



CLY Facility Insurance Application



Duncan Insurance Group, Inc
 Phone: 724-863-3420
 Toll Free: 888-383-3420 X
 Fax: 724-864-3022
 www.DuncanGRP.com



SPORTS & FITNESS
 INSURANCE CORPORATION

- Submission Requirements 1. Waiver/Hold Harmless Agreement 2. Membership/Client/Student Contract 3. Loss History for past 3 years
 4. Resume of Owner for new venture 5. Martial Arts Sparring Rules

(All policy communication such as renewal notifications, certificates of insurance, and policy documents will be handled via email. Please make sure we have a valid email address. Multiple Locations must complete a separate application for each location.)

Section I – Licensed Agent or Broker Information: *(Please skip this section if you are not working with an agent or broker.)*

Agent#: _____ Name: Duncan Insurance Group, Inc.

Contact Name: _____ License Number: _____

Address: 311 Main St

City: Irwin State: PA Zip: 15642

Telephone: 888-383-3420 Fax: 724-863-3420 Email: commercial-insurance@duncangrp.com

Section II – General Information (If New Facility, please indicate opening date: _____)

Named Insured: _____ DBA: _____

Business Type: Corporation Individual LLC Partnership Other: _____

Facility Type: Fitness Club Personal Training Studio Dance Studio CLY
 Martial Arts Yoga/Pilates Other: _____

Owner's Name: _____ E-mail: _____

Business Mailing Address: _____

City: _____ State: _____ Zip: _____ County/Parrish: _____

Property Address (if different): _____

City: _____ State: _____ Zip: _____ County/Parrish: _____

Phone(required) : _____ Fax: _____ Web Site: _____

SSN: _____ FEIN: _____

Describe Business Operations: _____

Year the business started: _____ Number of years of experience of current management: _____
(If this is a new venture, please attach resume(s) of owner and primary manager.)

1. Do you own or rent the facility? Own Rent

If renting, Landlord Name: _____

Landlord Mailing Address: _____

City: _____ State: _____ Zip: _____ County/Parrish: _____

2. Do you sublease or rent space to others? Yes No If Yes, how many square feet? _____

If yes, to whom and what is the purpose: _____

3. Do you engage in any other operations as the Named Insured above? Yes No

If yes, explain: _____

4. Is applicant a subsidiary of another entity or does the applicant have any subsidiaries? Yes No

5. How did you hear about Sports & Fitness Insurance? _____

Section III – Commercial General Liability Insurance Information

1. Liability limit: \$1,000,000 occurrence/\$2,000,000 aggregate
 \$2,000,000 occurrence/\$4,000,000 aggregate

2. Do you own any vehicles in your business? Yes No
 If so, do you have a business auto policy in place? Yes No

3. Would you like a quote for Hired and Non-Owned Auto Coverage? Yes No

4. Is your facility part of a franchise group? Yes No If yes, what group: _____

5. Is facility currently insured? Yes No Annual Premium: _____ Exp. Date: _____
 Insurance Company Name: _____
6. Have you ever been cancelled, non-renewed, or denied insurance on a liability policy? Yes No
 If Yes, explain: _____
7. Do you perform any of these services or activities at your facility? Yes No
 (Any aerial activities, Medical or Health Care Services, Nutritionists who provide prescriptions, medical advice, and Sports Skills Instruction)

Section IV – Mandatory Financial Information

(If this is a new business, please provide projections.)

1. Total Annual Gross Sales: \$ _____ (This amount should include all of the money below.)
2. Annual Gross Sales From: Membership Dues: \$ _____ Initiation Fees: \$ _____ Liquor: \$ _____
 Pro Shop: \$ _____ Tanning: \$ _____ Rental from Leased Space: \$ _____ Other: \$ _____
3. Does your facility derive 80% or more of the revenue from personal training, circuit training, or small group training? Yes No

Section V – Employee/Contractor Information

1. Total number of employees: Full-time: _____ Part-time: _____ Contractors: _____

2. Do you employ or contract with any of the following at your facility?

	# of Employees: Fulltime	Parttime	Contractors
a) Beauticians/Cosmetologists	_____	_____	_____
b) Estheticians	_____	_____	_____
c) Physical Therapists	_____	_____	_____
d) Massage Therapists	_____	_____	_____
e) Personal Trainers	_____	_____	_____
f) Dieticians or nutritionists	_____	_____	_____
g) Nail Technicians	_____	_____	_____
h) Martial Arts Instructors	_____	_____	_____
i) Chiropractors or Acupuncturists	_____	_____	_____
g) Other? _____	_____	_____	_____
Total Number of Employees:	_____	_____	_____

3. Do you require all independent contractors to carry their own insurance? Yes No
4. Our fitness facility does not cover independent contractors, do any of your independent contractors need insurance? Yes No Your independent contractors can purchase insurance on our website.

