

Agency Name:
Address:
Contact Name:
Phone:
Fax:
Email:

Exercise / Health Club Supplemental Application

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)
All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

Web Address _____

Inspection Contact _____

Proposed Policy Period _____ to _____ Phone Number for Inspection Contact _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

Location #1 _____

Location #2 _____

Location #3 _____

OPERATIONS (check all applicable items)

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

* (complete section on page 2, if item is starred)

Describe all other operations not listed above _____

UNDERWRITING INFORMATION

- Number of years in business? _____ If new describe prior experience _____
Number of members at this location _____ Hours of Operation _____
- What is your estimated Gross Sales? _____
- Does applicant own the building? Yes No
- Are all instructors employees of the applicant? Yes No
- Are employees trained in CPR, First aid, etc.? Yes No
- Are eye guards required on racquetball courts? Yes No
- Are incident reports compiled daily for all injuries? Yes No
- Signed release forms required? (Attach a copy) Yes No
- If customer is under 16 years of age, is parent's signature required on the release form? Yes No

UNDERWRITING INFORMATION (Continued)

- 10. Any cooking on premises? Yes No
If yes, describe. _____
- 11. Any food or beverages sold on premises? Yes No
If yes, describe. _____
- 12. Is alcohol served? Yes No

SWIMMING EXPOSURE (complete when applicable)

- Indoor Pool – Max Depth _____ Outdoor Pool – Max Depth _____ Lap Pool – Max 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

- 1. Maximum number of children allowed at any one time _____ Ages _____
- 2. Number of attendants _____ Ages _____
- 3. Are attendants trained in childcare? Yes No
- 4. Are children allowed to stay if parents leave the premises? Yes No
- 5. Describe procedures for supervision of the children. _____

- 6. List all play equipment. _____

- 7. Is play area separated from exercise area? Yes No

SUN TANNING UNITS

- 1. Do you own or operate any Sun Tanning equipment? ******* Yes No

***** IF YES, SUN TANNING - SUPPLEMENTAL APPLICATION (A008S) MUST BE COMPLETED IN ITS ENTIRETY**

COMMERCIAL PROPERTY

(Please provide complete information for each insured location. **Attach** separate sheet, if necessary.)

BUILDING INFORMATION	Loc. 1	Loc. 2	Loc. 3
CONSTRUCTION			
YEAR BUILT			
# OF STORIES			
TOTAL SQ. FOOTAGE			
PROTECTION CLASS			
ALARM	<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"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None
YEAR OF LATEST UPDATE	____ Roof ____ Plumbing ____ Wiring	____ Roof ____ Plumbing ____ Wiring	____ Roof ____ Plumbing ____ Wiring

LIMITS & COVERAGE – PROPERTY

COVERAGE	COINSURANCE %	DEDUCTIBLE	CAUSES OF LOSS	VALUATION	Loc 1	Loc 2	Loc 3
BUILDING	%	\$	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> A.C.V. <input type="checkbox"/> R.C. <input type="checkbox"/> Market Value (Submit)	\$	\$	\$
BPP	%	\$			\$	\$	\$
BUSINESS INCOME	% or Monthly Limit \$	\$			\$	\$	\$
SIGNS (DESCRIBE) _____					\$	\$	\$
TOTAL LIMITS					\$	\$	\$

ADJACENT EXPOSURES

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

CONTRIBUTING INSURANCE

NAME & ADDRESS OF COMPANY	% PARTICIPATION	LIMITS

LIMITS – GENERAL LIABILITY (PER OCCURRENCE)

- GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS) \$ _____
- PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ _____
- PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION) \$ _____
- EACH OCCURRENCE \$ _____
- DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES) \$ _____
- MEDICAL EXPENSE (ANY ONE PERSON) \$ _____

CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS

NAME AND ADDRESS	RELATIONSHIP TO APPLICANT	ADDITIONAL INSURED	CERTIFICATE
_____		<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

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.

FRAUD STATEMENT FOR THE STATE(S) OF:

Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include

imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii: Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

Kansas: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky, Ohio, Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine, Tennessee, Virginia, Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York: 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 each such violation.

Oklahoma WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Producer's Signature

Date

Applicant's Signature

Date