

FITNESS STUDIO

GENERAL LIABILITY AND PROPERTY APPLICATION

SUBMISSION REQUIREMENTS

- Completed, signed, and dated supplemental application.
- Please send copies of current policies.
 - Currently valued insurance company loss runs for the current policy period plus three (3) prior years. If none, a No Loss Letter is required.

GENERAL INFORMATION

Legal Business Name: _____

Doing business as (DBA): _____

Insured's Name: _____

Contact Name: _____

Business Entity: Sole Proprietorship

Partnership

Corporation

S Corporation

LLC

Non-Profit

Physical Address: _____

City: _____ State: _____ Zip: _____ County: _____

Is the location a private residence?

Yes No

If yes, is there a separate entrance? Please explain:

Yes No

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Telephone: _____ Fax: _____

E-mail: _____ Website: _____

Requested effective date: _____

PREVIOUS CARRIER INFORMATION

	CARRIER	EXPIRATION	ANNUAL PREMIUM
Property			\$
General Liability			\$
Crime			\$

1. Have you been cancelled or non-renewed? If yes, explain.

Yes No

GENERAL LIABILITY*

If multiple locations – Please provide information for each location in Excel worksheet.

1. Years in Business: _____

2. Gross Annual Revenues: \$ _____

3. Gross Payroll: \$ _____

4. Square Footage: _____

5. Total number of Members/Clients: _____

6. Per session / monthly fee: \$ _____

Liability Coverages and Limits

Commercial General Liability/Professional Liability
 Personal and Advertising Injury Liability

- Occurrence / Aggregate Limit (please indicate):
 - \$1,000,000 / \$3,000,000
 - \$2,000,000 / \$3,000,000
 - \$2,000,000 / \$4,000,000
 - Other: _____
- Sexual Abuse Liability \$100,000 per occurrence / \$300,000 aggregate

OPERATIONS

Employee and/or Independent Contractors:

- Provide the number for each: Employees (part-time is less than 10 hours/week) and independent contractors. Do not include the owner.

Staff	Employees: (Part-time is less than 10 hrs/wk)		Independent Contractors	
	Full-time	Part-time	Full-time	Part-time
Office Staff				
Fitness Instructors				
TOTAL OF ABOVE:				

Exposures and Equipment

Equipment

- Please enter in the total pieces of equipment at this location: _____
 Do not count free weights, steps, mats, bands, balls.
 Please specify " Yes" or " No" and the quantity for each equipment type listed below:

 If yes, enter the number of events: _____

Exposures

- Do you require signed waivers from all clients? Yes No
 If no, are you willing to require signed waivers by the effective date of this policy? Yes No
- Are maintenance logs kept? Yes No
 If no, are you willing to keep maintenance logs? Yes No
- Please list who repairs exercise equipment: _____

- Is signage used throughout facility to prevent injury? Yes No
- Do you have non-slip surfaces in all wet areas? Yes No
- Do you sub-lease to others? If yes, please explain: _____ Yes No

- Is there a retail store? Yes No
- Does the facility have a restaurant or snack bar/on-premises food preparation? Yes No
 If yes, explain any type of cooking: _____

- Do you have a medical crisis plan? Yes No
- How many Automatic External Defibrillators (AEDs) do you have at each location: _____
 How many employees at each location are trained to operate an AED: _____
 Was full CPR training a part of the AED training? Yes No

- Do you require health histories, intake questionnaires? Yes No
 How long are they kept: _____
- Off-premises events? If yes, please explain: _____ Yes No

Enter the number of participants: _____

13. What are your hours of operation: _____

Is staff present during all hours of operation? Yes No

Twenty Four hour operations please complete the following:

Is there 24 hour video surveillance? Yes No

Are AEDs available on premises? Yes No

Are panic buttons used/required? Yes No

Are written procedures outlining what steps are to be followed in the event an incident occurs during hours of operation when no staff is present? Yes No

Who is responsible for parking lot security: _____

Are areas well lighted? Yes No

Abuse and Molestation

1. Does the Applicant's employment process (for employees and volunteers) include verification of whether the individual has ever been convicted of any crime, including sex-related or child abuse related offenses, before an offer of employment is made? Yes No

2. Does Applicant's state permit you to do criminal background investigations? Yes No
If yes, does the Applicant routinely request and receive such background investigations? Yes No

3. Does the Applicant verify employment-related references? Yes No

4. Does the Applicant conduct a personal interview? Yes No

5. Does Applicant have written procedures for dealing with sexual abuse? Yes No

If yes, attach a copy.

