



United States Liability Insurance Group

Fitness Centers

APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

Complete separate Application for **EACH** Location

Named Insured: _____
 Mailing Address: _____
 Location Address: _____
 Form of Business: Individual Partnership Corporation Nonprofit Organization Other
 If Insured is a franchise or associated with another entity, provide name: _____
 Are you a member of the International Health, Racquet & Sports Club Association (IHRSA)? Yes No
 Audit/Inspection Contact Name and Phone #: _____
 Years in Business: _____ Effective Date of Current Policy: _____ Expiring Premium: _____
 Current Carrier Name and Limits: _____
 Loss history for the past five years: _____
 (attach loss runs if any one loss over \$5,000) _____

SECTION A — LIMITS

General Liability & Professional Liability* \$ _____ Occurrence \$ _____ Personal & Advertising Injury \$ _____ Medical Expense \$ _____ Fire Damage \$ _____ Products/Completed Operations \$ _____ General Aggregate Deductible Desired: _____	Physical/Sexual Abuse <input type="checkbox"/> Exclude <input type="checkbox"/> \$25,000/\$25,000 <input type="checkbox"/> \$50,000/\$50,000 <input type="checkbox"/> \$100,000/\$100,000 <input type="checkbox"/> \$300,000/\$300,000 <input type="checkbox"/> \$500,000/\$500,000** <input type="checkbox"/> \$1,000,000/\$1,000,000** (choose one)	Hired & Non-Owned Auto? <input type="checkbox"/> Yes <input type="checkbox"/> No Non- Owned Auto only? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(limits may not exceed GL limits)</i> <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 (choose one)
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* Professional Liability has the same occurrence and general aggregate limit as provided by the General Liability limit.

** At these higher limits, defense is available outside the limit.

SECTION B — SCOPE OF OPERATIONS

Liability Questions

	Prohibited	Eligible
1. Membership greater than 2,000 or total receipts greater than \$1,000,000 per location?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. More than FOUR (4) sport courts? Such as racquetball, squash, tennis, basketball?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Any chiropractic, physical therapy or rehabilitation services done by Insured's employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Any type of diet aids, vitamins, or muscle supplements under <u>Insured's</u> label?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Any alcohol sales?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Use of electricity to create muscle tone or other passive exercise services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Any type of acupuncture services provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Electrolysis or hair removal services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Body wrapping services or any type of body containers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Ear or body piercing services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Trampolines or gymnastic instruction or activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Contact martial arts, karate, kickboxing, or regular boxing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Medical services, blood analysis, stress testing, weight loss assistance or diet clinics?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Rock climbing instructions or a rock-climbing wall available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Are owners or employees licensed physicians?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Diving Board that is OVER one (1) meter high or pool sliding board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. Are subcontractors/tenants/subleasees allowed to operate WITHOUT a certificate of insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. Patrons/Members are allowed to use tanning equipment WITHOUT goggles?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. Does the insured keep a log of the tanning equipment usage for <u>each</u> member?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
20. Are signed Release/Waiver of liability REQUIRED prior to becoming member?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
21. 24-hour facilities or members having keys to the club?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22. Will at least one CPR certified employee be on duty while the center is open?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Property Questions (complete if property coverage desired.)

23. Is the property eligible according to our coastal guidelines?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
24. All electrical wiring is on circuit breakers?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
25. Any aluminum wiring exists on the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26. If the business has been in operation less than 3 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27. Pool/hot tub chemicals are stored in a dry well ventilated area?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
28. Employees are taught the proper handling & storage of pool/spa chemicals?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
29. Any Non-standard structures - example: bubbles or dome structures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION C - MEMBERSHIP & RECEIPTS

- 1. Number of members? _____ Total Receipts from all operations? _____ Total square feet? _____
- 2. Do you have any minimum or maximum age requirement Yes No If yes; Min _____ Max _____

SECTION D - INDEPENDENT CONTRACTORS NONE

- 1. Number of independent contractors: _____ Services provided: _____
- 2. Do you require them to carry their own liability coverage at the same limits you are carrying? Yes No
- 3. Do you require all independent contractors to name you as an Additional Insured on their policies? Yes No

SECTION E - EQUIPMENT & FACILITIES NONE

- 1. Are repair/service logs maintained for all universal/nautilus type equipment and tanning equipment? Yes No
- 2. Swimming pools? Yes No How many? _____
Max. Depth of each: _____ Rules posted? Yes No
- 3. Jacuzzis, hot tubs, water spas, saunas or steam rooms? Yes No How many? _____
- 4. How many sport courts? _____
Which Types: racquet ball handball squash basketball tennis other _____
- 5. Any off-premise activities? Yes No Details & how often: _____
- 6. List any on-premise exhibitions, competitions, or special events: _____
- 7. How many Additional Insured would you like us to include in our quote? _____ Attach list with relationship to Insured.
- 8. Are massage services provided by any employees? Yes No Number of employees that provide such service: _____

SECTION F - TANNING EQUIPMENT NONE

- | | Eligible | Prohibited |
|--|------------------------------|-----------------------------|
| 1. How many units? _____ | | |
| 2. Are all units manufactured in the United States and U.L. Approved? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Are <u>only</u> employees allowed to adjust the controls of the tanning units and given training? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are there limits regarding duration or # of visits? Details: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Are warning signs posted near and in clear view of all tanning units & in compliance with FDA? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Do employees require a signed release from client prior to using? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Are beds/booths thoroughly disinfected after <u>each</u> use? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

SECTION G - NURSERY & DAY CARE CENTER NONE

- | | Eligible | Prohibited |
|--|------------------------------|------------------------------|
| 1. Maximum number of children in the facility at any one time? _____ If more than 10, attach childcare guidelines. | | |
| 2. Do you require reservations in order to accept a child under 6 weeks of age? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Any alleged or actual incidents regarding child molestation or abuse? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 4. Criminal and background checks required for nursery employees prior to employment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Are children allowed to be dropped off or pick up WITHOUT signing a Sign In/Out sheet? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 6. Are members allowed to leave the premises while children are in the nursery? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 7. Are children allowed to be in the nursery for an Unlimited amount of time? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 8. Are trampolines or gymnastic equipment available in the nursery? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

SECTION H - PROPERTY (complete if property coverage desired)

- Construction _____ Year built _____ Protection class _____ Total area _____ sq ft
Special form requires all utilities to be updated in the last 20 years and theft coverage requires a central station burglar alarm.
Age of roof _____ Electrical update _____ Plumbing update _____ Heating update _____
Protective devices: (check all that apply) Smoke detectors Local alarm
 Sprinkler system covering 100% of premise Central station burglar alarm Central station fire alarm
Cause of loss: Basic Special Special excluding theft
Property deductible: \$1,000 \$2,500 \$5,000
Building limit _____ Contents limit _____ Coinsurance 80% 90% 100%
Business Income limit _____ Coinsurance 50% 60% 70% 80% 90% 100%
or Monthly limit 1/3 1/4 1/6
Optional coverages: Value plus endorsement Glass _____ linear ft. Sign _____
Money & Securities \$1,000 \$2,000 \$5,000 Employee Dishonesty \$5,000 \$10,000
List any Loss payees: _____
List any Mortgagees: _____

Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person, files an 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 a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for such violation.

Read and Sign below:

I hereby state that the information provided and contained in this application is true and accurate to the best of my knowledge and that no material facts have been misrepresented or misstated.

Signature: _____ Date: _____