Section VI – Liability Operations/Exposure Information

1. Facility Size (square feet): _____ Avg. cost of membership/session/class: _____
 Number of Active Members/Clients/Students: _____
2. Please indicate the **number** of each of the following:
 Jacuzzis: _____ Saunas: _____ Steam Rooms: _____ Tanning Units: _____ Pools: _____
 (Attach supplemental applications for Tanning Booth and Swimming Pool exposures. Available on our website.)
 Boxing Rings: _____ (Cardio-kickboxing only – no full contact boxing)
 Courts/Tracks: _____ (What type: _____)
 Climbing Walls: _____ (Height: _____ Indoor Outdoor)
 Obstacle Course: _____ (Height: _____ Indoor Outdoor)
 Rebounders: _____ (Full size trampolines are excluded)
 Pieces of equipment: _____ (count everything except free weights, steps, and mats)
 Manufacturer(s) of equipment: _____ Age of equipment: _____
3. Do you use “home made” or “modified” equipment? Yes No How old is your equipment? _____
4. Do you keep equipment maintenance logs? Yes No
5. Does an outside vendor perform your equipment maintenance? Yes No If yes, who: _____
6. Is your equipment and building in good repair and maintained? Yes No
 If no, explain: _____

7. Do you provide childcare? Yes No or offer youth activities? Yes No (If YES, attach list of activities)
- a. If Yes, Staff to Child ratio: _____
- b. What is the maximum hours allowed to stay? _____
- c. Do you have outdoor playgrounds for children? Yes No
- d. Do you have written guidelines in place for preventing minors being left alone with adults? Yes No
8. Do you perform criminal background check on employees and independent contractors? Yes No
9. Do any of your employees have known convictions or allegations of sexual offenses? Yes No
10. Do you have a licensed daycare facility? Yes No
11. Do you offer gymnastics? Yes No (Children's floor level tumbling only)
12. Do you offer summer camps, day camps or parties? Yes No (If yes, attach day camp supplemental application from our website.)
13. Do you offer an after school program for children? Yes No
(If yes, attach after school program supplemental application from our website.)
14. Do you host special events? Yes No If yes, describe: _____
(If yes, attach special event supplemental application. Available on our website. Please note that additional premium may apply.)
15. Do you have lock-ins or other special events that have over-night exposure? Yes No
If yes, describe: _____
16. Do you host any events out of the U.S.? Yes No Note: No coverage is provided outside of the U.S.
17. Do you require signed waivers from all clients? Yes No
18. Is safety signage used throughout the facility? Yes No
19. Do you have non-slip surfaces in ALL wet areas? Yes No
20. Do you have showers in your facility? Yes No
21. Do you have a daily cleaning schedule? Yes No
22. Do you operate a key club or 24/7 access club? Yes No
(A Key Club is a facility that is accessible 24 hours a day via key or access card, with no supervision. Please attach supplemental application for 24 Hr Access. Available on our website.)
23. Is the owner on site during all hours of operation? Yes No
24. Do you conduct orientation for all new members? Yes No
25. Do you sell liquor? Yes No or have a liquor license? Yes No
(If yes, attach liquor supplemental application. Available on our website.)
26. Do you have a restaurant or snack bar? Yes No If yes, is there cooking? Yes No
(If yes to cooking, attach restaurant supplemental application. Available on our website.)
27. Do you own your own parking lot? Yes No
28. Do you produce videos? Yes No
If yes, how many titles? _____ Gross Sales: _____
29. Are any products sold or manufactured under your label? (i.e. vitamins, t-shirts, water bottles, etc.) Yes No
If yes, explain: _____
30. Would you like to include Employee Dishonesty coverage in your quote? Yes No
Employee dishonesty coverage protects an employer from financial loss due to the fraudulent activities of one or more employees.

