

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: _____

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

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

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

Sports to be played: _____

	AGE 12 & UNDER	AGE 13 – 15	AGE 16 – 18	AGE 19 & OVER
Total # of Participants				
Duration (# of days)				
Events (# of events)				

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: _____
 Please submit this form to Ron Wooten at ron@continentalbrokers.biz or simply call with any questions: 800-8440-0536 ext. 2229.