

EXERCISE / HEALTH CLUB APPLICATION

Applicant's Name: _____ Agent: _____

Applicant Mailing Address: _____ Inspection Contact: _____

Phone Number for Inspection contact: _____

Web Address _____

Proposed Policy Period: _____ to: _____

Insured is Individual Partnership Corporation Joint Venture Other

OPERATIONS (Check all applicable items)

- | | | |
|--|--|---|
| <input type="checkbox"/> Aerobics | <input type="checkbox"/> Jacuzzi | <input type="checkbox"/> Shower Rooms |
| <input type="checkbox"/> Barber / Beauty Shop | <input type="checkbox"/> Jogging Tracks | <input type="checkbox"/> Sports Medicine |
| <input type="checkbox"/> Basketball Courts | <input type="checkbox"/> Judo | <input type="checkbox"/> Steam Rooms |
| <input type="checkbox"/> Bicycle Tracks | <input type="checkbox"/> Karate | <input type="checkbox"/> * Sun Tanning Units |
| <input type="checkbox"/> Body Toning | <input type="checkbox"/> Locker Rooms | <input type="checkbox"/> * Swimming Pools) |
| <input type="checkbox"/> Dance Instruction | <input type="checkbox"/> Masseur | <input type="checkbox"/> Tennis Courts |
| <input type="checkbox"/> Diet Counseling | <input type="checkbox"/> * Nursery | <input type="checkbox"/> Trampolines |
| <input type="checkbox"/> Game Room | <input type="checkbox"/> Physical Therapists | <input type="checkbox"/> Tumbling |
| <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Pro Shop | <input type="checkbox"/> * Whirlpool |
| <input type="checkbox"/> Handball / Racquetball Courts | <input type="checkbox"/> * Sauna | <input type="checkbox"/> Other (describe below) |

* (complete section on reverse if item is checked)

Describe all other operations not listed above _____

UNDERWRITING INFORMATION

1. Number of years in business? _____ If new describe prior experience _____
1. Number of members at this location _____ Hours of Operation _____
2. Does applicant own the building? Yes No
3. Are all instructors employees of the applicant? Yes No
4. Are employees trained in CPR, First aid, etc.? Yes No
5. Are eye guards required on racquetball courts? Yes No
6. Are incident reports compiled daily for all injuries? Yes No
7. Signed release forms required? (Attach a copy) Yes No
8. If customer is under 16 years of age, is parent's signature required on the release form? Yes No
9. Any cooking on premises? If yes, describe. Yes No

10. Any food or beverages sold on premises? If yes, describe. _____ Yes No

11. Is alcohol served? _____ Yes No

SWIMMING EXPOSURE (Complete when applicable)

Indoor Pool Maximum Depth _____ Lap Pool Maximum Depth _____
 Outdoor Pool Maximum Depth _____

Rules Posted _____ Yes No Non-slip surface in pool area? _____ Yes No
Lifeguards _____ Yes No Non-slip surface in locker, shower and sauna areas? _____ Yes No
Lifesaving Equipment _____ Yes No Saunas have emergency shutoff? _____ Yes No
Diving Boards _____ Yes No Whirlpool emergency shutoff in same area? _____ Yes No
Number of meters in height _____ Warnings posted regarding use; i.e., pregnancy, alcohol, etc. ... Yes No

NURSERY

Maximum number of children allowed at any one time _____ Ages _____
Number of attendants _____ Ages _____
Are attendants trained in child care? _____ Yes No
Are children allowed to stay if parents leave the premises? _____ Yes No
Describe procedures for supervision of the children. _____

List all play equipment. _____

Is play area separated from exercise area? _____ Yes No

SUN TANNING UNITS

List tanning equipment:

Mfg.	# Beds	# Booths	# Facial Units	Other	UVA %	UVB %
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Are any of the units equipped with accelerator bulbs? _____ Yes No
Are timers located on each unit? _____ Yes No
Operated only by employees? _____ Yes No If no, are they operated by the customer? _____ Yes No
Are all employees trained in the use of timers? _____ Yes No
What is the maximum exposure time allowed at each session? _____
Are goggles required to be worn? _____ Yes No
Are all units cleaned by employees between patrons? _____ Yes No
Is medical history taken for new customers? _____ Yes No
Do customers receive information on potentially harmful medications which react to tanning? _____ Yes No
Are hold harmless cards and sign-in cards retained permanently? _____ Yes No

Attach a sample copy of all client information to this application as well as a copy of the hold harmless card.

FDA requires posting the following sign.

"FDA REQUIREMENT -- DANGER -- Ultraviolet radiation. Follow all instructions. As with natural sunlight, overexposure may cause premature aging of skin and skin cancer. Medications or cosmetics applied to the skin may increase your sensitivity to ultraviolet light. Consult your physician before entering booth if taking medication or if you believe yourself especially sensitive to sunlight.

Have you complied with this requirement? _____ Yes No

BUILDING INFORMATION:

	Loc. 1	Loc. 2	Loc. 3
CONSTRUCTION:			
YEAR BUILT:			
# OF STORIES:			
TOTAL SQ.			
PROTECTION CLASS:			
ALARM	CENTRAL STATION <input type="checkbox"/> LOCAL <input type="checkbox"/> NONE <input type="checkbox"/>	CENTRAL STATION <input type="checkbox"/> LOCAL <input type="checkbox"/> NONE <input type="checkbox"/>	CENTRAL STATION <input type="checkbox"/> LOCAL <input type="checkbox"/> NONE <input type="checkbox"/>

Year of latest update for: Roof _____ Plumbing _____ Wiring _____

LIMITS & COVERAGES - PROPERTY

DEDUCTIBLES: BUILDINGS - \$ _____ BPP - \$ _____ BUSINESS INCOME - \$ _____
CAUSES OF LOSS: Basic Broad Special
VALUATION: A.C.V R.C. Market Value (Submit)

LIMITS

LOC. 1 LOC. 2 LOC. 3

BUILDING	%Coinsurance	\$ _____	\$ _____	\$ _____
BPP	%Coinsurance	\$ _____	\$ _____	\$ _____
BUS. INCOME	%Coin. or _____ Monthly Limit	\$ _____	\$ _____	\$ _____
SIGNS (Describe):		\$ _____	\$ _____	\$ _____
TOTAL LIMITS:		\$ _____	\$ _____	\$ _____

ADJACENT EXPOSURES:

	RIGHT	LEFT	FRONT	REAR
Loc. 1				
Loc. 2				
Loc. 3				

PARTICIPATING COMPANIES:

NAME OF COMPANY	% PARTICIPATION	LIMITS
_____	_____	_____

LIMITS – GENERAL LIABILITY:

LIMITS OF LIABILITY REQUESTED:

GENERAL AGGREGATE: _____
 PRODUCTS & COMPLETED OPERATIONS AGGREGATE: _____
 PERSONAL & ADVERTISING INJURY: _____
 EACH OCCURRENCE: _____
 FIRE DAMAGE: _____
 MEDICAL PAYMENTS: _____

CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS:

NAME AND ADDRESS:	INTEREST	ADD'L INS'D.
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

PRIOR EXPERIENCE AND LOSSES

PRIOR CARRIER	LIMITS	POLICY TERM	LOSS INFORMATION

Has the applicant been cancelled or non-renewed in the last three years? If yes, Explain.

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

Witness

Date

Applicant's Signature

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.