



FOR HEALTH CLUBS, MARTIAL ARTS STUDIOS, DANCE STUDIOS, YOGA STUDIOS, AND PILATES STUDIOS

(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: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ License Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**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  Unstaffed Club  Martial Arts  
 Martial Arts  Yoga/Pilates  Other: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_ Email: \_\_\_\_\_  
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.)  
Do you own or rent the facility?  Own  Rent  
If renting, Landlord Name: \_\_\_\_\_  
Landlord Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County/Parrish: \_\_\_\_\_  
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: \_\_\_\_\_  
Do you engage in any other operations as the Named Insured above?  Yes  No  
If yes, explain: \_\_\_\_\_  
Is applicant a subsidiary of another entity or does the applicant have any subsidiaries?  Yes  No  
How did you hear about Sports & Fitness Insurance? \_\_\_\_\_

**SECTION III – COMMERCIAL GENERAL LIABILITY INSURANCE INFORMATION**

Liability limit:  \$500,000 occurrence/\$1,000,000 aggregate  \$1,000,000 occurrence/\$2,000,000 aggregate  
 \$1,000,000 occurrence/\$3,000,000 aggregate  \$2,000,000 occurrence/\$4,000,000 aggregate  
Do you own any vehicles in your business?  Yes  No  
If so, do you have a business auto policy in place?  Yes  No  
Would you like a quote for Hired and Non-Owned Auto Coverage?  Yes  No  
Is your facility part of a franchise group?  Yes  No If yes, what group: \_\_\_\_\_  
Is facility currently insured?  Yes  No Annual Premium: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Insurance Company Name: \_\_\_\_\_  
Have you ever been cancelled, non-renewed, or denied insurance on a liability policy?  Yes  No  
If Yes, explain: \_\_\_\_\_

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)

If Yes, explain: \_\_\_\_\_

SECTION IV – MANDATORY FINANCIAL INFORMATION (If this is a new business, please provide projections.)

Total Annual Gross Sales: \$ \_\_\_\_\_ (This amount should include all of the money below.)  
Annual Gross Sales From: Membership Dues: \$ \_\_\_\_\_ Initiation Fees: \$ \_\_\_\_\_ Liquor: \$ \_\_\_\_\_  
Pro Shop: \$ \_\_\_\_\_ Tanning: \$ \_\_\_\_\_ Rental from Leased Space: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

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

Total number of employees: Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_ Contractors: \_\_\_\_\_

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:	_____	_____	_____	_____

Do you require all independent contractors to carry their own insurance?  Yes  No

SECTION VI – LIABILITY OPERATIONS/EXPOSURE INFORMATION

Facility Size (square feet): \_\_\_\_\_ Avg. cost of membership/session/class: \_\_\_\_\_

Number of Active Members/Clients/Students: \_\_\_\_\_

Please indicate the number of each of the following: Cryotherapy Units:\* \_\_\_\_\_ Infrared Saunas:\* \_\_\_\_\_

Jacuzzis: \_\_\_\_\_ Saunas: \_\_\_\_\_ Steam Rooms: \_\_\_\_\_ Tanning Units: \_\_\_\_\_ Pools: \_\_\_\_\_

(Attach supplemental applications for Tanning Booth and Swimming Pool exposures—available on our website. \*Please note that our program does NOT insure Cryotherapy or Infrared Saunas)

Boxing Rings/Cages: \_\_\_\_\_ (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: \_\_\_\_\_

Do you use "home made" or "modified" equipment?  Yes  No How old is your equipment? \_\_\_\_\_

Do you keep equipment maintenance logs?  Yes  No

Does an outside vendor perform your equipment maintenance?  Yes  No If yes, who: \_\_\_\_\_

Is your equipment and building in good repair and maintained?  Yes  No

If no, explain: \_\_\_\_\_

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

Do you perform criminal background check on employees and independent contractors?  Yes  No

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

Do you have a licensed daycare facility?  Yes  No

Do you offer gymnastics?  Yes  No (Children's floor level tumbling only)

Do you offer summer camps, day camps or parties?  Yes  No (If yes, attach day camp supplemental application from our website.)

Do you offer after school programs for children?  Yes  No (If yes, attach after school supplemental application from our website.)

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. Special Events include holiday parties, fundraisers, tournaments and any other "games or events" that include participants other than your own members or are held off-site or require an entry fee. NOTE: We must receive our Special Event application and approve any Special Event for the General Liability policy to cover the event.)

Do you have separate coverage in place for your Special Event?  Yes  No Describe: \_\_\_\_\_

Do you have lock-ins or other special events that have over-night exposure?  Yes  No

If yes, describe: \_\_\_\_\_

Do you host any events out of the U.S.?  Yes  No Note: No coverage is provided outside of the U.S.

Do you require signed waivers from all clients?  Yes  No

Is safety signage used throughout the facility?  Yes  No

Have you verified if your state requires Automatic External Defibrillators (AEDs) for health clubs?  Yes  No

How many AEDs does the applicant have at each location?  Yes  No

Are employees at each location are trained to operate an AED?  Yes  No If so, how many? \_\_\_\_\_

Was full CPR training included with the AED training?  Yes  No

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

Do you have showers in your facility?  Yes  No

Do you have a daily cleaning schedule?  Yes  No

Do you operate an unstaffed club, 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 Unstaffed Access. Available on our website.)

