



212 Key Dr
PO Box 1967
Madison, MS 39130
Toll Free: 800-844-0536
Fax: 601-707-1037
www.sportsfitness.com

GENERAL LIABILITY RENEWAL APPLICATION

Legal Business Name: _____

dba (doing business as) _____

Corporation LLC Partnership Other

Mailing Address: _____ City: _____ State: _____ Zip: _____

Location Address:* _____ City: _____ State: _____ Zip: _____

*If more than one location complete a separate application for each location.

Contact Name: _____ Phone () _____ Fax: () _____

Email: _____ Web Address: _____

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

2. Number of active members/students/clients? _____

3. How many years have you been in business? _____

4. Have you made any significant changes to your club during the past year? Yes No

If yes, explain: _____

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

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

6. Do you perform criminal background checks on all employees and independent contractors? Yes No

7. 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

8. Do any of your employees have known convictions or allegations of sexual offenses? Yes No

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: _____

Licensed Agent or Broker Information: (if applicable)

Name: _____ Address: _____

License Number: _____

Email: _____ Phone () _____ Fax () _____



Blanket Special Risk QUESTIONNAIRE

EXPOSURE INFORMATION

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):				

PRODUCER INFORMATION

Producer/Agency Name: _____

A&H Licensed Responsible Agent: _____ Contact Name: _____
(Please provide a copy of your residence agent license as well as your license in the proposed policyholder.) (If other than A&H Licensed Responsible Agent.)

Phone: _____ Email: _____

Street Address: _____ City, State, Zip: _____

Are you the Incumbent Broker? Yes No Website Address: _____

***Please submit this form to Ron Wooten at ron@continentalbrokers.biz
or simply call with any questions: 800-844-0536 ext. 2229.***