



FOR HEALTH CLUBS, MARTIAL ARTS STUDIOS, DANCE STUDIOS, YOGA STUDIOS, AND PILATES STUDIOS

(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.)

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 INFORMATION: IF NEW FACILITY, PLEASE INDICATE OPENING DATE: _____

Named Insured: _____ DBA: _____

Business Type: Corporation Individual LLC Partnership Other: _____

Facility Type: Fitness Club Personal Training Studio Dance Studio Unstaffed Club
 Martial Arts Yoga/Pilates Other: _____

Owner's Name: _____ Email: _____

Business Mailing Address: _____

City: _____ State: _____ Zip: _____ County/Parrish: _____

Property Address (if different): _____

City: _____ State: _____ Zip: _____ County/Parrish: _____

Phone(required): _____ Fax: _____ Web Site: _____

SSN: _____ FEIN: _____

Describe Business Operations: _____

Year the business started: _____ Number of years of experience of current management: _____

(If this is a new venture, please attach resume(s) of owner and primary manager.)

Do you own or rent the facility? Own Rent

If renting, Landlord Name: _____

Landlord Mailing Address: _____

City: _____ State: _____ Zip: _____ County/Parrish: _____

Do you sublease or rent space to others? Yes No If Yes, how many square feet? _____

If yes, to whom and what is the purpose: _____

Do you engage in any other operations as the Named Insured above? Yes No

If yes, explain: _____

Is applicant a subsidiary of another entity or does the applicant have any subsidiaries? Yes No

How did you hear about Sports & Fitness Insurance? _____

SECTION III – COMMERCIAL GENERAL LIABILITY INSURANCE INFORMATION

Liability limit: \$500,000 occurrence/\$1,000,000 aggregate \$1,000,000 occurrence/\$2,000,000 aggregate
 \$1,000,000 occurrence/\$3,000,000 aggregate \$2,000,000 occurrence/\$4,000,000 aggregate

Do you own any vehicles in your business? Yes No

If so, do you have a business auto policy in place? Yes No

Would you like a quote for Hired and Non-Owned Auto Coverage? Yes No

Is your facility part of a franchise group? Yes No If yes, what group: _____

Is facility currently insured? Yes No Annual Premium: _____ Exp. Date: _____

Insurance Company Name: _____

Have you ever been cancelled, non-renewed, or denied insurance on a liability policy? Yes No

If Yes, explain: _____

Do you perform any of these services or activities at your facility? Yes No

(Any aerial activities, Medical or Health Care Services, Nutritionists who provide prescriptions, medical advice, and Sports Skills Instruction)

If Yes, explain: _____

SECTION IV – MANDATORY FINANCIAL INFORMATION (If this is a new business, please provide projections.)

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: \$ _____ Rental from Leased Space: \$ _____ Other: \$ _____

Does your facility derive 80% or more of the revenue from personal training, circuit training, or small group training?

Yes No

SECTION V – EMPLOYEE/CONTRACTOR INFORMATION

Total number of employees: Full-time: _____ Part-time: _____ Contractors: _____

Do you employ or contract with any of the following at your facility?

	# of Employees	Fulltime	Parttime	Contractors
a) Beauticians/Cosmetologists	_____	_____	_____	_____
b) Estheticians	_____	_____	_____	_____
c) Physical Therapists	_____	_____	_____	_____
d) Massage Therapists	_____	_____	_____	_____
e) Personal Trainers	_____	_____	_____	_____
f) Dieticians or nutritionists	_____	_____	_____	_____
g) Nail Technicians	_____	_____	_____	_____
h) Martial Arts Instructors	_____	_____	_____	_____
i) Chiropractors or Acupuncturists	_____	_____	_____	_____
g) Other? _____	_____	_____	_____	_____
Total Number of Employees:	_____	_____	_____	_____

Do you require all independent contractors to carry their own insurance? Yes No

SECTION VI – LIABILITY OPERATIONS/EXPOSURE INFORMATION

Facility Size (square feet): _____ Avg. cost of membership/session/class: _____

Number of Active Members/Clients/Students: _____

Please indicate the number of each of the following: Cryotherapy Units:* _____ Infrared Saunas:* _____

Jacuzzis: _____ Saunas: _____ Steam Rooms: _____ Tanning Units: _____ Pools: _____

(Attach supplemental applications for Tanning Booth and Swimming Pool exposures—available on our website. *Please note that our program does NOT insure Cryotherapy or Infrared Saunas)

Boxing Rings/Cages: _____ (Cardio-kickboxing only – no full contact boxing)

Courts/Tracks: _____ (What type: _____)

Climbing Walls: _____ (Height: _____ Indoor Outdoor)

Obstacle Course: _____ (Height: _____ Indoor Outdoor)

