

Exercise/Health Club Supplemental Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____
 Applicant's Phone Number _____ Web Address _____
 Applicant Mailing Address _____
 Inspection Contact _____ Phone # for Inspection Contact _____
 Proposed Policy Period _____ to _____

Applicant is: Individual ___ Partnership ___ Corporation ___ Joint Venture ___ Other _____
 Location #1 _____
 Location #2 _____
 Location #3 _____

Aerobics	Tennis Courts	Body Toning
Barber I Beauty Shop	Trampolines	Dance Instruction
Basketball Courts	Tumbling	Diet Counseling
Bicycle Tracks	*Whirlpool	Game Room
Jogging Tracks	Gymnastics	Martial Arts
Kick Boxing	Handball/ Racquetball Courts	Masseuse
Locker Rooms	Health Seminars	Nursery*
Steam Rooms	Jacuzzi	Physical Therapists
Sun Tanning Units	Health Seminars	Sauna
*Swimming Pools	Pro Shop	Shower Rooms
Other (describe below) *(complete section OP on page 2 if item is starred)		

Describe all other operations not listed above: _____

UNDERWRITING INFORMATION

1. Number of years in business? _____ If new describe prior experience _____

Number of members at this location _____ Hours of Operation _____

- | | | |
|--|------------------------------|-----------------------------|
| 2. What is your estimated Gross Sales? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Does applicant own the building? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Are all instructors employees of the applicant? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Are employees trained in CPR, First aid, etc.? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Are eye guards required on racquetball courts? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Are incident reports compiled daily for all injuries? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Signed release forms required? (Attach a copy) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. If customer is under 16 years of age, is parent's signature required on the release form? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. Is all equipment inspected regularly? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. Is inspection documentation maintained? Yes <input type="checkbox"/> No <input type="checkbox"/> How Long? _____ | | |
| 12. Do you use any equipment that you have built? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes attach photos | | |
| 13. Members age range from _____ to _____ | | |

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14. Any cooking on premises? Yes No
If yes, describe. _____
15. Any food or beverages sold on premises? Yes No
If yes, describe. _____
16. Is alcohol served? Yes No

SWIMMING EXPOSURE (complete when applicable)

Indoor Pool- Max Depth Outdoor Pool- Max Depth Lap Pool - Max Depth

Rules Posted	Yes <input type="checkbox"/> No <input type="checkbox"/>	Non-slip surface in pool area?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Lifeguards	Yes <input type="checkbox"/> No <input type="checkbox"/>	Non-slip surface in locker, shower and sauna areas?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Lifesaving Equipment	Yes <input type="checkbox"/> No <input type="checkbox"/>	Saunas have emergency shutoff	Yes <input type="checkbox"/> No <input type="checkbox"/>
Diving Boards	Yes <input type="checkbox"/> No <input type="checkbox"/>	Whirlpool emergency shutoff in same area?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Number of meters in height _____
Warnings posted regarding use; i.e., pregnancy, alcohol, etc? Yes No

NURSERY

1. Maximum number of children allowed at any one time _____ Ages _____
2. Number of attendants _____ Ages _____
3. Are attendants trained in childcare? Yes No
4. Are children allowed to stay if parents leave the premises? Yes No
5. Describe procedures for supervision of the children. _____

6. List all play equipment _____

7. Is play area separated from exercise area? Yes No

SUN TANNING UNITS

1. Do you own or operate any Sun Tanning equipment? ***Yes No

*****IF YES, SUN TANNING- SUPPLEMENTAL APPLICATION (A008S) MUST BE COMPLETED IN ITS ENTIRETY**

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OTHER EXPOSURES

Please indicate any of the following that you provide to your customers:

- Protein Diet Plans
 Body wraps - Other than organic
 Blood Analysis
 Stress Testing
 Weight Loss or Diet Clinics
 Products Manufactured by or sold under club's name
 Health supplements

Premises Exposures:

