it is?	
Do you have a burglar alarm?		<input type="checkbox"/> Central Station	<input type="checkbox"/> With Keys <input type="checkbox"/> None
Do you have sprinklers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what percentage of your space is sprinklered?	
Do you have a fire alarm?		<input type="checkbox"/> Central Station	<input type="checkbox"/> Local Gong <input type="checkbox"/> None
How far in miles is the closest fire station in relation to the building?			

SECTION XI – PROPERTY INSURANCE INFORMATION:(IF DOES NOT APPLY SKIP TO NEXT SECTION) NOT APPLICABLE:

Proposed Effective Date:	Proposed Expiration Date:
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YOU MUST COMPLETE ALL OF THE FOLLOWING SECTIONS ENTER ZERO IF NONE APPLIES

SUBJECT OF INSURANCE	AMOUNT	DEDUCT	COINS	PERILS, FORMS & CONDITIONS TO APPLY
Building Coverage (Skip if you don't own)		\$1,000	90%	Special Form with Theft / Replacement Cost
Business Personal Property (Contents & Stocks Includes Mirrors)		\$1,000	90%	
Tenant Improvements		\$1,000	90%	
Sign		\$1,000	90%	
Glass (Tenant) (Windows, Plate Glass, etc.)		\$1,000	90%	
Fence		\$1,000	90%	
Business Income with extra expense		72 hours		
Rental Income- This is rental income from tenants or instructors who rent space from you.		\$1,000		

Choices of Business Income Indemnity: Requires a 72 hour wait and business income maximum is 12 months.

Indemnity:	<input type="checkbox"/> 3 months	<input type="checkbox"/> 4 months	<input type="checkbox"/> 6 months	<input type="checkbox"/> 12 months requires Total Revenue: \$
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Does rental income need to be included in the business income?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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SECTION XII – ADDITIONAL INSURED(S):				INTERESTS	
Name:				<input type="checkbox"/> Landlord <input type="checkbox"/> Mortgage <input type="checkbox"/> Other	
Address:				Please Specify:	
City:	State:	Zip:			
Name:				<input type="checkbox"/> Landlord <input type="checkbox"/> Mortgage <input type="checkbox"/> Other	
Address:				Please Specify:	
City:	State:	Zip:			
Name:				<input type="checkbox"/> Landlord <input type="checkbox"/> Mortgage <input type="checkbox"/> Other	
Address:				Please Specify:	
City:	State:	Zip:			

SECTION XIII – 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.

Applicant Signature: _____ Date: _____

Agent Signature (if applicable): _____ Date: _____

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

Umbrella or Excess Liability : \$1M \$2M \$3M Workers Compensation Surety Bond
EPLI Cyber Liability

Submission Requirements

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