



CARRIER:

[Empty box for carrier information]

Fitness Center Product Application

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I – INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past three years. If there is loss history, please complete the entire application.

Applicant's name (include DBA name): _____

Mailing address: _____

Location address: _____

City: _____ State: _____ Zip code: _____

Web address: _____ E-mail address: _____ Phone: _____

Inspection contact name: _____ E-mail address: _____ Phone: _____

Form of business: Individual Corporation Partnership LLC Trust Other _____

Description of Operations:

[Empty box for description of operations]

1. What year did the business start? _____
2. How many years has the applicant been at the current location? _____
3. Do you own the building? Yes No
(If "No," skip Building Owner questions under both the Property and Liability sections below)

Property Coverage

Building Construction:				<input type="checkbox"/> Frame	<input type="checkbox"/> Joisted masonry	<input type="checkbox"/> Noncombustible	<input type="checkbox"/> Other _____
				<input type="checkbox"/> Masonry NC	<input type="checkbox"/> Modified fire resistive	<input type="checkbox"/> Fire resistive	
Protection Class	Cause of Loss		Requested Validation		Deductible		
_____	<input type="checkbox"/> Basic	<input type="checkbox"/> Special	<input type="checkbox"/> Replacement cost	<input type="checkbox"/> Actual cash value	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000
Coinsurance <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100%							
Business Personal Property Limit: \$ _____							
Business Income and Extra Expense Limit: \$ _____							
Building owner:		Building Limit: \$ _____		What year was the building constructed? _____		What is the square footage of the entire structure? _____ sq. ft.	
Is the building fully protected by an operational sprinkler system covering 100% of the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No							

General Liability Coverage

4. Occurrence/Aggregate limit \$100,000/\$200,000 \$300,000/\$600,000 \$500,000/\$1,000,000 \$1,000,000/\$2,000,000
5. Abuse and molestation liability limit \$100,000/\$300,000 \$300,000/\$300,000 \$500,000/\$500,000 \$1,000,000/\$1,000,000
6. Exposure basis:
Annual gross sales: \$ _____
Number of members: \$ _____
Full-time employees: _____ # Part-time employees (<30 hrs/week): _____
7. Number of sports courts: _____

8. Does the facility have any treadmills? Yes No
9. Any jacuzzis, hot tubs, sauna or steam rooms? Yes No
10. Are there any shower facilities? Yes No
11. Are there any swimming pools? Yes No
12. Is the facility open 24 hours? Yes No
- If "Yes," do you have a fitness staff certified in CPR on duty all hours of operation? Yes No
13. Do members have access outside of regular business hours? Yes No
14. Number of massage services units: _____
15. Number of tanning units: _____
16. Building owner:
- Is any portion of the building leased to commercial tenants? Yes No
- If "Yes," applicable sq. ft. _____
- Does the applicant lease any apartments at this location? Yes No
- If "Yes," number of units _____ applicable sq. ft. of apts. _____

Additional Interests (AI = Additional insured, LP = Loss payee, M = Mortgagee)

Name	Relationship/Interest	Address	City, State, Zip	AI	LP	M
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. LOSS INFORMATION FOR THE PAST THREE YEARS

Coverage Type	Date of Loss	Description of loss	Paid	Reserved	Status
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

Please provide additional claims or information on a separate sheet.

III. ADDITIONAL PROPERTY INFORMATION

If you own the building and it is older than 10 years old, please complete the following:

17. Age of roof _____ years Plumbing updated year _____ Electrical updated year _____ Heating updated year _____
18. Roof type: Flat Wood shake Shingle Metal Tile Slate Other _____
19. Plumbing type: PVC Copper Lead Galvanized Other _____
20. What type of burglar alarm is on the premises? Central station Local None

IV. ELIGIBILITY CRITERIA

21. No bankruptcies, tax or credit liens against the applicant in the last five years True False
22. Coverage has not been cancelled or non-renewed in the last three years (*not applicable in MO*) True False
- If "False," advise reason: _____

Property

23. For any building built prior to 1978, 100% of the electric wiring is on functioning and operating circuit breakers True False
24. For any building built prior to 1978, there is no aluminum wiring or knob and tube wiring N/A True False
25. Functioning and operational fire extinguishers available True False
26. Functioning and operational smoke detectors True False
27. Building is not a non-standard structure (i.e. bubble, dome, etc.) True False