6. Do you have a plan of supervision that monitors staff in day-to-day relationships with clients, both on and off premises? Yes No

7. Has Applicant ever had an incident which resulted in an allegation of sexual abuse? Yes No
If yes, describe: _____

Additional Insureds

Eligible Additional Insureds include landlords, property managers, equipment rental companies, mortgagees and lien holders. Please contact customer service if you have a different type of entity. If you are hosting a special event, tournament, retreat or any other type of off-site event please contact customer service for a quote at 877.438.7459.

Name: _____ Type of Insured: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail: _____ Telephone Number: _____

PROPERTY SECTION

If multiple locations, please provide information for each location in Excel Worksheet

Property coverage cannot be purchased on stand-alone basis.

Building(s)				
Loc. No.	Bldg. No.	ACV/RC	Limit of Insurance	Coinsurance
			\$	90%
Contents (includes fitness equipment and any other business related contents)				
Loc. No.	Bldg. No.	ACV/RC	Limit of Insurance	Coinsurance
			\$	90%
Tenant Improvements and Betterments				
Loc. No.	Bldg. No.	ACV/RC	Limit of Insurance	Coinsurance
			\$	90%
Deductible	\$500	\$1,000	Other: \$	
Business Income				
Loc. No.	Bldg. No.	ALS	Limit of Insurance	Coinsurance
			\$	50%

Monthly Limit of Indemnity Form also available. If desired, please indicate the following:

Monthly Limitation: 1/3 1/4 1/6
(No coinsurance clause)

REQUIRED UNDERWRITING INFORMATION

1. Construction of Building Number of Stories: _____
Walls: Wood Frame Brick / Brick Steel Frame Other: _____
Roof: Wood Frame Poured Concrete Steel Frame Other: _____
Floor: Wood Frame Concrete Other: _____
2. Year Built: _____ Square Footage: _____ Age of Roof: _____
If building is over 25 years old, provide year of update for:
Roof: _____ Wiring: _____ Plumbing: _____ Heating: _____
3. Burglar Alarm: Yes No
If yes, Central Station with Keys Central Station without Keys
Fire Alarm Yes No If yes, Central Station Local Gong
4. Does the property have automatic fire sprinklers? Yes No
5. Distance from building to: Fire Hydrant (feet): _____ Fire Station (miles): _____
6. Does the property have aluminum wiring? Yes No
If yes, has it been retrofitted with one of the PIC approved connectors and by a licensed electrician? Indicate which one: Yes No
COPALUM Yes No
AlumiConn Yes No
Date updated: _____
- Please supply retro-fit documentation or statement from installing contractor.
7. Does the Applicant own the building? Yes No
If no, who does: _____
8. Mortgagee: _____
9. Loss Payee: _____

10. Signs

Type	Value	Location
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____

Flood

11. Does the Applicant have a current flood policy in force? Yes No
If yes, attach a copy of the declarations page.
If no, would you like a flood quote with our proposal? Yes No
(Flood quote will be secured through the Write Your Own Flood Program)

Crime

12. Theft, Disappearance and Destruction: \$ _____
13. Loss Inside the Premises: \$ _____
Loss Outside the Premises: \$ _____
14. Employee Dishonesty: \$ _____
15. Number of officers and employees who have custody of the money: _____
16. By whom is financial audit completed: _____
17. Frequency of audits: _____
18. Is there a countersignature procedure in place? Yes No
19. Frequency of bank deposits: _____
20. Are accounts reconciled by someone not authorized to deposit or withdraw monies? Yes No