Is the owner on site during all hours of operation?  Yes  No

Do you conduct orientation for all new members?  Yes  No

Do you sell liquor?  Yes  No or have a liquor license?  Yes  No

(If yes, attach liquor supplemental application. Available on our website.)

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.)

Do you own your own parking lot?  Yes  No

Do you produce videos?  Yes  No

If yes, how many titles? \_\_\_\_\_ Gross Sales: \_\_\_\_\_

Are any products sold or manufactured under your label? (i.e. vitamins, t-shirts, water bottles, etc.)  Yes  No

If yes, explain: \_\_\_\_\_

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

Do you offer any of the spa services listed below?  Yes  No If yes, please check the services offered:

- Laser skin enhancement therapy
- Laser hair removal
- Botox treatments
- Plastic surgery procedures
- Microdermabrasion
- Chemical peels
- Hair replacement procedures
- Intense pulsed light therapy
- Face lifting
- Removal of warts or other growths etc.
- Other \_\_\_\_\_

Do you offer any additional procedures or processes designed to remove layers of skin (other than enzyme exfoliation)?

Yes  No If yes, please explain: \_\_\_\_\_

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: \_\_\_\_\_

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

If yes, explain: \_\_\_\_\_

What other type of equipment is used on premise? \_\_\_\_\_

Do you perform criminal background check on employees and independent contractors?  Yes  NoDo any of your employees have known convictions or allegations of sexual offenses?  Yes  NoDo offer after school or summer camps?  Yes  No If Yes, please attach the after school and/or day camp application.Do you have written guidelines in place for preventing minors being left alone with adults?  Yes  NoMartial 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  NoDo you teach private lessons?  Yes  NoDo you teach adults?  Yes  NoDo you teach children?  Yes  No Ages: \_\_\_\_If so, do you perform criminal background check on employees and independent contractors?  Yes  NoAnd do any of your employees have known convictions or allegations of sexual offenses?  Yes  NoDo you have a performing company?  Yes  NoDo you operate a dance club?  Yes  NoDo you have written guidelines in place for preventing minors being left alone with adults?  Yes  NoDance 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 – YOGA/PILATES (IF DOES NOT APPLY SKIP TO NEXT APPLICABLE SECTION)  N/A

Total number of students: \_\_\_\_\_

Number of workshops or retreats: \_\_\_\_\_ On premises:  Yes  No Off premises:  Yes  NoDo you teach children?  Yes  No Ages: \_\_\_\_If so, do you perform criminal background check on employees and independent contractors?  Yes  NoAnd do any of your employees have known convictions or allegations of sexual offenses?  Yes  NoDo you offer over-night retreats?  Yes  No If Yes, attach Special Events Supplemental application, available on our website. Please note the additional premiums may apply. NOTE: We must receive our Special Event application and approve any special event for the General Liability policy to cover the event.)Yoga/Pilates Underwriting Requirements:

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 DOES NOT APPLY SKIP TO NEXT APPLICABLE SECTION)  N/A

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)

Roof Construction Type:  Shingles  Metal  Concrete  Other \_\_\_\_\_

If known, what is the Fire Protection Class? \_\_\_\_\_

How many stories are in the building? \_\_\_\_\_

Is there a Basement in the building?  Yes  No In what year was the building built? \_\_\_\_\_

What is the Total Size of the building (sq/ft)? \_\_\_\_\_ How much of the building do you occupy (sq/ft)? \_\_\_\_\_

What other occupancies are in the building? \_\_\_\_\_

Do you have a fence?  Yes  No If yes, is it Wooden or Metal Value of fence: \$ \_\_\_\_\_

Do you have a sign?  Yes  No If yes, is the sign attached?  Yes  No Value of sign: \$ \_\_\_\_\_

If building is over 25 years old, give year of the update for the:

Roof: \_\_\_\_\_ Wiring: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Heating: \_\_\_\_\_

Is the building vacant?  Yes  No If yes, what percent of it is? \_\_\_\_\_

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: \_\_\_\_\_

Is there a safe on premises?  Yes  No

Do you have fire protection?  Standpipes  CO2/Halon  None

Do you have sprinklers?  Yes  No If yes, what percentage of your space is sprinklered? \_\_\_\_\_

Do you have a fire alarm?  Central Station  Local Gong  None

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: \_\_\_\_\_

How far in miles is the closest fire station \_\_\_\_\_ and the closest fire hydrant \_\_\_\_\_ in relation to the building?

Does the closest fire station have a tanker truck?  Yes  No

Does the facility currently carry 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
Building Coverage <small>(Skip if you don't own)</small>	\$	\$1,000	90%	Special Form with Theft / Replacement Cost
Business Personal Property <small>(Contents &amp; Stocks includes Mirrors)</small>	\$	\$1,000	90%	
Tenant Improvements	\$	\$1,000	90%	
Sign	\$	\$1,000	90%	
Glass (Tenant) <small>(Windows, Plate Glass, etc.)</small>	\$	\$1,000	90%	
Fence	\$	\$1,000	90%	
Business Income with extra expense	\$	72 hours		
Rental Income—This is rental income from tenants or instructors who rent space from you.	\$	\$1,000		

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?  Yes  No

Indemnity:  3 months  4 months  6 months  12 months

**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 INSURED**

Name and Address	Interests
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 XIV – 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 or Excess Liability  Workers Compensation  Flood  Surety Bond  EPLI  Cyber Liability

**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