General Liability

28. Applicant has not, is not and will not act as a franchisor (grantor of a franchise) True False
29. No alcohol sales True False
30. No contact martial arts or boxing activities True False
31. No rock/wall climbing activities True False
32. No gymnastics activities/instruction True False
33. All members and guests using the facility are required to sign a release/waiver of liability True False
34. All personal trainers and aerobic instructors are required to be certified True False
35. All fitness personnel are required to be CPR certified True False
36. Service logs are maintained on all equipment True False
37. 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
38. Applicant does not manufacture or alter the packaging of any diet aids, vitamins, supplements or similar products True False
39. Warning signs posted in clear view of all tanning units, hot tubs, saunas, steam rooms and fitness equipment True False
40. No actual or alleged incidents regarding molestation or abuse True False
41. 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
42. No medical services, blood analysis, stress testing, weight loss or diet clinic exists True False
43. No formal instruction or classes for children under the age of 12 True False

Additional General Liability Information

44. Do you have tanning units? Yes No
- If "Yes," please answer the following questions:*
- a. No more than four units True False
- b. All units are Underwriters Laboratories (UL) approved True False
- c. All minors are required to have a parent or guardian sign a release prior to use True False
- d. Individuals are warned against using tanning units when pregnant or using photosensitive medication True False
- e. Applicant has exclusive access to controls True False
- f. Individuals are required to wear goggles True False
- g. Logs are kept on each person's use and maximum number of uses is enforced True False
45. Do you have child sitting services? Yes No
- If "Yes," please answer the following questions:*
- a. Criminal and background checks are performed on all potential employees having exposure to or responsibility for children True False
- b. No children under six weeks old accepted True False
- c. Children are required to be signed in and signed out True False
- d. A member signing in a child must be on premises at all times True False

FRAUD STATEMENTS

Alabama, Arkansas, District of Columbia, New Mexico, Rhode Island and West Virginia: 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.

California: For your protection California law requires the following to appear on this application. Fraud Statement: 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.

Colorado Fraud Statement: 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.

Florida Fraud Statement: 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.

Kansas Fraud Statement: 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; or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a crime and may be subject to fines and confinement in prison.

Maine Fraud Statement: 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

Maryland Fraud Statement: 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.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Ohio Fraud Statement: 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.

Oklahoma Fraud Statement: 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.

Oregon Fraud Statement: Notice to Oregon 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 may be guilty of insurance fraud.

Kentucky and Pennsylvania 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 subjects such person to criminal and civil penalties.

Tennessee, Virginia and Washington Fraud Statement: 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.

Fraud Statement (All Other States): 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 may be guilty of a crime and may be subject to fines and confinement in prison.

STATE NOTICES

Arizona Notice: Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

Florida Surplus Lines Notice: (Applies only if policy is non-admitted) You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Florida and Illinois Punitive Damage Notice: I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

Maine Notice: The insurer is not permitted to withdraw any binder once issued, but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

Ohio Representation Statement: By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy. **THE INSURED UNDERSTANDS AND AGREES THAT ANY MATERIAL MISREPRESENTATION OR OMISSION ON THIS APPLICATION WILL ACT TO RENDER ANY CONTRACT OF INSURANCE NULL AND WITHOUT EFFECT OR PROVIDE THE COMPANY THE RIGHT TO RESCIND IT.**

Utah Punitive Damages Notice: I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: _____ License #: _____

Agent's signature: _____ Main agency phone number: _____

(Required in New Hampshire)

Agency mailing address: _____

City: _____ State: _____ Zip: _____

The signer of this Application acknowledges and understands that the information provided herein is material to the Company's acceptance of the risk and issuance of the requested policy. The signer of this Application represents that the information provided herein is true and correct in all matters. Any changes in the information represented in this Application occurring prior to the effective date of a policy shall be promptly reported to the Company in which case, the Company has the right to modify or withdraw any quote or binder issued based on such changes. The Company has the right but not the obligation to investigate any representation(s) in this Application. A decision by the Company not to investigate shall not estop the Company from relying on this Application in issuing a policy. It is agreed that this Application and any material submitted therewith, including but not limited to any supplemental Application(s), shall be the basis of any policy that is issued.

New York 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 each such violation.

Applicant's signature: _____ Title: _____

President, Chairperson of the Board, Managing Member, or Executive Director

Date: _____



Privacy Notice At Collection

We may need to collect certain personal information to provide you with our services and products. For information on how we store, use and protect personal information, please see our Privacy Policy accessible on our website, <https://www.usli.com/privacy-policy/>.