

General Liability continued – All Criteria must be answered True to be eligible for this program

- 1. All members and guests using the facility are required to sign a Release/Waiver of Liability True False
- 2. All Personal Trainers are required to be certified True False
- 3. All fitness personnel are required to be CPR certified True False
- 4. Service logs are maintained on all equipment True False
- 5. No chiropractic, physical therapy, rehabilitation services or similar professional services by direct employees and all professionals renting space from the insured are required to carry their own insurance and name the Applicant as an Additional Insured. True False
- 6. Applicant does not manufacture or alter the packaging of any diet aids, vitamins, supplements or similar products True False
- 7. No actual or alleged incidents regarding molestation or abuse True False
- 8. No type of acupuncture services, electrolysis or hair removal services, body wrapping services or any type of body container services are provided by your center True False
- 9. No medical services, blood analysis, stress testing, weight loss or diet clinic exists True False
- 10. No bankruptcies, tax or credit liens against the applicant in the last 5 years? True False
- 11. Coverage has not been cancelled or non-renewed in the last 3 years (not applicable in Missouri) True False

If False, what was the reason for previous cancellation?: _____

Loss History

Liability Claims None, or provide detail below.

Year	Status	Incurred	Description
_____	<input type="checkbox"/> Open <input type="checkbox"/> Closed	\$ _____	_____
_____	<input type="checkbox"/> Open <input type="checkbox"/> Closed	\$ _____	_____
_____	<input type="checkbox"/> Open <input type="checkbox"/> Closed	\$ _____	_____

Property Claims None, or provide detail below.

Year	Status	Incurred	Description
_____	<input type="checkbox"/> Open <input type="checkbox"/> Closed	\$ _____	_____
_____	<input type="checkbox"/> Open <input type="checkbox"/> Closed	\$ _____	_____
_____	<input type="checkbox"/> Open <input type="checkbox"/> Closed	\$ _____	_____

Property Section

Do you want property coverage? Yes No (If selected, an additional \$250.00 charge will apply)

Construction: Frame Joisted Masonry Non-Combustible Masonry Non-Combustible
 Modified Fire-Resistive Fire-Resistive Other

Protection Class: _____

Coverage Includes:

Requested Cause of Loss: Special
 Requested Valuation: Replacement Cost
 Deductible \$500
 Coinsurance: 80%

Business Personal Property Limit \$20,000 - Included

Business Income & Extra Expense Limit \$50,000 – Included

Optional Coverage:

Property Extension endorsement: **\$150.00 additional premium**

COVERAGE	LIMIT OF INSURANCE	DEDUCTIBLE
Limited Equipment Breakdown	\$25,000	\$500
Accounts Receivable	\$25,000	\$500
Computer Equipment	\$25,000	\$500
Money and Securities	\$5,000	\$500
Employee Dishonesty	\$5,000	\$500
Outdoor Signs	\$25,000	\$500
Spoilage	\$25,000	\$500
Valuable Papers	\$25,000	\$500
Back-Up of Sewers and Drains	\$10,000	\$500

Do you own the building? Yes No (If No, skip Building Owner Questions below)

Building Owner

Building Limit: \$ _____ (Additional premium applies)

What year was the building constructed?: _____

What is the square footage of the entire structure? _____

Age of roof (yrs): _____ Plumbing updated (yr): _____ Electrical updated (yr): _____ Heating updated (yr): _____

Roof Type: Flat Wood Shake Shingle Metal Tile Slate Other

Plumbing Type: PVC Copper Lead Galvanized Other

What type of burglar alarm is on the premises? Central Station Local None

- For any building built prior to 1978, 100% of the electric wiring is on functioning and operating circuit breaks N/A True False
- For any building built prior to 1978, there is no aluminum wiring or knob & tube wiring N/A True False
- Functioning and operational fire extinguishers available True False
- Functioning and operational smoke detectors True False
- Building is a non-standard structure (i.e. bubble, dome, etc.) True False

Applicant's Warranty Statement:

The undersigned represents to the best of his/her knowledge and belief the particulars and statements set forth are true and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company. The undersigned further declares that any claim, incident or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The signing of the Application does not bind the undersigned to purchase the insurance, nor does the review of the Application bind the Company to issue a policy.

Contact Information

Mailing Address (If different than the location address above):

City:	State:	Zip:
Email Address of primary contact:		Phone:
Inspection Contact Name:		Telephone/Email Address:
Audit Contact Name:		Telephone/Email Address:

Applicant's Signature: _____ Title: _____ Date: _____