Rebounders: _____ (Full size trampolines are excluded)

Pieces of equipment: (count everything except free weights, steps, and mats)

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: _____

Do you provide childcare? Yes No or offer youth activities? Yes No (If YES, attach list of activities)

- a. If Yes, Staff to Child ratio: _____
- b. What is the maximum hours allowed to stay? _____
- c. Do you have outdoor playgrounds for children? Yes No
- d. Do you have written guidelines in place for preventing minors being left alone with adults? Yes No

Do you perform criminal background check on employees and independent contractors? Yes No

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

Do you have a licensed daycare facility? Yes No

Do you offer gymnastics? Yes No (Children's floor level tumbling only)

Do you offer summer camps, day camps or parties? Yes No (If yes, attach day camp supplemental application from our website.)

Do you offer after school programs for children? Yes No (If yes, attach after school supplemental application from our website.)

Do you host special events? Yes No If yes, 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. NOTE: We must receive our Special Event application and approve any Special Event for the General Liability policy to cover the event.)

Do you have separate coverage in place for your Special Event? Yes No Describe: _____

Do you have lock-ins or other special events that have over-night exposure? Yes No

If yes, describe: _____

Do you host any events out of the U.S.? Yes No Note: No coverage is provided outside of the U.S.

Do you require signed waivers from all clients? Yes No

Is safety signage used throughout the facility? Yes No

Have you verified if your state requires Automatic External Defibrillators (AEDs) for health clubs? Yes No

How many AEDs does the applicant have at each location? Yes No

Are employees at each location are trained to operate an AED? Yes No If so, how many? _____

Was full CPR training included with the AED training? Yes No

Do you have non-slip surfaces in ALL wet areas? Yes No

Do you have showers in your facility? Yes No

Do you have a daily cleaning schedule? Yes No

Do you operate an unstaffed club, key club or 24/7 access club? Yes No

(A Key Club is a facility that is accessible 24 hours a day via key or access card, with no supervision. Please attach supplemental application for Unstaffed Access. Available on our website.)

Is the owner on site during all hours of operation? Yes No

Do you conduct orientation for all new members? Yes No

Do you sell liquor? Yes No or have a liquor license? Yes No

(If yes, attach liquor supplemental application. Available on our website.)

Do you have a restaurant or snack bar? Yes No If yes, is there cooking? Yes No

(If yes to cooking, attach restaurant supplemental application. Available on our website.)

Do you own your own parking lot? Yes No

Do you produce videos? Yes No

If yes, how many titles? _____ Gross Sales: _____

Are any products sold or manufactured under your label? (i.e. vitamins, t-shirts, water bottles, etc.) Yes No

If yes, explain: _____

Would you like to include Employee Dishonesty coverage in your quote? Yes No

Employee dishonesty coverage protects an employer from financial loss due to the fraudulent activities of one or more employees.

SECTION VII – SPA SERVICES (IF DOES NOT APPLY SKIP TO NEXT APPLICABLE SECTION) N/A

Do you offer any of the spa services listed below? Yes No If yes, please check the services offered:

- Laser skin enhancement therapy
- Laser hair removal
- Botox treatments
- Plastic surgery procedures
- Microdermabrasion
- Chemical peels
- Hair replacement procedures
- Intense pulsed light therapy
- Face lifting
- Removal of warts or other growths etc.
- Other _____

Do you offer any additional procedures or processes designed to remove layers of skin (other than enzyme exfoliation)?

Yes No If yes, please explain: _____

Do you manufacture or custom mix any of your own products? Yes No

If yes, please explain: _____

SECTION VIII – MARTIAL ARTS (IF DOES NOT APPLY SKIP TO NEXT APPLICABLE SECTION) N/A

Name the style you teach: _____ Federation or Association: _____

Level of contact: Light Full None

Belt rank of owner/primary instructor: _____ Number years teaching experience: _____

Number of Active Students: _____ Ratio of instructors to students: _____ Age range of students: _____

Do you participate in tournament(s)? Yes NoDo you sponsor tournaments? Yes No (Please call for Special Event coverage if hosting a tournament off premise.)Do you practice sparring? (Please attach sparring regulations) Yes NoDo you do off-premise demonstration? Yes NoDo you offer kick boxing? (Only cardio boxing is covered) Yes NoDo you have weapons training? (Only padded or fake weapons are eligible) Yes No

If yes, explain: _____

What other type of equipment is used on premise? _____

Do you perform criminal background check on employees and independent contractors? Yes NoDo any of your employees have known convictions or allegations of sexual offenses? Yes NoDo offer after school or summer camps? Yes No If Yes, please attach the after school and/or day camp application.Do you have written guidelines in place for preventing minors being left alone with adults? Yes NoMartial Arts Underwriting Requirements:

1. All participants in sparring or contact drills must wear protective gear which is usual and customary for the style.
2. Usual protective gear would be mouthpiece, head gear, groin cup, chest protector, shin guards, hand and foot pads.
3. A hold harmless agreement must be kept on file for each student.
4. Each student should receive a copy of the sparring rules.
5. Sparring guidelines must be submitted with application if applicable. Full contact is not allowed.

