

HEALTH CLUB FACILITY APPLICATION

I. GENERAL INFORMATION

Policy Dates: from _____ to _____

First Named Insured: _____ FEIN: _____

DBA: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____ Owned Leased Managed

City: _____ State: _____ Zip: _____

Website: _____

Number of years in business: _____ (if new, provide copy of business plan)

Contact Information:

Insurance Contact: _____ Email: _____ Phone: _____

Accounting Contact: _____ Email: _____ Phone: _____

General Manager: _____ Email: _____ Phone: _____

Qualifications/Experience of Manager: _____

Schedule of Named Insureds:

(please include all entities in which the First Named Insured holds at least 50% ownership):

Name	Description	Percentage Ownership	FEIN (if different)

Please attach a schedule of additional names as needed.

II. FACILITY USE INFORMATION

Total Number of Members at this Location: _____ Number of Active Members: _____

Hours of operation:

Weekdays: _____ to _____ Weekends: _____ to _____

Are staff present during all hours of operation? Yes No

Is a responsibility/code of conduct posted? Yes No

Do all your instructors/trainers have certifications for their designated field of operation? Yes No

Are staff available in each area of the facility for supervision, spotting and emergencies? Yes No

Does your facility provide a general orientation to all new members and guests? Yes No

Do any of your employees provide services away from premises on behalf of the facility? Yes No

If yes, please explain: _____

Does your facility offer pre-activity screening and advise all new participants to consult with their healthcare provider before beginning a new physical activity program? Yes No

Does your facility provide help with designing suitable physical activity programs and instructions on proper use of equipment to be used with that program? Yes No

Does each adult participant sign a waiver/hold harmless and each parent/guardian for minor participants, noting that one adult cannot waive the rights of another adult? Yes No

Minimum age requirement of a minor for unsupervised facility activities by either parent or staff: _____

Services Offered:

- | | | |
|--|--|---|
| <input type="checkbox"/> Locker Rooms | <input type="checkbox"/> Showers | <input type="checkbox"/> Free weights _____ lbs. |
| <input type="checkbox"/> Martial Arts Classes | <input type="checkbox"/> Circuit Equipment/Number: _____ | <input type="checkbox"/> Fitness Classes (attach schedule) |
| <input type="checkbox"/> Registered Dietician | <input type="checkbox"/> Jogging Track (Indoor/Outdoor) | <input type="checkbox"/> Cardio Equipment/Number: _____ |
| <input type="checkbox"/> Whirlpools/Number: _____ | <input type="checkbox"/> Sauna/Number: _____ | <input type="checkbox"/> Keycard Access |
| <input type="checkbox"/> Basketball Courts/Number: _____ | | <input type="checkbox"/> Batting Cages/Number: _____ |
| <input type="checkbox"/> Physical Therapists/Number: _____ | Subcontractor | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Food/Beverage Operations:

Do you have concessions/snack/juice bar? Yes No

If yes, who manages the concession operations? Facility Third Party

Do you have a restaurant? Yes No

If yes, who manages the restaurant operations? Facility Third Party

Do you have a bar / lounge? Yes No

If yes, who manages the bar / lounge operations? Facility Third Party

Are alcoholic beverages sold at your facility? Yes No

If yes, is separate Liquor Liability Coverage in place? Yes No

If coverage is needed, **complete a Liquor Liability Questionnaire**

Are any supplements sold under your own label? Yes No

Child Care Operations:

Do you offer childcare services? Yes No

If yes, who manages the childcare operations? Facility Third Party

Maximum number of children at any one time: _____

Age range of children: _____

What is the ratio of attendants to children? _____

What is the maximum length of stay? _____

Are criminal history checks run on all childcare employees where allowed by state law? Yes No

Are attendants trained in childcare? Yes No

Are parents allowed to leave the facility while children are still in your care? Yes No

Describe procedures used for checking the children in and out as they arrive and depart:

