

SECTION I – GENERAL INFORMATION:

Named Insured : _____ DBA : _____
Business Type : Corporation Individual LLC Partnership Other : _____
Business Mailing Address : _____
City : _____ State : _____ Zip : _____
Property Address (if different) : _____
City : _____ State : _____ Zip : _____ County/Parrish: _____
Contact Name : _____
Phone (Required) : _____ Email : _____

SECTION II – MANDATORY FINANCIAL INFORMATION:

Total Annual Gross Sales : \$ _____ (This amount should include all of the money below.)
Annual Gross Sales From :
Membership Dues: \$ _____ Initiation Fees: \$ _____ Liquor: \$ _____
Pro Shop: \$ _____ Tanning: \$ _____ Other: \$ _____
Rental from Leased Space : \$ _____

SECTION III – LIABILITY OPERATIONS/EXPOSURE INFORMATION:

Number of Active Members/Clients/Students: _____
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: _____

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
Do you sublease space? Yes No
Do you have cryotherapy? Yes No ***Please note that our program does NOT insure Cryotherapy.**
Do you have infrared saunas? Yes No
Do you have infrared saunas with red light? Yes No
Do you have red light therapy? Yes No
Do you host any Special Events? Yes No

Describe: _____
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.

Do you have separate coverage in place for 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.

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: _____