Fitness and Wellness Studio Owners' Liability Application

POLICY COVERAGES AND LIMITS:	**Higher limits are available upon request.**			
Commercial General Liability Professional Liability Personal & Advertising Injury Liability	**$1,000,000**	PER OCCURRENCE	**$3,000,000**	AGGREGATE
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: ☐				

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:

____

Do you offer CrossFit?: ☐ Yes ☐ No If yes, we do not currently offer coverage for CrossFit.

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:____________________

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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.

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

Provide # of each:	**Employees: (Part-time is less than 10 hrs/wk)**		**Independent Contractors:**	
(Excluding Owner)	Full-time	Part-time	Full-time	Part-time
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): ______________________________________

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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 defibulators(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 ______________________________________

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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: ☐ Yes ☐ No		
Sign Coverage	$	$1000			
Business Income	$	12 Months – 72 Hr Wait	Boiler & Machinery Coverage: ☐ Yes ☐ No		

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: ☐ YES ☐ NO If yes, ☐ Central Station ☐ With Keys	Alarm Installed & Serviced By:	# Guards/Watchmen ☐ Clock Hourly ☐ Other:

Fire Alarm: ☐ YES ☐ NO If yes, ☐ Central Station ☐ Local Gong	**Is Building sprinklered?** ☐ YES ☐ NO 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)