- a. Hours of operation from _____ to _____
- b. Is parking lot well lit? Yes No
- c. Security guard on premises? Yes No
- d. Any trampolines? Yes No
- e. Any electrode machines? Yes No
- f. Shower/sauna/steam Jacuzzi facilities Yes No
- g. Do the floors for these areas have non-skid surfaces? Yes No

Number of Employees	Employed	Leased	Independent
Certified aerobic instructors	_____	_____	_____
Uncertified aerobic instructors	_____	_____	_____
Total number of employees	_____	_____	_____
Number of employees trained in CPR	_____	_____	_____
Personal trainers	_____	_____	_____
Masseuses	_____	_____	_____
Other: (describe)	_____	_____	_____

- If any independent contractors, are they licensed and insured? Yes No
- Do they provide certificates of insurance? Yes No

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COMMERCIAL PROPERTY

(Please provide complete information for each insured location. Attach separate sheet, if necessary.)

BUILDING INFORMATION	Loc.1	Loc. 2	Loc. 3
CONSTRUCTION			
YEAR BUILT			
#OF STORIES			
TOTAL SQ. FOOTAGE			
PROTECTION CLASS			
ALARM	Central Station <input type="checkbox"/> Local <input type="checkbox"/> None <input type="checkbox"/>	Central Station <input type="checkbox"/> Local <input type="checkbox"/> None <input type="checkbox"/>	Central Station <input type="checkbox"/> Local <input type="checkbox"/> None <input type="checkbox"/>
YEAR OF LATEST UPDATE	_____ Roof _____ Plumbing _____ Wiring	_____ Roof _____ Plumbing _____ Wiring	_____ Roof _____ Plumbing _____ Wiring

LIMITS & COVERAGE- PROPERTY

COVERAGE	COINSURANCE %	DEDUCTIBLE	CAUSES of Loss	VALUATION	Loc. 1	Loc. 2	Loc. 3
BUILDING		\$	Basic Broad Special	A.C.V. R.C. Market Value (Submit)	\$	\$	\$
BPP	%	\$			\$	\$	\$
BUSINESS INCOME	_____% or Monthly Limit \$ _____	\$			\$	\$	\$
SIGNS (DESCRIBE)					\$	\$	\$
TOTAL LIMITS					\$	\$	\$

ADJACENT EXPOSURES

	RIGHT	LEFT	FRONT	REAR
Loc.1				
Loc. 2				
Loc. 3				

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CONTRIBUTING INSURANCE

NAME & ADDRESS OF COMPANY	% PARTICIPATION	LIMITS
_____ _____	_____	_____
_____ _____	_____	_____
_____ _____	_____	_____

LIMITS- GENERAL LIABILITY (PER OCCURRENCE)

GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS)	\$ _____
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$ _____
PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION)	\$ _____
EACH OCCURRENCE	\$ _____
DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES)	\$ _____
MEDICAL EXPENSE (ANY ONE PERSON)	\$ _____

CERTIFICATE RECIPIENTS I ADDITIONAL INTERESTS

NAME AND ADDRESS	RELATIONSHIP TO APPLICANT	ADDITIONAL INSURED	CERTIFICATE
_____ _____	_____		
_____ _____	_____		
_____ _____	_____		

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

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FRAUD STATEMENT

To Insureds in the States of:

Louisiana

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.

Maine

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.

Maryland

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey

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

New Mexico

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 CIVIL FINES AND CRIMINAL PENALTIES.

New York

The following statement is to be attached to and form a part of the policy application: 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

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

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

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Oregon

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:

- A. The misinformation is material to the content of the policy;
- B. We relied upon the misinformation; and
- C. The information was either
 - 1. Material to the risk assumed by us; or
 - 2. Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests.

With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional.

Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

Pennsylvania

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

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.

Virginia

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.

Washington

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.

Producer's Signature

Date

Applicant's Signature

Date