Do parents sign waivers? Yes No

Are meals or snacks provided? Yes No

Is a playground area available? Yes No

If yes, describe the kind of equipment and surface under equipment:

Tanning Operations:

Do you offer tanning services? Yes No

If yes, who manages the tanning operations? Facility Third Party

Number of tanning units: _____

Type: _____

Manufacturer: _____

- Is a separate waiver utilized for tanning operation? Yes No
- Are records kept on each customer tracking visits and exposure times and medical history? Yes No
- Are warnings and photo sensitizing medication advisories posted? Yes No
- Are tanning bed timing controls operating by the facility with no access by customers? Yes No
- Are protective eye goggles required to be worn? Yes No

Other Operations:

- Do you offer salon or spa services? Yes No
- If yes, who manages the salon/spa operations? Facility Third Party
- What services are offered: _____

If managed by facility, provide promotional materials that identify all services provided.

- Do you have a pro-shop? Yes No
- If yes, who manages the pro-shop operations? Facility Third Party
- Describe products sold: _____

Does your facility have a swimming pool? **(if so, complete Swimming Pool Questionnaire)** Yes No

- Does your facility conduct on site day camp operations? Yes No
- What is the camper to supervisor ratio? _____
- Dates of Camp: _____
- Maximum number of campers per day: _____

Provide copies of all promotional materials identifying all scheduled activities.

Does your facility provide transportation to/from the facility for any activities? Yes No

(if so, complete a Transportation Questionnaire)

Does your facility have a climbing wall? **(if so, complete a Climbing Wall Questionnaire)** Yes No

- Does your facility have any special events? Yes No
- If yes, please list and describe _____

What is the total space (square footage) at your facility leased to third parties? _____

III. CONTRACTS/RENTAL AGREEMENTS/WAIVERS

- Do you require contracts for independent contractors? **(submit sample)** Yes No
- If yes, do you obtain certificates of insurance from each one? Yes No
- Do you collect signed waivers members and guests? **(submit sample)** Yes No

Third Party (vendor) Service Providers:

- For all services provided by a Third Party, are the appropriate contracts and or lease agreements maintained? Yes No
- Are certificates of insurance naming the facility as Additional Insured obtained for all services provided by a Third Party? Yes No

IV. HEALTH CLUB ANNUAL REVENUE SOURCES

Revenue

A. FITNESS:

Membership Fees:

\$ _____

Personal Training:

\$ _____

Lessons:

\$ _____

B. FOOD AND BEVERAGE:

Restaurant:

\$ _____

Snack Bar / Vending:

\$ _____

Functions:

\$ _____

Liquor:

\$ _____

C. OTHER:

Spa Services:

\$ _____

Tanning:

\$ _____

Day Camp:

\$ _____

Other: _____

\$ _____

Other: _____

\$ _____

D. TOTAL:

\$ _____

V. EMPLOYEE INFORMATION

Number of Staff: Full Time _____ Part Time _____ Total: _____

Number of Sub-Contractors: _____

Do you require all applicants to complete an application for employment in full including signatures and application date? Yes No

Does your employment application include questions regarding prior criminal convictions? Yes No

Do you advise every applicant that criminal background checks will be performed? Yes No

Do you conduct personal and professional reference checks on all applicants considered for positions prior to job offer and document reference check findings? Yes No

Is there a written training manual or training program in place? Yes No

Any employees under 16 or over 60 years of age? Yes No

Do you offer Employee Health Plans? Yes No

If yes, are all employees eligible for benefits provided? Yes No

Do you offer modified or light return to work duty for injured employees? Yes No

Are group health plans provided? Yes No % participation: _____

Is paid sick leave provided? Yes No % participation: _____

Is paid vacation time provided? Yes No % participation: _____

Do you offer a retirement or pension plan? Yes No % participation: _____

If yes, provide plan name: _____

VI. BUILDING AND MAINTENANCE INFORMATION

Building (if more than one location, complete this section for each building):

