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## Sports & Fitness Curves Application

*(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.)*

**Please call your area representative at 1-866-238-6922 x2262. We are glad to help!**

**Section I – Licensed Agent or Broker Information:** *(Please skip this section if you are not working with an agent or broker.)*

Agent#: \_\_\_\_\_ Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Section II – General Franchise Information (please answer ALL questions)**

Master Franchise No. \_\_\_\_\_ Name of your Region: \_\_\_\_\_

Business Type: ( ) Individual ( ) Corporation ( ) Partnership ( ) Joint Venture  
 ( ) LLC ( ) Husband & Wife ( ) Other

Franchise Owner's Name(s): \_\_\_\_\_

Legal Business Name (the Name on your franchise agreement.): \_\_\_\_\_

Location Address of your Curves Club: \_\_\_\_\_

City State Zip Code

Your Mailing Address (if different from Club): \_\_\_\_\_

City State Zip Code

Contact Person: \_\_\_\_\_ Desired Effective Date: \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

How many locations to insure? \_\_\_\_\_ *A separate application must be completed for each location you want to insure.*

**Please answer the following questions:**

- 1) Do you have equipment other than Curves equipment? \_\_Yes \_\_No    2) Do you have showers? \_\_Yes \_\_No  
 4) Have you ever had an insurance claim? \_\_Yes \_\_No    3) Is there an emergency exit? \_\_Yes \_\_No  
 5) Do you have smart equipment? \_\_Yes \_\_No    Approximate Value: \_\_\_\_\_

**Section II - Mandatory Coverage: Commercial General Liability Insurance**

| Options Available:  | Annual Premium |
|---|----------------|
| ___ <b>Option 1:</b> \$1,000,000 per occurrence/\$2,000,000 aggregate | \$730.00       |
| ___ <b>Option 2:</b> \$2,000,000 per occurrence/\$3,000,000 aggregate | \$880.00       |

**\*\* The liability premium includes a \$130.00 non-refundable Purchasing Group Fee which is charged to access this program.\*\***

**Section III - Optional property (fire and theft) coverage with \$500 Deductible**

| Options Available | COVERAGES                             |         |                 | Annual Premium | Optional Equipment Breakdown** |
|-------------------|---------------------------------------|---------|-----------------|----------------|--------------------------------|
|                   | Business Personal Property (contents) | Sign    | Business Income |                |                                |
| Option 1:         | \$30,000                              | \$3,000 | \$30,000        | \$275.00       | \$12.00                        |
| Option 2:         | \$50,000                              | \$3,000 | \$30,000        | \$300.00       | \$33.00                        |
| Option 3:         | \$75,000                              | \$3,000 | \$30,000        | \$375.00       | \$33.00                        |

\* You must insure your personal property to at least 80% of its actual replacement cost value.  
If you **require higher limits** please contact our office.

**IV. PREMIUM CALCULATION:**

- 1) Mandatory Commercial General Liability Premium from Section II ..... \$ \_\_\_\_\_
  - a) \_\_\_\_\_ Discount for *Multiple Clubs* (see below) (if eligible)..... - \$(\_\_\_\_\_)  
\* If you have multiple club insured with SFIC, you may discount the premium \$30 for a 1M/2M or \$37.50 for a 2M/3M limit.
  - b) \_\_\_\_\_ Discount for *Elite Club* (see below) (if eligible)..... - \$(\_\_\_\_\_)  
\* If you have ever been a Shining Star or Elite Club, you may discount the premium \$60 for a 1M/2M or \$75 for a 2M/3M limit.
- 2) \_\_\_\_\_ Tanning Bed Liability Coverage: \$100.00 per bed. # of Beds: \_\_\_\_\_ X \$100 + \$ \_\_\_\_\_
- 3) Hired/Non-Owned Auto Coverage (\$1,000,000 CSL) (optional) Add \$250.....+ \$ \_\_\_\_\_
- 4) JC USA, Inc. franchisee: Add \$200 for additional exposures.....+ \$ \_\_\_\_\_  
\* If you are a JC USA, Inc. franchisee, you must select this option.
- 5) **SUB-TOTAL LIABILITY PREMIUM:** (Add 1, 1a, 1b, 2, 3, and 4).....\$ \_\_\_\_\_
- 6) Property Annual Premium from Section III; options 1, 2, or 3 (optional).....+ \$ \_\_\_\_\_
  - a) Equipment Breakdown: (optional with Property) (\*\*see Sec.III for pricing) .....+ \$ \_\_\_\_\_
  - b) Check Drafting/Employee Dishonesty (\$40,000 limit) (Optional with Property) Add \$200..+ \$ \_\_\_\_\_
- 7) Increase Sign Coverage to \$6000: Add \$50.....+ \$ \_\_\_\_\_
- TOTAL POLICY ANNUAL PREMIUM:** (Add 5, 6a, 6b, and 7).....\$ \_\_\_\_\_

