



# 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: \_\_\_\_\_

If you have a website, include your website 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

- Exclude
  - \$25,000/\$25,000
  - \$50,000/\$50,000
  - \$100,000/\$100,000
  - \$300,000/\$300,000
  - \$500,000/\$500,000\*\*
  - \$1,000,000/\$1,000,000\*\*
- (choose one)

#### Hired & Non-Owned Auto? Yes No

#### Non- Owned Auto only? Yes No

(limits may not exceed GL limits)

- \$100,000
  - \$300,000
  - \$500,000
  - \$1,000,000
- (choose one)

\* 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. Are training programs provided for professional or high profile athletes?                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 15. Rock climbing instructions or a rock-climbing wall available?                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 16. Are owners or employees licensed physicians?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 17. Diving Board that is OVER one (1) meter high or pool sliding board?                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 18. Are subcontractors/tenants/subleasees allowed to operate WITHOUT a certificate of insurance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 19. Patrons/Members are allowed to use tanning equipment WITHOUT goggles?                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 20. Are signed Release/Waiver of liability REQUIRED prior to becoming member?                    | <input type="checkbox"/> No  | <input type="checkbox"/> Yes |
| 21. Does the insured keep a log of the tanning equipment usage for <u>each</u> member?           | <input type="checkbox"/> No  | <input type="checkbox"/> Yes |
| 22. 24-hour facilities or members having keys to the club?                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 23. 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.)

- |   |                              |                              |
|---|------------------------------|------------------------------|
| 24. Is the property eligible according to our coastal guidelines?             | <input type="checkbox"/> No  | <input type="checkbox"/> Yes |
| 25. All electrical wiring is on circuit breakers?                             | <input type="checkbox"/> No  | <input type="checkbox"/> Yes |
| 26. Any aluminum wiring exists on the property?                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 27. If the business has been in operation less than 3 years?                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 28. Pool/hot tub chemicals are stored in a dry well ventilated area?          | <input type="checkbox"/> No  | <input type="checkbox"/> Yes |
| 29. Employees are taught the proper handling & storage of pool/spa chemicals? | <input type="checkbox"/> No  | <input type="checkbox"/> Yes |
| 30. 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**

- 1. How many units? \_\_\_\_\_
2. Are all units manufactured in the United States and U.L. Approved? [ ] Yes [ ] No
3. Are only employees allowed to adjust the controls of the tanning units and given training? [ ] Yes [ ] No
4. Are there limits regarding duration or # of visits? Details: \_\_\_\_\_ [ ] Yes [ ] No
5. Are warning signs posted near and in clear view of all tanning units & in compliance with FDA? [ ] Yes [ ] No
6. Do employees require a signed release from client prior to using? [ ] Yes [ ] No
7. Are beds/booths thoroughly disinfected after each use? [ ] Yes [ ] No
8. Are only the manufacturers suggested bulbs used? [ ] Yes [ ] No

**SECTION G - NURSERY & DAY CARE CENTER [ ] NONE**

- 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? [ ] Yes [ ] No
3. Any alleged or actual incidents regarding child molestation or abuse? [ ] No [ ] Yes
4. Criminal and background checks required for nursery employees prior to employment? [ ] Yes [ ] No
5. Are children allowed to be dropped off or pick up WITHOUT signing a Sign In/Out sheet? [ ] No [ ] Yes
6. Are members allowed to leave the premises while children are in the nursery? [ ] No [ ] Yes
7. Are children allowed to be in the nursery for an Unlimited amount of time? [ ] No [ ] Yes
8. Are trampolines or gymnastic equipment available in the nursery? [ ] No [ ] 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: \_\_\_\_\_