Year built: _____ Square Footage: _____ Number of stories: _____

Construction type:

Walls: Wood Frame Brick/Brick Steel Frame Other _____

Roof: Wood Frame Poured Concrete Steel Frame Other _____

Floor: Wood Frame Concrete Other _____

Last updated: Heating: _____ Plumbing: _____ Electrical: _____ Roof: _____

Do you have solar panels? (if yes, complete Solar Panel Questionnaire) Yes No

Are there any bubble/air supported structures? Yes No

Facility Maintenance:

Who manages facility maintenance operations? Facility Third Party

Does the facility have written maintenance procedures including checklists and logs? Yes No

Describe roof snow removal procedures: _____

Who repairs the equipment? _____

Premises Fire Protection:

Is the building sprinklered? Yes No

If applicable, are all grills and deep fat fryers equipped with:

Hoods? Yes No

Automatic fire suppression systems and fuel shutoff controls? Yes No

UL300 compliant? Yes No

Are all hoods and filters cleaned regularly by employees? Yes No

If vendor is used, do you have a cleaning contract in place? Yes No

Floor/Wet Areas:

- Are there non-slip surfaces in the showers or any wet areas? Yes No
- Are showers and locker rooms cleaned / disinfected on daily basis? Yes No
- Are there GFI protectors on all outlets in shower / wet areas Yes No

Parking:

- Do you have parking facilities available? Yes No
- If yes, who is responsible for repairs / maintenance: _____
- How often is parking lot inspected: _____
- Who is responsible for snow / ice removal: _____
- Is a log kept for snow removal, sanding / salting? Yes No

Emergency Medical and Evacuation:

- Do you have Emergency Evacuation Plans for the facility? **(submit sample)** Yes No
- Are they in written form? Yes No
- Are they posted for employees? Yes No
- Are employees trained to implement these plans? Yes No
- Do you have an Emergency Medical Procedure in place? Yes No
- Is it in written form? Yes No
- Is it posted for employees? Yes No
- Are staff trained in First Aid / CPR? Yes No
- If yes, how many? _____

Do you have an automated external defibrillator (AED)? Yes No

Number of staff present during operational hours that are certified in:

CPR: _____ First Aid: _____ AED: _____

Do you have a first aid kit? Yes No

What is the response time(s) for:

Fire Station: _____ Distance from facility: _____

Police: _____ Distance from facility: _____

Hospital: _____ Distance from facility: _____

Security:

Who handles disturbances? _____

Please describe procedure: _____

Are video surveillance cameras present? Yes No

If yes, how many? Interior: _____ Exterior: _____

How long is video footage retained? _____

Does video record on a continuous loop? Yes No

VII. BUSINESS AUTO EXPOSURE

Do you have a Business Auto Policy for owned autos? Yes No

If you purchase coverage for owned vehicles through another company, we cannot offer non-owned or hired auto coverage. Please add it to your existing Commercial Auto policy.

Non-Ownership Liability Information:

Do employees or volunteers use their autos for company business? Yes No

If so, please provide use details: _____

For any employee, who uses their auto for business, is personal auto insurance carried with at least the minimum limits as required by state? Yes No

Do you verify that personal auto insurance is in place? Yes No

Do you obtain motor vehicle reports? Yes No

If either of the above answers are "No", do you agree to do so going forward? Yes No

Hired Auto Liability Information:

During the last years have you leased, borrowed or hired any vehicles for your business? Yes No

If you anticipate some usage this year:

What type of vehicle (Trucks, Cars, Buses)? _____

How many times per year? _____

What is the estimated annual cost to hire/lease all vehicles? _____

If vehicles are hired for more than 30 days, vehicles should be scheduled on an auto policy.

