



Insured Name: _____ Expiring Policy#: _____
Location-Property Address: _____
City: _____ State: _____ Zip: _____ County: _____
Owner's Name: _____ Email: _____
Phone: _____ Fax: _____ Website: _____

Multiple Locations must complete a separate application for each location

Construction Type: Frame (Wood Construction) Joisted Masonry (Brick) Other: _____
Roof Construction Type: Shingles Metal Concrete Other _____
If known, what is the Fire Protection Class? _____
How many stories are in the building? _____
Is there a Basement in the building? Yes 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? Yes No If yes, is it Wooden or Metal Value of fence: \$ _____
Do you have a sign? Yes No If yes, is the sign attached? Yes 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? Yes No If yes, what percent of it is? _____
Do you have a burglar alarm? Central Station With Keys None
a. If yes, alarm was installed by _____ b. If yes, alarm is serviced by: _____
Is there a safe on premises? Yes No
Do you have fire protection? Standpipes CO2/Halon None
Do you have sprinklers? Yes No If yes, what percentage of your space is sprinklered? _____
Do you have a fire alarm? Central Station Local Gong None
Describe the type of structure or business that exists around your building and the distance to it:
a. Right Side (Exposure) : _____ Distance: _____
b. Left Side (Exposure) : _____ Distance: _____
c. Rear (Exposure) : _____ Distance: _____
How far in miles is the closest fire station _____ and the closest fire hydrant _____ in relation to the building?
Does the closest fire station have a tanker truck? Yes No
Do you own the building? Yes No
Landlord's Name: _____
Location-Property Address: _____
City: _____ State: _____ Zip: _____ County: _____
Do you have a lienholder or mortgagee who needs proof of coverage? Yes No
If yes, Name: _____
City: _____ State: _____ Zip: _____ Acct #: _____
Counting everything except free weights, steps, and mats, how many pieces of equipment do you have? _____
Manufacturer(s) of equipment: _____ Age of equipment: _____
Do you use "home made" or "modified" equipment? Yes No How old is your equipment? _____
Do you keep equipment maintenance logs? Yes No
Does an outside vendor perform your equipment maintenance? Yes No If yes, who: _____
Is your equipment and building in good repair and maintained? Yes No
If no, explain: _____

SECTION II – PROPERTY INSURANCE INFORMATION (IF DOES NOT APPLY SKIP TO NEXT APPLICABLE SECTION) N/A

Proposed Effective Date: _____ Proposed Expiration Date: _____

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 <i>(Skip if you don't own)</i>	\$	\$1,000	90%	Special Form / Replacement Cost
Business Personal Property <i>(Contents & Stocks includes Mirrors)</i>	\$	\$1,000	90%	
Tenant Improvements	\$	\$1,000	90%	
Sign	\$	\$1,000	90%	
Glass (Tenant) <i>(Windows, Plate Glass, etc.)</i>	\$	\$1,000	90%	
Fence	\$	\$1,000	90%	
Business Income with extra expense	\$	\$1,000		
Rental Income- <i>This is rental income from tenants or instructors who rent space from you.</i>	\$	\$1,000		

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

Does rental income need to be included in the business income with extra expense? Yes No

Indemnity: 3 months 4 months 6 months 12 months

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.

Signature of Applicant

Date

Signature of Agent (if applicable)

Date

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

Umbrella or Excess Liability Workers Compensation Flood Surety Bond EPLI Cyber Liability

Licensed Agent or Broker Information (if applicable)

Name: _____ License Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____