



**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. Within the past five years, has applicant's coverage been cancelled or non-renewed?  Yes  No  
If yes, explain: \_\_\_\_\_
12. Hours of Operation: Mon - Thur \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_
13. Total Receipts: \_\_\_\_\_ Number of Members: \_\_\_\_\_
14. 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
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

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)?  No  Yes
20. Signed PAR-Q (Physical Activity Readiness Questionnaire) **REQUIRED** prior to using your center(s)?  No  Yes
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?  No  Yes
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?  No  Yes
37. Repair/service logs maintained on all equipment used in your center(s)?  No  Yes
38. Do you have Fitness staff certified in CPR on duty during all hours of operation?  No  Yes

**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 Tubs, Sauna or Steam Rooms?  Yes  No
44. Does Facility have Treadmills?  Yes  No
45. Any shower facilities?  Yes  No
46. Number of sports courts \_\_\_\_\_
47. Any off-premise activities?  Yes  No
Detail & how often: \_\_\_\_\_
48. List any on-premise exhibitions, competitions, or special events: \_\_\_\_\_

**49. Tanning Information**

Not Applicable

- Number of units: \_\_\_\_\_
50. Are all units U.L. Approved?  No  Yes
51. Are only employees allowed to adjust the controls of the tanning units?.  No  Yes
52. Are there limits regarding duration or number of visits?  No  Yes
53. Patrons/Members are allowed to use tanning units WITHOUT goggles?  Yes  No
54. Patrons warned against using tanning units while on photosensitive medication or pregnant?  No  Yes

**55. Child Sitting Information**

Not Applicable

- 56. Do you accept a child under 6 weeks of age?  Yes  No
57. Criminal and background checks required for child sitting employees prior to employment?  No  Yes
58. Are children allowed to be dropped off or picked up WITHOUT a Sign In/out sheet?  Yes  No
59. Are members allowed to leave the premises while children are in the center?  Yes  No
60. Are children allowed to be in the center for an unlimited amount of time?  Yes  No
61. Any food allowed in the child sitting room?  Yes  No

**Fraud Statement:** Any person who knowingly and with the intent to defraud any insurance company or other person, files and 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

**62 Property Information**

Not Applicable

- 63. Age of Building: \_\_\_\_\_ Number of Stories: \_\_\_\_\_
64. Total Sq Ft \_\_\_\_\_ Applicant's Sq Ft \_\_\_\_\_ Apartment Sq Ft \_\_\_\_\_
65. List all other occupancies: \_\_\_\_\_  None
If any, list Sq Ft \_\_\_\_\_
66. Construction: \_\_\_\_\_
67. Contents limit \_\_\_\_\_ Coinsurance 80% \_\_\_\_\_ 90% \_\_\_\_\_ 100%
68. Business Income limit \_\_\_\_\_ Coinsurance 50% 60% 70% 80% 90% 100% or
Monthly limit 1/3 1/4 1/6
69. Optional coverages: Value plus endorsement  Yes  No Glass \_\_\_\_\_ liner ft. Sign \_\_\_\_\_
70. Money & Securities  \$1,000  \$2,000  \$5,000 Employee Dishonesty:  \$5,000  \$10,000
71. Equipment breakdown coverage  Yes  No
72. Cause of loss:  Basic  Special  Special excluding theft
73. Property deductible:  \$1,000  \$2,500  \$5,000
74. Age of roof \_\_\_\_\_ Electrical update \_\_\_\_\_ Plumbing update \_\_\_\_\_ Heating update \_\_\_\_\_
75. Protective devices:  Smoke detectors  Sprinkler system covering 100% of premise
(check all that apply)  Central station burglar alarm  Central station fire alarm
76. Any location in Hawaii?  Yes  No
77. Is the electrical system connected to circuit breakers?  No  Yes
76. Does the electrical system have aluminum wiring or knob & tube wiring?  Yes  No

**Mortgages/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: \_\_\_\_\_

a fraudulent insurance act, which is a crime and may subject such person to criminal and/or civil penalties and other sanctions.

**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 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 th Policy is issued. It is agreed that this Application, including any material submitted therewith, shall be the basis of the contract should a policy be issued, and may be attached dot and become part of the policy.

**Virginia Notice:** Statements in the application shall be deemed the insured's representations. A statement mad e in the Application or in any affidavit made before or after a loss under the policy will l 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 the may render inaccurate, untrue or incomplete any statement made with the 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 non payment of premium."

Applicant's Signature \_\_\_\_\_ 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: \_\_\_\_\_

\_\_\_\_\_