Section VII – Spa Services (If does not apply skip to next applicable section) N/A

1. Do you offer any of the spa services listed below? Yes No **If yes, please check the services offered:**
- | | | |
|---|---|---|
| <input type="checkbox"/> Laser skin enhancement therapy | <input type="checkbox"/> Laser hair removal | <input type="checkbox"/> Botox treatments |
| <input type="checkbox"/> Plastic surgery procedures | <input type="checkbox"/> Microdermabrasion | <input type="checkbox"/> Chemical peels |
| <input type="checkbox"/> Hair replacement procedures | <input type="checkbox"/> Intense pulsed light therapy | <input type="checkbox"/> Face lifting |
| <input type="checkbox"/> Removal of warts or other growths etc. | <input type="checkbox"/> Other _____ | |
2. Do you offer any additional procedures or processes designed to remove layers of skin (other than enzyme exfoliation)? Yes No
If yes, please explain: _____
3. Do you manufacture or custom mix any of your own products? Yes No
If yes, please explain: _____

Section VIII – Martial Arts (If does not apply skip to next applicable section) N/A

Name the style you teach: _____ Federation or Association: _____

Level of contact: Light Full None

Belt rank of owner/primary instructor: _____ Number years teaching experience: _____

Number of Active Students: _____ Ratio of instructors to students: _____ Age range of students: _____

1. Do you participate in tournament(s)? Yes No
2. Do you sponsor tournaments? Yes No
(Please call for Special Event coverage if hosting a tournament off premise.)
3. Do you practice sparring? (**Please attach sparring regulations**) Yes No
4. Do you do off-premise demonstration? Yes No
5. Do you offer kick boxing? (Only cardio boxing is covered) Yes No
6. Do you have weapons training? (Only padded or fake weapons are eligible) Yes No

If yes, explain: _____

7. What other type of equipment is used on premise? _____
8. Do you perform criminal background check on employees and independent contractors? Yes No
9. Do any of your employees have known convictions or allegations of sexual offenses? Yes No
10. Do offer after school or summer camps? Yes No If Yes, please attach the day camp application.
11. Do you have written guidelines in place for preventing minors being left alone with adults? Yes No

Martial Arts Underwriting Requirements:

1. All participants in sparring or contact drills must wear protective gear which is usual and customary for the style.
2. Usual protective gear would be mouthpiece, head gear, groin cup, chest protector, shin guards, hand and foot pads.
3. A hold harmless agreement must be kept on file for each student.
4. Each student should receive a copy of the sparring rules.
5. Sparring guidelines must be submitted with application if applicable. Full contact is not allowed.

Section IX –Dance/Aerobics (If does not apply skip to next applicable section) N/A

Total number of students: _____ Style(s) that you teach: _____

Number of recitals: _____ On premises: Yes No Off premises: Yes No

1. Do you teach private lessons? Yes No
2. Do you teach adults? Yes No
3. Do you teach children? Yes No Ages: _____

If so, do you perform criminal background check on employees and independent contractors? Yes No

And do any of your employees have known convictions or allegations of sexual offenses? Yes No

4. Do you have a performing company? Yes No
5. Do you operate a dance club? Yes No
6. Do you have written guidelines in place for preventing minors being left alone with adults? Yes No

Dance Underwriting Requirements:

1. Regular gymnastics is not covered in this program. Call us for additional information on other programs available.
2. Cheerleading is not covered in this program. Call us for additional information on other programs available.

Section X – CLY/Yoga/Pilates (If does not apply skip to next applicable section) N/A

section) Total number of students/members/clients: _____

Number of workshops: _____ On premises: Yes No Off premises: Yes No

Yoga/Pilates Underwriting Requirements: CLY Certified? Yes No

1. Sweat lodges are not covered under this program.
2. International travel is not covered under this program.

Section XI – General Property Information – This includes coverage for damage to physical property, including equipment and contents from hazards such as fire and theft.

