



Associated Underwriters, Inc.

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HEALTH CLUB INSURANCE APPLICATION

General Information

- 1. Proposed effective date... Named Insured...
Company name... Individual Partnership Corporation
Street address...
City/State/Zip... Phone No...
Mailing address... City/State/Zip...
2. Number of members... Minimum age... Maximum age...
3. Gross receipts as respects membership sales... Initiation Fees... Pro Shop...
Note: Gross receipts should not include receipts for use of Athletic Courts...
All other (please explain)...
Total gross receipts...
4. Total area you sublease to others... sq.ft. Describe occupancy...
5. Does owner(s) lease, operate or participate in the operations of any other health club(s)?
If so, do you desire coverage for other facilities or is coverage provided elsewhere?
If coverage is provided elsewhere, we will require Certificate of Insurance.
6. Does owner(s) or insured(s) lease, operate or are you a subsidiary of any business(es) other than a health club(s)?
If so, are they to be insured under this policy?
If yes, supply all details. If not, provide a Certificate of Insurance on all other operations...
7. Number of years under current management...
8. Number of years of health club management experience...
9. Number of years at present location...
10. Previous Liability Carrier... Year... Carrier Name...
Policy Number... Premium \$...
Previous Property Carrier... Year... Carrier Name...
Policy Number... Premium \$...
11. Three year history
Date of Loss(s)... Amt. Paid/Reserves...
Description...
12. Has any company ever cancelled your insurance coverage?
If yes, give reason...
13. Are release forms signed?
14. What method is used for reporting complaints...
15. What are the first aid and emergency procedures...
16. Are lockers provided for patrons?
17. Are signs posted regarding the responsibility for patrons belongings?

18. Is a general health questionnaire completed or health examination required on all new members? Yes No

Employees

19. Number of employees? Full-time _____ Part-time _____

20. Describe any formal training/educational requirements _____

21. Is staff required to have any CPR &/or First Aid Training? Yes No
 If not, is training provided by employer? Yes No
 22. If club includes aerobics, are instructors and/or head instructors certified? Yes No

Equipment

23. Number and brand of machines _____

24. Number of free weights and brand _____

25. Are spotters available? Yes No
 26. Is equipment inspected? Yes No

How often _____

Are records kept? Yes No

Inspection performed by _____

27. Who maintains and repairs equipment? _____

Premises Exposure

28. Please specify yes or no. If yes, please specify number of exposures, i.e. Racquetball Courts 5, etc.

YES	NO	Type	Number
<input type="checkbox"/>	<input type="checkbox"/>	Aerobics	_____
<input type="checkbox"/>	<input type="checkbox"/>	Handball Courts	_____
<input type="checkbox"/>	<input type="checkbox"/>	Ice Skating	_____
<input type="checkbox"/>	<input type="checkbox"/>	Roller Skating	_____
<input type="checkbox"/>	<input type="checkbox"/>	Facial Tanning Machine	_____
<input type="checkbox"/>	<input type="checkbox"/>	Swimming Pools	_____
<input type="checkbox"/>	<input type="checkbox"/>	Racquetball Courts	_____
<input type="checkbox"/>	<input type="checkbox"/>	Tennis Courts	_____
<input type="checkbox"/>	<input type="checkbox"/>	Suntanning Units	_____
<input type="checkbox"/>	<input type="checkbox"/>	Batting Cages	_____

YES	NO	Type	Number	If Yes Answer. Please Explain
<input type="checkbox"/>	<input type="checkbox"/>	Provide Physicals	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Staff Medical Prof.	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Physical Therapist	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Is club connected with hospital or independent doctor?	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Blood Analysis	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Stress Testing	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Martial Arts	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Trampolines	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Diet Centers	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Gymnastic Classes	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Sports Medicine	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Liquid Protein	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Vitamin Injections	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Physical Contact Sports	_____	_____

Swimming Pool

29. Is there a lifeguard on duty in pool area at all times? Yes No

30. Is there proper lifesaving equipment available? Yes No

Type (i.e. hook, rope) _____

31. Are pool rules posted? Yes No Diving Board? Yes No Height _____

Nursery

- 32. Number of exits _____
- 33. Maximum number of children at any one time _____ Age Group _____
- 34. Number of attendants _____ Ages _____
- 35. Are the attendants trained in child care? Yes No
- 36. Are children allowed to stay if parents leave center? Yes No
- 37. Describe method used for signing children in and out of the nursery _____

- 38. Do you provide any type of exercise equipment or aerobics to children while in Nursery? Yes No
If yes, explain _____

Pro Shop

- 39. Receipts \$ _____
- 40. What products are sold _____
- 41. Are any products sold under your own label? Yes No
- 42. List products _____

Building Information

- 43. Area of club (sq. ft.) _____ Age of building _____
- 44. Date of last wiring upgrade? _____ 45. Date of last plumbing upgrade? _____
- 46. Total Area of Building (sq. ft) _____ 47. Date of last heating update? _____
- 48. Date of last roof update? _____
- 49. Construction Frame Metal clad Masonry Fire Resistive Number of stories _____
- 50. Sprinkler System? Yes No Central Station Burglar Alarm Yes No
With Interior Motion Sensors Yes No
- 51. Describe all adjacent exposures and distance away from your premises (i.e., restaurant, bakery, etc.):
To the right _____
To the left _____
And to the rear _____
- 52. Is any equipment leased? Yes No Type? _____
Is loss payee required on your equipment or mortgagee on building coverage? (include full name, address, type of equipment & value) _____
- 53. Distance from fire hydrant _____ feet Distance from fire station _____
- 54. Type of neighborhood: Residential Commercial
- 55. Type of building maintenance and frequency _____
- 56. Is there any cooking on premises? Yes No If yes, explain _____

- Is there an Ansul System? Yes No
If yes, is there a cleaning contract for the system and filters? Yes No

Coverage Desired

PROPERTY (All coverages are written with a \$1,000 deductible, 80% CO., RC unless otherwise stated)

Building \$ _____
 Total Contents \$ _____
 Contents Consists of: Equipment \$ _____
 Furniture \$ _____
 Other \$ _____

OPTIONAL PROPERTY

\$ _____ Loss of Earnings, limit per month \$ _____ up to _____ months
 \$ _____ Sign Coverage, limit \$ _____ Attached to building Free standing

LIABILITY

Limits Desired \$1,000,000 \$2,000,000 \$3,000,000

Additional insured/landlord (list full name and address) _____

CRIME

Robbery and Safe Burglary - Money and Securities

Inside (must have a safe encased in floor or wall)

Inside limit \$ _____

Outside (messenger/custodian to/from bank)

Outside limit \$ _____

In the event your facility has suntanning equipment, please answer the following questions.

57. Number of units _____ Manufacturer _____

What type of bulbs are used? UVA UVB Maximum % of UVB bulbs unit _____

Manufacturer _____

Is it coin operated Yes No

Is there an attendant on duty? Yes No

Is eye protection mandatory? Yes No

Is it a suntan: Bed Booth

Is timer used? Yes No

Include where timer control is located _____

Read and sign below

I hereby state that the information contained in this application is true and accurate to the best of my knowledge and that no material facts have been misrepresented or mix-stated.

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.

Signature _____ Print name _____

Date _____ Title _____

Resident agent name _____

**COPY OF MEMBERSHIP CONTRACT INCLUDING HOLD HARMLESS CLAUSE
MUST BE SUBMITTED WITH COMPLETED APPLICATION**

**APPLICATIONS MUST BE FULLY COMPLETED AND SIGNED
PRIOR TO COVERAGE BEING BOUND**