



Fitness Center Product Application – All States

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I - INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past 3 years. If there is loss history, please complete the entire application.

Applicant's Name: _____

Location Address: _____ Same as mailing address.

City: _____ State: _____ Zip: _____

Description of Operations:

Do you own the Building? Yes No (If No, skip Building Owner Questions under both the Property & Liability Sections below)

Property Section

Construction: Frame Joisted Masonry Non-Combustible Masonry Non-Combustible
 Modified Fire-Resistive Fire-Resistive Other _____

Protection Class: _____

Requested Cause of Loss: Basic Special

Requested Valuation: Replacement Cost Actual Cash Value

Deductible: \$1,000 \$2,500 \$5,000

Coinsurance: 80% 90% 100%

Business Personal Property Limit \$ _____

Business Income & Extra Expense Limit \$ _____

Building Owner

Building Limit \$ _____

What year was the building constructed? _____

What is the square footage of the entire structure? _____ sq. ft.

General Liability Section

Limit: \$100,000/\$200,000 \$300,000/\$600,000 \$500,000/\$1,000,000 \$1,000,000/\$2,000,000

Abuse & Molestation Liability Limit: \$100,000/\$300,000 \$300,000/\$300,000 \$500,000/\$500,000 \$1mil/\$1mil

Exposure Basis: Annual Gross Sales \$ _____ Number of Members _____

Full-time Employees _____ # Part-time Employees _____ (<30 hrs/week)

Number of Sports Courts: _____

Does the facility have any treadmills? Yes No

Any Jacuzzis, Hot Tubs, Sauna or Steam Rooms? Yes No

Are there any shower facilities? Yes No

Are there any swimming pools? Yes No

Is the facility open 24 hours? Yes No

If Yes, do you have a Fitness Staff certified in CPR on duty all hours of operation? Yes No

Do members have access outside of regular business hours? Yes No

Number of Massage Services units _____

Number of Tanning units _____

Do you have exposure to child sitting services? Yes No

Building Owner

Is any portion of the building leased to commercial tenants? Yes No If Yes, applicable sq. ft. _____

Does the applicant lease any apartments at this location? Yes No If Yes, Number of Units _____
applicable sq. ft. of Apts. _____

Additional Interests (AI = Additional Insured, LP = Loss Payee, M = Mortgagee)

Name	Relationship/Interest	Address	City, State, Zip	AI	LP	M
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. LOSS INFORMATION FOR THE PAST 3 YEARS

Liability Coverages None, or provide detail below.

Year	Status	Incurred	Description
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____

Property Coverages None, or provide detail below.

Year	Status	Incurred	Description
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____

III. ADDITIONAL PROPERTY INFORMATION

If you own the building and it is older than 10 years old, please complete the following:

Age of roof _____yrs. Plumbing updated (yr)_____ Electrical Updated (yr)_____ Heating Updated (yr)_____

Roof Type: Flat Wood Shake Shingle Metal Tile Slate Other _____

Plumbing Type: PVC Copper Lead Galvanized Other _____

What type of burglar alarm is on the premises? Central Station Local None

IV. ELIGIBILITY CRITERIA

- No bankruptcies, tax or credit liens against the applicant in the last 5 years True False
 - Coverage has not been cancelled or non-renewed in the last 3 years (not applicable in Missouri) True False
- If False, advise reason _____

Property

- For any building built prior to 1978, 100% of the electric wiring is on functioning and operating circuit breakers N/A True False
- For any building built prior to 1978, there is no aluminum wiring or knob & tube wiring N/A True False
- Functioning and operational fire extinguishers available True False
- Functioning and operational smoke detectors True False
- Building is not a non-standard structure (i.e. bubble, dome, etc.) True False

General Liability

- Applicant has not, is not and will not act as a Franchisor (Grantor of a Franchise) True False
- No alcohol sales True False
- No contact martial arts or boxing activities True False
- No rock/wall climbing activities True False
- No trampoline or gymnastics activities/instruction True False
- All members and guests using the facility are required to sign a Release/Waiver of Liability True False
- All Personal Trainers and Aerobic Instructors are required to be certified True False
- All fitness personnel are required to be CPR certified True False
- Service logs are maintained on all equipment True False
- No chiropractic, physical therapy, rehabilitation services or similar professional services by direct employees and all professionals renting space from the insured are required to carry their own insurance and name the Applicant as an Additional Insured True False
- Applicant does not manufacture or alter the packaging of any diet aids, vitamins, supplements or similar products True False
- Warning signs posted in clear view of all tanning units, hot tubs, saunas, steam rooms and fitness equipment True False
- No actual or alleged incidents regarding molestation or abuse True False
- No type of acupuncture services, electrolysis or hair removal services, body wrapping services or any type of body container services are provided by your center True False
- No medical services, blood analysis, stress testing, weight loss or diet clinic exists True False

Additional General Liability Information

- You have an exposure to Tanning units Yes No
- If Yes, please answer the following questions:
- No more than 4 units True False
 - All units are UL Approved True False
 - All minors are required to have a parent or guardian sign a release prior to use True False
 - Individuals are warned against using tanning units when pregnant or using photosensitive medication True False
 - Applicant has exclusive access to controls True False
 - Individuals are required to wear goggles True False
 - Logs are kept on each person's use and maximum number of uses is enforced True False
- You have an exposure to Child Sitting Services Yes No
- If Yes, please answer the following questions:
- Criminal and background checks are performed on all potential employees having exposure to or responsibility for children True False
 - No children under 6 weeks old accepted True False
 - Children are required to be signed in and signed out True False
 - A member signing in a child must be on premises at all times True False

V. ADDITIONAL APPLICANT INFORMATION

Form of Business: Individual Corporation Partnership LLC Other _____

What year did the business start? _____

Applicant's Mailing Address: _____ (if different than the location address above)

City: _____ State: _____ Zip: _____

Email Address of primary contact: _____ Phone: _____

Inspection Contact Name: _____ Telephone/Email Address: _____

Audit Contact Name: _____ Telephone/Email Address: _____

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance." is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium."

Colorado Fraud Statement: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia Fraud Statement: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine and Washington Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee and Virginia Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicant's Signature: _____ Title: _____ Date: _____

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail Agency Name: _____ License #: _____

Main Agency Phone Number: _____

Agency Mailing Address: _____

City: _____ State: _____ Zip Code: _____