(If this section does not apply skip to next applicable section) N/A

1. Construction Type: Frame (ISO 1) Joisted Masonry (ISO 2) Light Noncombustible (ISO 3) Masonry Noncombustible (ISO 4) Modified Fire Resistive (ISO 5) Fire Resistive (ISO 6)
2. Roof Construction Type: Shingles Metal Concrete Other _____
3. If known, what is the Fire Protection Class? _____
4. How many stories are in the building? _____
5. Is there a Basement in the building? Yes No
6. In what year was the building built? _____
7. What is the Total Size of the building (sq/ft)? _____ How much of the building do you occupy(sq/ft)? _____
8. What other occupancies are in the building? _____
9. Do you have a fence? Yes No If yes, is it Wooden or Metal Value of fence: \$ _____
10. Do you have a sign? Yes No If yes, is the sign attached? Yes No Value of sign: \$ _____
11. If building is over 25 years old, give year of the update for the:
Roof: _____ Wiring: _____ Plumbing: _____ Heating: _____
12. Is the building vacant? Yes No If yes, what percent of it is? _____
13. Do you have a burglar alarm? Central Station With Keys None.
a. If yes, alarm was installed by _____ b. If yes, alarm is serviced by: _____
14. Is there a safe on premises? Yes No
15. Do you have fire protection? Standpipes CO2/Halon None
16. Do you have sprinklers? Yes No If yes, what percentage of your space is sprinklered? _____
17. Do you have a fire alarm? Central Station Local Gong None
18. Describe the type of structure or business that exists around your building and the distance to it:
a. Right Side (Exposure) : _____ Distance: _____
b. Left Side (Exposure) : _____ Distance: _____
c. Rear (Exposure) : _____ Distance: _____
19. How far in miles is the closest fire station _____ and the closest fire hydrant _____ in relation to the building?
20. Does the closest fire station have a tanker truck? Yes No
21. Does the facility currently property insurance? Yes No Annual Premium: _____
Exp. Date: _____ Insurance Company Name: _____

Section XII – Property Insurance Information (If does not apply skip to next applicable section) N/A

Proposed Effective Date : _____ Proposed Expiration Date: _____

YOU MUST COMPLETE ALL OF THE FOLLOWING SECTIONS – ENTER ZERO IF NONE APPLIES

SUBJECT OF INSURANCE	AMOUNT	DEDUCT	COINS	PERILS, FORMS & CONDITIONS TO APPLY
1. Building Coverage (Skip if you don't own)	\$	\$1,000	90%	Special Form / Replacement Cost
2. Business Personal Property (Contents & Stocks includes Mirrors)	\$	\$1,000	90%	
3. Tenant Improvements	\$	\$1,000	90%	
4. Sign	\$	\$1,000	90%	
5. Glass (Tenant) (Windows, Plate Glass, etc.)	\$	\$1,000	90%	
6. Fence	\$	\$1,000	90%	
7. Business Income with extra expense	\$	\$1,000		
Rental Income-This is rental income from tenants or instructors who rent space from you.	\$	\$1,000		
8. Choices of Business Income Indemnity: Requires a 72 hour wait and business income maximum is 12 months. Does rental income need to be included in the business income? <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="float: right; text-align: right;"> Indemnity: <input type="checkbox"/> 3 months <input type="checkbox"/> 4 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months </div>				

Section XIII – General Liability and Property Claim / Loss Information

Have you had any claims in the past 3 years on a liability or property policy? Yes No

If yes, enter all losses for prior 3 years, annual aggregates for each line of insurance may be entered in the description if preferable (if aggregates provided, indicate # of claims); explain all claims exceeding \$5,000.

Date of Loss	Type of Loss	Description (Describe what corrective Measures if applicable)	Amount Paid \$	Amount of Reserves \$

Section XIV – Additional Insureds

Name & Address	Interests
Name: CLY Organization Address: 13690 South West King Lear Way City state and Zip: King City, OR, 97224	<input checked="" type="checkbox"/> Franchisor
Name: Address: City state and Zip:	<input type="checkbox"/> Landlord <input type="checkbox"/> Mortgage <input type="checkbox"/> Other Please specify:
Name: Address: City State and Zip:	<input type="checkbox"/> Landlord <input type="checkbox"/> Mortgage <input type="checkbox"/> Other Please specify:
Name: Address: City state and Zip:	<input type="checkbox"/> Landlord <input type="checkbox"/> Mortgage <input type="checkbox"/> Other Please specify:
Name: Address: City state and Zip:	<input type="checkbox"/> Landlord <input type="checkbox"/> Mortgage <input type="checkbox"/> Other Please specify:

Section XV – Disclaimer

THIS POLICY DOES NOT COVER CLAIMS ARISING OUT OF THE RECOMMENDATION, SELLING, PROMOTION, MANUFACTURING, AND/OR TESTING OF VITAMINS, HERBS, NUTRITIONAL AND/OR DIET SUPPLEMENTS.

No application will be accepted unless signed by the applicant.

The applicant warrants that all answers to the questions on this application are true and correct. Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing false information, or conceals for the purpose of misleading information concerning fact thereto, commits a fraudulent insurance act, which is a crime.

Signature of Applicant

Date

Signature of Agent (If applicable)

Date

Additional coverages are available: Please check the applicable box and an applications will be sent to you.

- Umbrella Liability Workers Compensation Flood Surety Bond