To Finance the premium (*finance charges will apply*) multiply the total annual premium x 25%  
for the required down payment amount .....\$ \_\_\_\_\_

Accounts wishing to finance will receive a coupon book from American Premium Financing or you can complete the ACH form included and have your monthly installments drafted from your checking account. **Please include a copy of a voided check for this option also.**

By signing below, I certify that all information is true and correct. I also agree to electronic delivery of my insurance policy. Electronic delivery shall include delivery via email or via CD ROM. At insured's written request, paper copies of any and all electronically delivered policy documents are available.

**Applicant Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTE: Sports & Fitness MUST receive payment PRIOR to effective date in order to bind coverage:**

Check #: \_\_\_\_\_ Acct # \_\_\_\_\_ Routing# \_\_\_\_\_ Amount: \_\_\_\_\_

- OR -

NOTE: By selecting to pay with a credit card, a convenience fee of 2% will be added to your invoice except in California, Colorado, Connecticut, Florida, Kansas, Maine, Massachusetts, New York, Oklahoma, and Texas.

Credit Card #: \_\_\_\_\_ Exp: \_\_\_\_\_

Name on card \_\_\_\_\_ MC [ ] Visa [ ] Discover [ ]

AMOUNT TO CHARGE: \_\_\_\_\_

| <b>ADDITIONAL INTERESTS (Mortgagees, Loss Payees, Landlord, etc.)</b> |                                  |                                     |             |
|---|----------------------------------|-------------------------------------|-------------|
| <b>Name and Address</b>   | <b>Interest</b>                  | <b>Evidence</b>                     |             |
| Curves International<br>100 Ritchie Road<br>Waco, TX 76712            | Additional Insured<br>Loss Payee | <input checked="" type="checkbox"/> | Certificate |
|   |                                  | <input type="checkbox"/>            | Policy      |
|   |                                  | <input type="checkbox"/>            |             |
|   |                                  | <input type="checkbox"/>            | Certificate |
|   |                                  | <input type="checkbox"/>            | Policy      |
|   |                                  | <input type="checkbox"/>            |             |
|   |                                  | <input type="checkbox"/>            | Certificate |
|   |                                  | <input type="checkbox"/>            | Policy      |
|   |                                  | <input type="checkbox"/>            |             |
|   |                                  | <input type="checkbox"/>            | Certificate |
|   |                                  | <input type="checkbox"/>            | Policy      |
|   |                                  | <input type="checkbox"/>            |             |
|   |                                  | <input type="checkbox"/>            | Certificate |
|   |                                  | <input type="checkbox"/>            | Policy      |
|   |                                  | <input type="checkbox"/>            |             |
|   |                                  | <input type="checkbox"/>            | Certificate |
|   |                                  | <input type="checkbox"/>            | Policy      |
|   |                                  | <input type="checkbox"/>            |             |

## DEBIT AUTHORIZATION FORM

Some of the benefits of using checking/saving account debit authorization are listed below.

- 1. Convenience of use:** No check writing required to pay bills, no fear of lost or misplaced checks, no late payments due to sickness or vacation, no more problems caused by checks for the wrong amount.
- 2. Reduced costs:** No cost for the check, no postage cost required, reduced fees at the financial institution
- 3. Increased confidentiality:** No check to be handled by employees of the business or the financial institution, item appears only on bank statement.
- 4. Improved use of funds:** No more estimating mail and processing time to determine when to send payment, no more late charges to be paid, easier to budget expenses.

I (we) hereby authorize American Premium Finance (The Company) to initiate entries to my checking/savings accounts at the financial institution listed below (The Financial Institution) and if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until The Company is notified by me (us) in writing to cancel it in such time as to afford The Company and The Financial Institution a reasonable opportunity to act on the request.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Club Address (Please Print)

\_\_\_\_\_  
Name of Financial Institution (Name of YOUR BANK)

\_\_\_\_\_  
Address of Financial Institution Branch, City, State & Zip

|   |
|---|
| <b>IMPORTANT NOTE</b>   |
| <i>You must return a copy of a check with the routing number and checking account number on it.<br/>We will not process this form unless we have this item.</i> |

*You must return a copy of a check with the routing number and checking account number on it.  
We will not process this form unless we have this item.*

\_\_\_\_\_  
Financial Institution Routing Number (look between symbols on bottom left of check 9 digits)

\_\_\_\_\_  
Checking/Savings Account Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

|                     |                  |             |
|---------------------|------------------|-------------|
| FOR OFFICE USE ONLY | Entered by _____ | Acct# _____ |
|---------------------|------------------|-------------|