

Applicant Name: _____

Applicant Website: _____

What year did the business start: _____. If a new venture describe prior experience: _____

Is Professional Liability requested? Yes No

Does Applicant operate as a:

Facility/Club (with premises) Yes No

Trainer or Instructor acting as an independent contractor Yes No

Gross Receipts - Total Gross Receipts: \$ _____

Year	Facility/Club, Training, Instruction	*Food & Beverages	*Alcohol	*Clothes & Sporting Goods	*Equipment (new / used)	*Vitamins/Dietary Supplements
Next 12 months						
Prior Year						
Prior Year						
*Provide complete details: _____						

Services/Instruction/Training Provided

Check all that apply. Complete - *Additional Information section with details and/or ** additional questions below.

<input type="checkbox"/>	"Aerial" activities, training, instruction	<input type="checkbox"/>	Martial Arts without Contact
<input type="checkbox"/>	Aerobics	<input type="checkbox"/>	Martial Arts with Weapons training
<input type="checkbox"/>	Amusement/Gaming Room/Center	<input type="checkbox"/>	Martial Arts without Weapons training
<input type="checkbox"/>	Basketball courts	<input type="checkbox"/>	Massage/Masseuse
<input type="checkbox"/>	Bicycle Track	<input type="checkbox"/>	Medical/Health Care services
<input type="checkbox"/>	Boxing, Kick Boxing	<input type="checkbox"/>	Mixed Martial Arts
<input type="checkbox"/>	Cheerleading	<input type="checkbox"/>	OCR (Obstacle Course Races)
<input type="checkbox"/>	**Child care services	<input type="checkbox"/>	Paddleboard Instruction
<input type="checkbox"/>	Chiropractic/Physical Therapy/Rehab services	<input type="checkbox"/>	Parkour
<input type="checkbox"/>	Cold Water Plunge/Immersion/Cryotherapy baths	<input type="checkbox"/>	Personal Training
<input type="checkbox"/>	*Cross Fit	<input type="checkbox"/>	Pro Shop
<input type="checkbox"/>	CVAC Pods (hyperbaric/pressure/Ozone chambers)	<input type="checkbox"/>	Rock Walls/Climbing
<input type="checkbox"/>	Dance classes	<input type="checkbox"/>	**Sauna/Steam Room
<input type="checkbox"/>	Diet/Weight Loss/Nutrition center/services/counseling	<input type="checkbox"/>	Shower Rooms
<input type="checkbox"/>	Diving, scuba, lifeguard and life safety	<input type="checkbox"/>	*Spa services
<input type="checkbox"/>	Exercise and resistance machines	<input type="checkbox"/>	Spinning/Cycling
<input type="checkbox"/>	Extreme sports	<input type="checkbox"/>	*Sports Facility (list all types below)
<input type="checkbox"/>	*Floatation or sensory tanks	<input type="checkbox"/>	*Sports Leagues (list all types below)
<input type="checkbox"/>	Group Instruction (Pilates, Spinning, Yoga, Zumba etc)	<input type="checkbox"/>	Sports medicine
<input type="checkbox"/>	Gymnastics	<input type="checkbox"/>	*Sports skills instruction/training (list all types below)
<input type="checkbox"/>	Gymnastics - Toddler - Mommy/Daddy & Me	<input type="checkbox"/>	Surfing &/or Skiing Instruction
<input type="checkbox"/>	Handball/Racquetball/Tennis	<input type="checkbox"/>	**Swimming Pool
<input type="checkbox"/>	*Health Seminars	<input type="checkbox"/>	**Tanning Beds/Booths
<input type="checkbox"/>	HIIT (High Intensity Interval Training)	<input type="checkbox"/>	*Trampolines
<input type="checkbox"/>	Jogging/Walking/Running Track	<input type="checkbox"/>	Weights
<input type="checkbox"/>	Locker Rooms	<input type="checkbox"/>	**Whirlpool/Hot Tubs/ Jacuzzi
<input type="checkbox"/>	Martial Arts with Contact	<input type="checkbox"/>	"Other" (describe below)

Describe "Other" activities: _____

*Additional Information: _____

If you operate a Health and Exercise Club or Facility:

Location #	Address	# of Members	Open 24 hours

General Questions:

1. Are any locations open to the general public without being a member? Yes No
 - a. Are all members/guests using the facility required to sign a release/waiver of liability? (attach copy) Yes No
 - b. Does the release/waiver contain a medical disclaimer?(if separate form attach copy) Yes No
 - c. If member/guest is a minor, are parents required to sign release? Yes No
2. Hours of operation? _____
3. If facility is open 24 hours:
 - a. Does facility have staffing on duty during all hours of operation? Yes No
 - b. If not staffed, do all members have personal access cards/keys? Yes No
 - c. Are all locations monitored on a 24 hours basis? (describe how) Yes No
4. Are all trainers and instructors employees of the applicant? Yes No
5. Are all trainers and instructors licensed/certified for the services being provided? Yes No
6. If Independent Contractors are utilized for these services, do all carry GL and Professional with equal or greater limits as the applicant's limits being requested and name them as an additional insured? Yes No
7. Is there an employee on site at all times who is First Aid, CPR, etc certified? Yes No
8. Do you train or provide services for professional, semiprofessional &/or collegiate, athletes and dancers &/or celebrities, etc? Yes No
9. Are there any off-premises activities/competitions/tournaments, special events or similar activities? Yes No
If yes describe: _____
10. Does applicant sponsor &/or host competitions, tournaments, special events or similar activities? Yes No
If yes, describe: _____
11. Are formal incident records kept daily for all injuries? Yes No
12. Do you sell/distribute any vitamins, supplements and other similar products manufactured, packaged/re-packaged &/or labeled/re-labeled by or under your name or entities you trade under? Yes No
13. Who is responsible for the premises and equipment maintenance (exercise equipment, premises/janitorial, pool, etc)? _____
14. If any subcontractors are used for premises or equipment maintenance, or other services, etc, do all carry GL with equal or greater limits as the applicant and name them as additional insured? Yes No

