



Fitness Center Product

FITNESS CENTERS WARRANTY APPLICATION

Package (GL & Property) General Liability only

Please complete all sections of this application and have signed by the applicant.

GENERAL INFORMATION

1. If our renewal, provide the expiring policy number: _____
2. Name: _____ DBA: _____
3. Sole Proprietorship Partnership Corporation LLC Other
4. Mailing Address: _____ E-mail Address: _____
5. Location Address: _____
6. Applicant's website Address? _____
7. How long has current owner been in business at this location? _____
8. Has applicant ever operated this location under a different name or DBA (other than above)? Yes No
If yes, provide name or DBA used: _____
9. Any prior bankruptcy within the past five years? Yes No
Date of bankruptcy? _____
10. Prior Carrier: Expiring Premium \$ _____
11. Loss History for Property and General Liability for past three years (if in business that long) If none, check here

Date	Type/Description	Paid	Reserved	Open/Closed
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

12. Within the past five years, has applicant's coverage been cancelled or non-renewed? Yes No
If yes, explain: _____
13. Hours of Operation: Mon - Thur _____ Fri _____ Sat _____ Sun _____
14. Total Receipts: _____ Number of Members: _____
15. Any locations in Alaska or Louisiana? Yes No
16. Any alleged or actual incidents regarding molestation or abuse involving your center(s)? Yes No
17. 24-hour facility or do any members have access keys to your center(s)? Yes No
18. Does Fitness Center Have a pool? Yes No
19. Signed Release/Waiver of liability REQUIRED prior to using your center(s)? Yes No
20. Signed PAR-Q (Physical Activity Readiness Questionnaire) REQUIRED prior to using your center(s)? Yes No
21. Are minors allowed to use equipment without parent or guardian signing Release/Waiver & PAR-Q? Yes No
22. Are all Personal Trainers / Aerobic Instructors required to be certified? Yes No
23. Any chiropractic, physical therapy &/or rehabilitation services provided by your employees? Yes No
24. Do any chiropractors, physical &/or rehabilitation therapists or registered dieticians rent space in your center(s) who do not carry their own insurance and name you as an additional insured on their policy? Yes No
25. Do you sell any diet aids, vitamins, or muscle supplements or similar products that you altered from its original packaging? Yes No
26. Medical Services, blood analysis, stress testing or diet clinics provided by your center(s)? Yes No
27. Any alcohol sales in your center(s)? Yes No
28. Use of electricity to create muscle tone or other passive exercise services provided by your center(s)? Yes No

29. Any type of acupuncture services provided by your center(s)? Yes No
30. Electrolysis or hair removal services provided by your center(s)? Yes No
31. Body wrapping services or any type of body containers provided/used by your center(s)? Yes No
32. Ear or body piercing services provided by your center(s)? Yes No
33. Trampolines or gymnastic instruction or similar activity offered by your center(s)? Yes No
34. Contact martial arts, karate, kickboxing, regular boxing or similar activities offered at your center(s)? Yes No
35. Rock climbing, scaling or similar activities offered by your center(s) on or off premises? Yes No
36. Appropriate warning signs posted near and in clear view of all tanning units, hot tubs, Jacuzzis, Sauna, steam rooms, and fitness equipment? Yes No
37. Repair/service logs maintained on all equipment used in your center(s)? Yes No
38. Do you have Fitness staff certified in CPR on duty during all hours of operation? Yes No

GENERAL LIABILITY SECTION

39. Limit Requested: 300/600 500/1,000 1,000/2,000
40. Molestation and Abuse Limit: 100/300 300/300 500/500 1,000/1,000
41. Hired/Non Owned Auto Coverage: 100/300 300/300 500/500 1,000/1,000
42. Stop Gap Coverage: 100/300 300/300 500/500 1,000/1,000
43. Jacuzzis, Hot Tub, Sauna or Steam Rooms? Yes No
44. Does Facility have Treadmills? Yes No
45. Any shower facilities? Yes No
46. Number of Masseur/Masseuse _____
47. Number of sports courts _____
48. Any off-premise activities? Yes No
Detail & how often: _____
49. List any on-premise exhibitions, competitions, or special events: _____

50. Tanning Information Not Applicable
Number of units: _____
51. Are all units U.L. Approved? Yes No
52. Are only employees allowed to adjust the controls of the tanning units?. Yes No
53. Are there limits regarding duration or number of visits? Yes No
54. Patrons/Members are allowed to use tanning units WITHOUT goggles? Yes No
55. Patrons warned against using tanning units while on photosensitive medication or pregnant? Yes No
56. Child Sitting Information Not Applicable
57. Do you accept a child under 6 weeks of age? Yes No
58. Criminal and background checks required for child sitting employees prior to employment? Yes No
59. Are children allowed to be dropped off or picked up WITHOUT a Sign In/out sheet? Yes No
60. Are members allowed to leave the premises while children are in the center? Yes No
61. Are children allowed to be in the center for an unlimited amount of time? Yes No
62. Any food allowed in the child sitting room? Yes No

63 Property Information Not Applicable

64. Age of Building: _____ Number of Stories: _____
65. Total Sq Ft _____ Applicant's Sq Ft _____ Apartment Sq Ft _____
66. List all other occupancies: _____ None
If any, list Sq Ft _____
67. Construction: _____ Building Limit _____
68. Contents limit _____ Coinsurance 80% _____ 90% _____ 100%

69. Business Income limit _____ Coinsurance 50% 60% 70% 80% 90% 100% or
 Monthly limit 1/3 1/4 1/6
70. Optional coverages: Value plus endorsement Yes No Glass _____ liner ft. Sign _____
71. Money & Securities \$1,000 \$2,000 \$5,000 Employee Dishonesty: \$5,000 \$10,000
72. Equipment breakdown coverage Yes No
73. Cause of loss: Basic Special Special excluding theft
74. Property deductible: \$1,000 \$2,500 \$5,000
75. Age of roof _____ Electrical update _____ Plumbing update _____ Heating update _____
76. Protective devices: Functional Smoke detectors Sprinkler system covering 100% of premise
 (check all that apply) Central station burglar alarm Central station fire alarm
77. Any location in Hawaii? Yes No
78. Is all electrical system connected to functional and operational circuit breakers? No Yes
79. Does the electrical system have aluminum wiring or knob & tube wiring? Yes No

MORTGAGEES/ADDITIONAL INSUREDS/LOSS PAYEES

List name, address and interest of each: Indicate applicable section:

Name: _____ Property GL
 Address _____
 Interest _____

Name: _____ Property GL
 Address _____
 Interest _____

Name: _____ Property GL
 Address _____
 Interest _____

INSPECTION AND AUDIT CONTACTS

Inspection Contact Name: _____ Telephone Number: _____ E-mail Address: _____
 Audit Contact Name: _____ Telephone Number: _____ E-mail Address: _____

Applicant's Warranty Statement: The undersigned represents to the best of his/her knowledge and belief the particulars and statements set forth are true and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company. The undersigned further declares that any claim, incident or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The signing of the Application does not bind the undersigned to purchase the insurance, nor does the review of the Application bind the Company to issue a policy. It is understood the Company is relying on the Application in the event the Policy is issued. It is agreed that this Application, including any material submitted there with, shall be the basis of the contract should a policy be issued, and may be attached to and become part of the policy.

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 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 _____
(Owner or Officer)

Broker's Signature _____

Some states require that we have the Name and Address of your (Insured's) Authorized Agent or Broker.

Name of Authorized Agent or Broker _____

Address: _____

Mail complete application through local Agent or Broker to: _____
