



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

Named Insured: _____

Corporation Individual LLC Partnership Other: _____

Type of Facility: Fitness Club Personal Training Studio Dance Studio Other: _____

Owner's Name: _____ E-mail: _____

Mailing Address: _____

City, State, Zip: _____

Location Address (if different): _____

City, State, Zip: _____

Phone: _____ Fax: _____ Web Site: _____

Years in business: _____ Years at this location: _____ Years experience of current management: _____

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

If renting, Landlord Name: _____

Landlord Mailing Address: _____

2. Do you sublease 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. Do you own any vehicles in your business? Yes No

Section III – Insurance Information

5. Liability limit: \$1,000,000 occurrence/\$2,000,000 aggregate \$1,000,000 occurrence/\$3,000,000 aggregate
Would you like a quote for Hired and Non-Owned Auto Coverage? Yes No

6. Is facility currently insured? Yes No Annual Premium: _____ Exp. Date: _____

Insurance Company Name: _____

7. Any claims in the past 3 years? Yes No If Yes, explain: _____

8. Have you ever been cancelled, non-renewed, or denied insurance? Yes No

If Yes, explain: _____

Section IV – Financial Information (If this is a new business, please provide projections.)

9. Annual gross sales from: Membership Dues _____ Initiation Fees _____ Liquor _____

Pro Shop _____ Tanning _____ Restaurant _____ Videos _____ Other _____

Section V – Employee/Contractor Information

10. Number of employees: Full-time: _____ Part-time: _____
11. Do you employ or contract with any of the following at your facility?
- | | <input type="checkbox"/> Yes <input type="checkbox"/> No | # of Employees | # of Ind. Contractors |
|---------------------------------|--|----------------|-----------------------|
| a) Beauticians/aestheticians? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | _____ |
| b) Physical Therapists? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | _____ |
| c) Massage Therapists? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | _____ |
| d) Personal Trainers? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | _____ |
| e) Dieticians or nutritionists? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | _____ |
| f) Other? _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | _____ |

Section VI – Operations/Exposure Information

12. Facility Size (square feet): _____ Number of Active Members/Clients: _____
 Avg. cost of membership/session: _____
13. Please indicate the **number** of each of the following:
- Jacuzzis: _____ Saunas: _____ Steam Rooms: _____
 Tanning Booths: _____ Swimming Pools: _____
- Water Slides: _____ (If any, give height: _____ Are they enclosed? Yes No)
 Diving Boards: _____ (If any, give height of each: _____)
 Boxing Rings: _____ (Cardio-kickboxing only – no full contact boxing)
 Courts/Tracks: _____ (What type: _____)
 Climbing Walls: _____ (Height: _____ Indoor Outdoor)
 Rebounders: _____ (Full size trampolines are excluded)
 Pieces of equipment: _____ (count everything except free weights, steps, and mats)
14. Do you provide childcare or offer youth activities? Yes No (If YES, list activities on separate sheet and attach.)
- a. If Yes, Staff to Child ratio: _____: What is the maximum hours allowed to stay? _____
- b. Do you perform criminal background check on employees? Yes No
- c. Do any of your employees have known convictions or allegations of sexual offenses? Yes No
- d. Do you have outdoor playgrounds for children? Yes No
15. Do you have a licensed daycare facility? Yes No
16. Do you offer gymnastics? Yes No (Children’s floor level/tumbling only)
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? Yes No
 (A Key Club is a facility that is accessible 24 hours a day via key or access card, with no supervision.)
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 Do you have a license? Yes No
26. Do you have a restaurant or snack bar? Yes No If yes, is there cooking? Yes No
27. Do you offer spa services? Yes No If yes, contact us for an application.
28. Do you use “home made” or “modified” equipment? Yes No How old is your equipment? _____
29. Do you keep equipment maintenance logs? Yes No
30. Do you own your own parking lot? Yes No

Section VI – Operations/Exposure Information (continued)