SECTION IX – DANCE/AEROBICS (IF DOES NOT APPLY SKIP TO NEXT APPLICABLE SECTION) N/A

Total number of students: _____ Style(s) that you teach: _____

Number of recitals: _____ On premises: Yes No Off premises: Yes NoDo you teach private lessons? Yes NoDo you teach adults? Yes NoDo you teach children? Yes No Ages: ____If so, do you perform criminal background check on employees and independent contractors? Yes NoAnd do any of your employees have known convictions or allegations of sexual offenses? Yes NoDo you have a performing company? Yes NoDo you operate a dance club? Yes NoDo you have written guidelines in place for preventing minors being left alone with adults? Yes NoDance Underwriting Requirements:

1. Regular gymnastics is not covered in this program. Call us for additional information on other programs available.
2. Cheerleading is not covered in this program. Call us for additional information on other programs available.

SECTION X – YOGA/PILATES (IF DOES NOT APPLY SKIP TO NEXT APPLICABLE SECTION) N/A

Total number of students: _____

Number of workshops or retreats: _____ On premises: Yes No Off premises: Yes NoDo you teach children? Yes No Ages: ____If so, do you perform criminal background check on employees and independent contractors? Yes NoAnd do any of your employees have known convictions or allegations of sexual offenses? Yes NoDo you offer over-night retreats? Yes No If Yes, attach Special Events Supplemental application, available on our website. Please note the additional premiums may apply. NOTE: We must receive our Special Event application and approve any special event for the General Liability policy to cover the event.)Yoga/Pilates Underwriting Requirements:

1. Sweat lodges are not covered under this program.
2. International travel is not covered under this program.

SECTION XI – GENERAL PROPERTY INFORMATION – THIS INCLUDES COVERAGE FOR DAMAGE TO PHYSICAL PROPERTY, INCLUDING EQUIPMENT AND CONTENTS FROM HAZARDS SUCH AS FIRE AND THEFT.

(IF DOES NOT APPLY SKIP TO NEXT APPLICABLE SECTION) N/A

Construction Type: Frame (ISO 1) Joisted Masonry (ISO 2) Light Noncombustible (ISO 3)
 Masonry Noncombustible (ISO 4) Modified Fire Resistive (ISO 5) Fire Resistive (ISO 6)

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

Does the facility currently carry property insurance? Yes No Annual Premium: _____

Exp. Date: _____ Insurance Company Name: _____

SECTION XII – 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 (Skip if you don't own)	\$	\$1,000	90%	Special Form with Theft / Replacement Cost
Business Personal Property (Contents & Stocks includes Mirrors)	\$	\$1,000	90%	
Tenant Improvements	\$	\$1,000	90%	
Sign	\$	\$1,000	90%	
Glass (Tenant) (Windows, Plate Glass, etc.)	\$	\$1,000	90%	
Fence	\$	\$1,000	90%	
Business Income with extra expense	\$	72 hours		
Rental Income—This is rental income from tenants or instructors who rent space from you.	\$	\$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? Yes No

Indemnity: 3 months 4 months 6 months 12 months

SECTION XIII – GENERAL LIABILITY AND PROPERTY CLAIM / LOSS INFORMATION

Have you had any claims in the past 3 years on a liability or property policy? Yes No

If yes, enter all losses for prior 3 years, annual aggregates for each line of insurance may be entered in the description if preferable (if aggregates provided, indicate # of claims); explain all claims exceeding \$5,000.

Date of Loss	Type of Loss	Description (Describe what corrective Measures if applicable)	Amount Paid \$	Amount of Reserves \$

SECTION XIV – ADDITIONAL INSURED

Name and Address	Interests
Name: Address: City, State and Zip:	<input type="checkbox"/> Landlord <input type="checkbox"/> Mortgage <input type="checkbox"/> Other Please Specify:
Name: Address: City, State and Zip:	<input type="checkbox"/> Landlord <input type="checkbox"/> Mortgage <input type="checkbox"/> Other Please Specify:
Name: Address: City, State and Zip:	<input type="checkbox"/> Landlord <input type="checkbox"/> Mortgage <input type="checkbox"/> Other Please Specify:

SECTION XIV – DISCLAIMER

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.

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

Submission Requirements

1. Waiver/Hold Harmless Agreement
2. Membership/Client/Student Contract
3. Loss History for past 3 years
4. Resume of Owner for new venture
5. Martial Arts Sparring Rules