When leasing, hiring or borrowing are the vehicles used to:

Transport players/athletes/members? Yes No

If yes, do you use a hired transportation company that supplies a driver? Yes No

If yes, do you obtain additional insured status from the bus company? Yes No

If no, **complete a Transportation Questionnaire.**

Haul equipment? Yes No

If yes, please explain and identify frequency and distance traveled per trip: _____

Do you purchase liability insurance from the leasing company? Yes No

Does the leasing company require you to provide primary insurance and to add them as additional insureds? Yes No

List of drivers (Please provide the following information for each driver who might drive for company business (ie: Errands or Travel))

Name	Birth Date	Driver's License Number	State Licensed

Please attach separate sheets for additional drivers

Hired Auto Physical Damage Information:

What types of vehicles have you leased, or do you intend to lease (Make/Model/Size/Value)?

What is the maximum number of vehicles leased at one time? _____

Please provide the garage location of the vehicles (City and State): _____

Requested Comprehensive Deductible: _____

Requested Collision Deductible: _____

VIII. ABUSE/MOLESTATION

Coverage Desired (complete this section)

No Coverage Desired (skip this section)

Identify staff status (check all that apply): Employees

Volunteers

Parent-volunteers

Are all staff members 18 years or older?

Yes No

Identify current hiring practices for paid and volunteer staff:

When conducting background checks for criminal records, are they done:

a. Based on state working/residing in? Yes No

b. For each new employee? Yes No

c. For each new volunteer? Yes No

d. Every three years on existing employees/volunteers Yes No

What vendor is being used for background checks: _____

Is a national background check conducted? Yes No

Do any independent contractors have access to clients or children in a closed door setting or Perform operations where they will be in contact with clients or children? Yes No

If so, are independent contractors required to complete certifications that include background checks? Yes No

If yes, indicate which certifications: ISI USFS Other: _____

Do you discuss the importance of providing a safe environment for the children in your care? Yes No

Does your new employee orientation include how to recognize the signs of an abused child? Yes No

Do you have written procedures to follow if a child, member or employee reports an incident of sexual or physical abuse or molestation? If yes, **submit a copy.** Yes No

Are copies of the procedures provided to each member of your staff? Yes No

Do you have periodic refresher courses to ensure that your entire staff can recognize the sign of sexual or physical abuse and know what procedures to follow? Yes No

Do you periodically review your written procedures to verify that they are up to date? Yes No

Have you ever had an incident which resulted in allegation of sexual abuse at your facility? Yes No

Has a claim ever been made against your facility? Yes No

If so, please explain in detail, including the amount of damages paid to the victim:

What has been done to prevent such occurrences from happening in the future?

IX. REQUESTED ADDITIONAL ITEMS

- Financial Information – Income Statement from prior tax return or most recent year-end balance sheet and income statement and most recent interim balance sheet and income statement
- Additional Questionnaires as applicable: Liquor Liability; Solar Panel, etc.
- Complete / Signed ACORD applications (or equivalent)
- Copy of contract(s) with or between facility users or tenants and yourself
- Currently valued loss runs from prior carriers

FRAUD STATEMENTS

General Fraud Warning: 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.

Applicable in AL, AR, LA, MD, NM, RI and WV: 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. *Applies in MD Only.

Applicable in CA: 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.

Applicable in CO: 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.

Applicable in DC: WARNING: 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.

Applicable in FL and OK: 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)*. *Applies in FL Only.

Applicable in KS: 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.

Applicable in KY, OH and PA: 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.

Applicable in ME, TN, VA and WA: 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 and denial of insurance benefits. *Applies in ME Only.

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

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in NY: Applicable to all claim forms for insurance and all applications for commercial insurance and accident and health insurance: 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.

Applicable in NY: Applicable to all applications and claim forms for automobile insurance: 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, 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 insurance 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.

APPLICANT SIGNATURE:

I hereby declare that the foregoing information is true, and I have not concealed or misrepresented any material fact(s), and I agree that this application shall be the basis for the insurance for which I am applying.

Company: _____

Date: _____

Print Name: _____

Title: _____

Signature: _____