



**GENERAL LIABILITY  
RENEWAL APPLICATION**

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.)

<b>SECTION I - LICENSED AGENT OR BROKER INFORMATION:</b>										
<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:		
<b>SECTION II – GENERAL INFORMATION: IF NEW FACILITY, PLEASE INDICATE OPENING DATE: _____</b>										
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:		
Property Address (if different):										
City:					State:			Zip:		
If more than one location complete a separate application for each location.										
Owner's Name:						Email:				
Phone:				Fax:				Website:		
<b>SECTION III – MANDATORY FINANCIAL INFORMATION:</b>										
Total Annual Gross Sales:					\$					
<small>(This amount should include all of the money below.)</small>										
Annual Gross Sales From:										
Membership Dues: \$				Tanning: \$						
Initiation Fees: \$				Rental from Leased Space: \$						
Liquor: \$				Other: \$						
Pro Shop: \$										
<b>SECTION IV – GENERAL LIABILITY INFORMATION:</b>										
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?								<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, explain:										

Please check all exposures that you have added in the last year:			
<input type="checkbox"/> Crossfit	<input type="checkbox"/> Liquor	<input type="checkbox"/> Inflatables #	<input type="checkbox"/> Martial Arts
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Bubble Roof	<input type="checkbox"/> Trampolines
<input type="checkbox"/> Pro Shop	<input type="checkbox"/> Obstacle course	<input type="checkbox"/> School Programs	<input type="checkbox"/> Babysitting
<input type="checkbox"/> Water Slides	<input type="checkbox"/> Climbing Wall	<input type="checkbox"/> Medical/Doctors or Nurses	<input type="checkbox"/> Tanning
<input type="checkbox"/> Catering	<input type="checkbox"/> Camps	<input type="checkbox"/> Conventional Boxing	<input type="checkbox"/> Gymnastics
<input type="checkbox"/> Subleased Space	<input type="checkbox"/> League Sports	<input type="checkbox"/> 24/7 Access	<input type="checkbox"/> Restaurant
<input type="checkbox"/> Boxing Ring/Cage	<input type="checkbox"/> After School Prgm	<input type="checkbox"/> Other, not listed above:	

Do you host any Special Events?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:
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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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If offering child care or kids programming, do you have written guidelines for preventing minors being left alone with adults?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any of your employees have known convictions or allegations of sexual offenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you sublease space?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have cryotherapy? *Please note that our program does NOT insure Cryotherapy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have infrared saunas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have infrared saunas with red light?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have red light therapy?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION V – ADDITIONAL INSURED:				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:				

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: \_\_\_\_\_