



APPLICATION FOR HEALTH & EXERCISE STUDIOS

1. Name of applicant _____
 Street address _____
 City _____ State _____ Zip _____

2. Individual Corporation Partnership Other (Explain) _____

3. Date established: _____

4. Address of location to be insured (If same as above, please note)
 Street address _____
 City _____ State _____ Zip _____

5. Has applicant had previous insurance for this enterprise? Yes No
 If yes, provide the following information:

Insurance Company	Policy Period	Limits of Liability	Premium	Occurrence Coverage	Type of Coverage
				Yes No	
				Yes No	
				Yes No	

6. Is applicant engaged in, owned by, associated with or involved in any other enterprise? If yes, provide details. Yes No

7. Provide details of licensing or certification needed for this operation: _____

8. Provide the number of the following personnel. Other and explain

_____ Partners, owners, officers	_____	_____
_____ Full-time staff	_____	_____
_____ Part-time staff	_____	_____
_____ Independent contractors	_____	_____

9. During the past (3) years, have any claims been presented to your current or prior insurance carrier? If yes, provide full details. Yes No
 Include description of claim, amounts paid and reserves. _____

10. Is the applicant, or any other person for whom insurance is being requested, aware of any circumstance which may result in a claim? Yes No
 If yes, provide details. _____

11. Has applicant, or any other person for whom coverage is being requested, had any liability application denied, policy cancelled or policy not renewed in past three years? If yes, provide full details. Yes No

12. Please provide facilities information.
Number of tanning beds/booths _____ Percentage of UVA bulbs? _____% UVB bulbs? _____%
Are beds/booths controlled by timers? Yes No Who controls timers? _____
Are clients required to use goggles? Yes No Tanning receipts? \$ _____

Pool Height of diving board(s)? _____ Lifeguard on duty? Yes No
Maximum water depth? _____ Ft. Water depths marked on pool? Yes No

Whirlpool Aerobics Free weights Treadmills Stairclimbers
Nautilus/Universal or similar exercise machines Sauna/Steam Room Trampoline
of racquet ball/tennis/handball court(s) _____ Jogging Track Climbing Wall

List other equipment or facilities _____
Nutritional Counseling Snack/Juice Bar/Restaurant (Type of food?) _____

13. Do showers, pool, whirlpool area and steam room have non-skid floors? Yes No

14. Do you provide childcare for your clients? Yes No
If yes, please complete the following.

Number of children under care at any one time: _____ Number of child care attendants: _____
Age of youngest child you will accept: _____ Will you accept sick children? Yes No

15. Total number of members: _____ Average age: _____

16. Are medical examinations required for new members? Yes No

17. What is your procedure for handling accidents or injuries? _____

18. Does your staff have training in CPR and First Aid? Yes No

19. List any products sold on premises: _____

20. Annual receipts \$ _____ Hours of operation: From _____ To _____

21. Name and phone number of person to contact for audit and inspection?
Name _____ Phone _____

22. Other details: _____

23. LIMITS OF INSURANCE REQUESTED
General Aggregate Limit (Other than Products – Completed Operations) \$ _____
Products-Completed Operations Aggregate Limit \$ _____
Personal and Advertising Injury Limit \$ _____
Each Occurrence Limit \$ _____
Fire Damage Limit (up to \$50,000 limit available) \$ _____ any one (1) fire
Medical Expenses Limit (up to \$5,000 limit available) \$ _____ any one (1) person
Each Professional Incident Limit (if applicable) \$ _____

Applicant's Signature: _____ Name (Print): _____

Title: _____ Date: _____