31. Do you produce videos? Yes No
 If yes, how many titles? _____ Gross Sales: _____
32. Are any products sold or manufactured under your label? (i.e. vitamins, t-shirts, etc.) Yes No
 If yes, explain: _____
33. Is your equipment and building in good repair and maintained? Yes No
 If no, explain: _____

Section VII – Additional Insureds

Name & Address	Interests
	<input type="checkbox"/> Landlord <input type="checkbox"/> Mortgage <input type="checkbox"/> Other Please specify: _____
	<input type="checkbox"/> Landlord <input type="checkbox"/> Mortgage <input type="checkbox"/> Other Please specify: _____
	<input type="checkbox"/> Landlord <input type="checkbox"/> Mortgage <input type="checkbox"/> Other Please specify: _____

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 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 of Applicant

Date

SFIC Health Club Independent Agent App v.4.10 (11/23/09)

Additional coverages are available: Please check the applicable box and applications will be sent to you.
 Property Umbrella Liability Workers Compensation Flood Surety Bond



PROPERTY APPLICATION Date: _____

Broker Name: _____	Agency Name: _____
Telephone #: _____	Address: _____
Submitted to: Sports & Fitness Insurance Corp. P.O. Box 1967 Madison, MS 39130 Phone: 800-844-0536 Fax: 601-707-1037	Business Name: _____
	Proposed Effective Date: _____
	Proposed Expiration Date: _____
Describe Business Operation: _____	

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	\$	\$1,000	90%	Special Form / Replacement Cost
Contents and Stock	\$	\$1,000	90%	
Tenant Improvements	\$	\$1,000	90%	
Sign Coverage	\$	\$1,000	90%	
Glass	\$	\$1,000	90%	
Business Interruption Coverage	\$	\$1,000		

Property Address: _____ County: _____

Choices of Business Income Indemnity (length of time of coverage):
 1/3 months 1/4 months 1/6 months 1/12 months

Construction Type	Protection Class	# Stories	Basement?	Yr Built *	Total Area/Sq Ft.	Sq Ft you occupy
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Do you have a fence? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, is the fence attached? <input type="checkbox"/> YES <input type="checkbox"/> NO Value of fence: \$ _____	Do you have a sign? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, is the sign attached? <input type="checkbox"/> YES <input type="checkbox"/> NO Value of sign: \$ _____
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Other Occupancies in Building: _____

*If building over 25 years old, give year of update for :
 Roof: _____ Wiring: _____ Plumbing: _____ Heating: _____

Right Exposure : _____ Left Exposure : _____ Rear Exposure : _____

Burglar Alarm:	<input type="checkbox"/> Central Station <input type="checkbox"/> YES <input type="checkbox"/> NO	Alarm Installed & Serviced By: _____
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Fire Protection: <input type="checkbox"/> Standpipes <input type="checkbox"/> CO2/Halon Sprinklers? <input type="checkbox"/> YES <input type="checkbox"/> NO	Fire Alarm: <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Central Station <input type="checkbox"/> Local Gong
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Additional Interest Name/Address: _____	Interest: LANDLORD	Certificate of Insurance Required? <input type="checkbox"/> YES <input type="checkbox"/> NO
Additional Interest Name/Address: _____	Interest: LEASE	Certificate of Insurance Required? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Interest: COMPANY	Certificate of Insurance Required? <input type="checkbox"/> LOSS PAYEE

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
Is applicant a subsidiary of another entity or Does the applicant have any subsidiaries?	<input type="checkbox"/>	<input type="checkbox"/>	Has any policy or coverage been declined, canceled or nonrenewed during prior 3 years?	<input type="checkbox"/>	<input type="checkbox"/>

Individual Partnership Corporation Joint Venture # Years in Business _____
 Other (describe): _____

Name of Contact Person (Tel# if different): _____

Enter all losses for prior 5 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 \$

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 material thereto, commits a fraudulent insurance act which is a crime.

Applicant's Signature _____ Producer's Signature _____