



Fitness and Wellness Studio Owners' Liability Application

<u>POLICY COVERAGES AND LIMITS:</u>	Higher limits are available upon request.			
Commercial General Liability	\$1,000,000	PER OCCURRENCE	\$3,000,000	AGGREGATE
Professional Liability				
Personal & Advertising Injury Liability				
Sexual Abuse Liability	100,000	PER OCCURRENCE	300,000	AGGREGATE
Damage To Premises Rented To You	100,000	ANY ONE PREMISES		
Medical Expense	2,500	ANY ONE PERSON		
Hired and Non-Owned Auto Available – please check here to add: <input type="checkbox"/>				

Multiple locations complete a separate application for each location

Legal Business Name: _____

Location Address: _____ Contact Person: _____

City _____ State _____ ZIP _____

Mailing Address (if different): _____

City _____ State _____ ZIP _____

Tel: _____ Fax: _____ Email: _____

Social Security/Federal Employer ID # _____ County *(required)* _____

Business Entity: Corporation Partnership LLC Sole Proprietor Other _____

Type of Facility: Personal Training Studio Aerobics/Dance Studio Pilates
 Other (Describe) _____

Does Business engage in any other operations as the name insured above: Yes No If yes, explain:

Years in Business: _____ Square Footage: _____ Annual Revenues: \$ _____

Number of Active Members: _____ Monthly Membership Dues \$ _____

Prior Insurance Carrier _____ Expiration Date: _____

Have you been cancelled or non-renewed? NO YES: If yes, explain: _____

Any Liability or Property claims last 3 years? NO YES: (If yes, 4 years loss history required to bind coverage. If none, a No Loss Letter is required). If yes, please explain – use additional sheet if necessary.



Fitness and Wellness Studio Owners' Liability Application (Cont.)

<u>Provide # of each:</u>	<u>Employees: (Part-time is less than 10 hrs/wk)</u>		<u>Independent Contractors:</u>	
(Excluding Owner)	<u>Full-time</u>	<u>Part-time</u>	<u>Full-time</u>	<u>Part-time</u>
Office Staff:	_____	_____	_____	_____
Personal Trainers:	_____	_____	_____	_____
Fitness/Group Instructors:	_____	_____	_____	_____
Yoga Instructors:	_____	_____	_____	_____
Physical Therapists:	_____	_____	_____	_____
Massage Therapists:	_____	_____	_____	_____
Spa/Manicurists:	_____	_____	_____	_____
Hair Stylists	_____	_____	_____	_____
Other:	_____	_____	_____	_____
Totals of above:	_____	_____	_____	_____

Enter in box below the total number of pieces of fitness equipment:

⇒ ⇐ Count all types except free weights, steps, mats, bands, balls.

PLEASE SPECIFY "YES" OR "NO" AND NUMBER OF EXPOSURES FOR FOLLOWING:

- Jacuzzis: No Yes Number _____ Steam Rooms: No Yes Number _____
- Saunas: No Yes Number _____ Tanning Booths: No Yes Number _____
- Do you produce videos: No Yes Number _____ Courts/Tracks: No Yes Number _____
- Climbing Walls: No Yes Number _____ Indoor Outdoor
- Swimming Pools: No Yes Number _____ Any Diving Boards: No Yes Number _____
- Boxing Rings: No Yes Number _____ (Cardio-kickboxing only, professional excluded)
- Trampolines: No Yes Number _____ ("Rebounders" only, all others excluded)
- Child Care: No Yes If yes, enter # of Staff per child ratio: _____
- Gymnastics: No Yes (Children's floor level only, all others excluded)
- Sports Medicine: No Yes (If yes explain: _____)
- Diet/Nutritionist: No Yes (All nutritionist must have own insurance, proof required) Explain: _____

Restaurant/Snack Bar: No Yes If yes explain including any type of cooking: _____

Do you serve liquor: No If yes explain: _____

Medical Facilities with doctors employed/contracted: No Yes If yes, explain (must show proof they have their own insurance): _____

Are any products manufactured or sold under your label: NO YES If yes, explain: _____

Are maintenance logs kept? No Yes Who repairs equipment: _____

Do you have a defibrillator(s) on premises? No Yes Do you have a medical crisis plan? No Yes

Do you require signed waivers from all clients? No Yes

Is signage used throughout facility to prevent injury? No Yes

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

Do you sublease any space to others? No Yes _____



Fitness and Wellness Studio Owners' Property Application

SUBJECT OF INSURANCE	LIMITS	DEDUCTIBLE	90% COINSURANCE	RC VALUATION	SPECIAL FORM	
Contents and Equipment	\$	\$1000				
Tenant Improvements	\$	\$1000	Employee Dishonesty Coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Sign Coverage	\$	\$1000				
Business Income	\$	12 Months – 72 Hr Wait	Boiler & Machinery Coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Construction Type						
Construction Type	Protection Class	# Stories	Basement?	Year Built	Total Square Feet	Square Footage you occupy:
Other Occupancies in Building:			*If building over 25 years old, give year of update for:			
			Roof:	Wiring:	Plumbing:	Heating:
What is to the right of your space - Distance:		What is to the left of your space -Distance:		What is to the rear of your space - Distance:		
Burglar Alarm: <input type="checkbox"/> YES <input type="checkbox"/> NO		Alarm Installed & Serviced By:			# Guards/Watchmen	
If yes, <input type="checkbox"/> Central Station <input type="checkbox"/> With Keys					<input type="checkbox"/> Clock Hourly	
					<input type="checkbox"/> Other:	
Fire Alarm: <input type="checkbox"/> YES <input type="checkbox"/> NO			Is Building sprinklered? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, <input type="checkbox"/> Central Station <input type="checkbox"/> Local Gong			IF yes what % is sprinklered: _____			
Landlords to be added as Additional Interest – Enter Name and Address:						
Leasing Companies to be added as Loss Payee – Enter Name and Address:						

Policy effective date is upon approval or to request a future date enter here: _____

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

Signature: _____ Date: _____
 (Must be owner, officer or partner)