If you operate as a Trainer &/or Instructor (as an independent contractor)

1. Are you licensed/certified for the services you are providing? Yes No
2. Do you require all customers to sign a release/waiver of liability? (attach copy) Yes No
 - a. Do all releases/waivers contain a medical disclaimer?(if separate form attach copy) Yes No
 - b. If you train/instruct minors, are parents required to sign release/waiver/medical disclaimer? Yes No
3. Do you offer private instruction/training at customers' residences? Yes No
 - a. If you train/instruct minors is a parent/guardian always required to be present? Yes No
 - b. What is the minimum age you will train/instruct? _____
4. Are you First Aid, CPR, etc certified? Yes No
5. If Independent Contractors are utilized do all carry GL and Professional Liability with limits equal to or greater than the limits being requested by applicant? Yes No
6. Do you train or provide services for professional, semiprofessional &/or collegiate, athletes and dancers &/or celebrities, etc? Yes No
7. Do you sell/distribute any vitamins, supplements and other similar products manufactured, packaged/re-packaged and/or labeled/re-labeled by or under your name or entities you trade under? Yes No

****Pools Or Other Water Exposures** Check here if none

1. Number of Pools? Indoor Outdoor Lap Pool Other (describe) _____
2. Diving Boards? Yes No Height? _____
3. Slides? Yes No Height? _____
4. Are all pools either 100% fenced with self-latching/locking gate (outdoor) or have restricted access for club/facility members only? Yes No
5. Posted rules/warning signs and provide life safety equipment consistent with local ordinances? Yes No
6. Is pool open to the general public who are not members of club/facility? Yes No
7. Are children allowed access to pool/water without adequate supervision by parent or guardian? Yes No
8. Are Red Cross certified lifeguards on duty while pool is in use? Yes No
If no, how is pool area monitored? _____
9. Do all pools meet Virginia Graeme Baker Pool & Spa Safety Act requirements Yes No
10. Are non-slip surfaces in pool areas, hot tubs, saunas, steam rooms etc? Yes No
11. Are non-slip surfaces in locker rooms/shower areas? Yes No
12. Is alcohol allowed in pool area? Yes No

****Child Care Services** Check here if none

1. Are child care services provided by? Applicant or Independent contractor
2. Are parents/guardians allowed to leave facility while their child/children are in care? Yes No
3. What is the maximum length of stay for children? _____
4. Are all children cared for at least 6 weeks old? Yes No
5. Are written procedures in place outlining rules, regulations, guides and safety procedures for child care at the facility? Yes No
 - a. Are all care givers required to be familiar with these procedures? Yes No
 - b. Are parents/guardians required to sign release, waiver and medical disclaimer and provide emergency contact info? Yes No
 - c. Is there always a dedicated and trained employee on duty for child care? Yes No
 - d. Is there a First Aid/CPR certified individual available at all times for the child care? Yes No
6. Are there procedures in places for changing diapers and restroom use? Yes No
7. Maximum number of children allowed? _____
8. Do adult to child ratios meet state minimum day care requirements? Yes No
9. Are children ever allowed in exercise areas including pools, etc? Yes No
10. Are children allowed to leave the child care area without parent/guardian, or dedicated staff member? Yes No
11. Are children required to be signed-in and signed-out by parent or guardian? Yes No
12. Describe all play equipment: _____
13. Are volunteers &/or staff under the age of 16 used for child care? Yes No
 - a. If under 18 are they required to have a babysitting certificate and always be supervised by an adult? Yes No
14. Are criminal background checks performed on all potential employees and volunteers having exposure to or responsibility for children? Yes No
15. If an independent contractor provides child care do they carry General Liability with equal or greater limits and name applicant as an additional insured? Yes No

****Tanning Beds Or Services** Check here if none

1. How many tanning units? _____
2. Are all units Underwriters Laboratories (UL) approved? Yes No
3. Are all minors required to have a parent or guardian sign a release prior to use? Yes No
4. Are individuals warned against using tanning units when pregnant or using photosensitive medication? Yes No
5. Are individuals required to wear goggles? Yes No
6. Does applicant/employee have exclusive access to controls? Yes No
7. Are logs kept on each person's use and maximum number of uses enforced? Yes No
8. Are all units disinfected after each use? Yes No

FRAUD WARNING: 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 subjects such person to criminal and civil penalties. (Not applicable in AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, MN, NE, NJ, NY, OH, OK, OR, RI, TN, VA, VT, or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO CALIFORNIA APPLICANTS. For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KANSAS APPLICANTS: 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, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: 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.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: 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.

FRAUD WARNING (APPLICABLE IN ARKANSAS, LOUISIANA AND RHODE ISLAND): 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.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND 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 include imprisonment, fines, and denial of insurance benefits.

NEW YORK FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

This questionnaire does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated to the best of your knowledge.

Applicants Signature: _____ Date: _____

Agents Signature: _____ Date: _____