

Exercise / Health Club Supplemental Application

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)
All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

_____ Web Address _____

_____ Inspection Contact _____

Proposed Policy Period _____ to _____ Phone Number for Inspection Contact _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

Location #1 _____

Location #2 _____

Location #3 _____

OPERATIONS (check all applicable items)

- | | | |
|--|--|---|
| <input type="checkbox"/> Aerobics | <input type="checkbox"/> Jacuzzi | <input type="checkbox"/> Sports Medicine |
| <input type="checkbox"/> Barber / Beauty Shop | <input type="checkbox"/> Jogging Tracks | <input type="checkbox"/> Steam Rooms |
| <input type="checkbox"/> Basketball Courts | <input type="checkbox"/> Kick Boxing | <input type="checkbox"/> * Sun Tanning Units |
| <input type="checkbox"/> Bicycle Tracks | <input type="checkbox"/> Locker Rooms | <input type="checkbox"/> * Swimming Pools |
| <input type="checkbox"/> Body Toning | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Tennis Courts |
| <input type="checkbox"/> Dance Instruction | <input type="checkbox"/> Masseuse | <input type="checkbox"/> Trampolines |
| <input type="checkbox"/> Diet Counseling | <input type="checkbox"/> Nursery* | <input type="checkbox"/> Tumbling |
| <input type="checkbox"/> Game Room | <input type="checkbox"/> Physical Therapists | <input type="checkbox"/> * Whirlpool |
| <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Pro Shop | <input type="checkbox"/> Other (describe below) |
| <input type="checkbox"/> Handball / Racquetball Courts | <input type="checkbox"/> Sauna* | |
| <input type="checkbox"/> Health Seminars | <input type="checkbox"/> Shower Rooms | |

* (complete section on page 2, if item is starred)

Describe all other operations not listed above _____

UNDERWRITING INFORMATION

- Number of years in business? _____ If new describe prior experience _____
Number of members at this location _____ Hours of Operation _____
- What is your estimated Gross Sales? _____
- Does applicant own the building? Yes No
- Are all instructors employees of the applicant? Yes No
- Are employees trained in CPR, First aid, etc.? Yes No
- Are eye guards required on racquetball courts? Yes No
- Are incident reports compiled daily for all injuries? Yes No
- Signed release forms required? (Attach a copy) Yes No
- If customer is under 16 years of age, is parent's signature required on the release form? Yes No

UNDERWRITING INFORMATION (Continued)

- 10. Any cooking on premises? Yes No
If yes, describe. _____
- 11. Any food or beverages sold on premises? Yes No
If yes, describe. _____
- 12. Is alcohol served? Yes No

SWIMMING EXPOSURE (complete when applicable)

- Indoor Pool – Max Depth _____ Outdoor Pool – Max Depth _____ Lap Pool – Max Depth _____
- Rules Posted Yes No Non-slip surface in pool area? Yes No
- Lifeguards Yes No Non-slip surface in locker, shower and sauna areas? Yes No
- Lifesaving Equipment Yes No Saunas have emergency shutoff? Yes No
- Diving Boards Yes No Whirlpool emergency shutoff in same area? Yes No
- Number of meters in height _____ Warnings posted regarding use; i.e., pregnancy, alcohol, etc?. Yes No

NURSERY

- 1. Maximum number of children allowed at any one time _____ Ages _____
- 2. Number of attendants _____ Ages _____
- 3. Are attendants trained in childcare? Yes No
- 4. Are children allowed to stay if parents leave the premises? Yes No
- 5. Describe procedures for supervision of the children. _____

- 6. List all play equipment. _____

- 7. Is play area separated from exercise area? Yes No

SUN TANNING UNITS

- 1. Do you own or operate any Sun Tanning equipment? *** Yes No

*** IF YES, SUN TANNING - SUPPLEMENTAL APPLICATION (A008S) MUST BE COMPLETED IN ITS ENTIRETY

COMMERCIAL PROPERTY

(Please provide complete information for each insured location. **Attach** separate sheet, if necessary.)

BUILDING INFORMATION	Loc. 1	Loc. 2	Loc. 3
CONSTRUCTION			
YEAR BUILT			
# OF STORIES			
TOTAL SQ. FOOTAGE			
PROTECTION CLASS			
ALARM	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None
YEAR OF LATEST UPDATE	___ Roof ___ Plumbing ___ Wiring	___ Roof ___ Plumbing ___ Wiring	___ Roof ___ Plumbing ___ Wiring

LIMITS & COVERAGE – PROPERTY

COVERAGE	COINSURANCE %	DEDUCTIBLE	CAUSES OF LOSS	VALUATION	Loc 1	Loc 2	Loc 3
BUILDING	___%	\$ _____	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> A.C.V. <input type="checkbox"/> R.C. <input type="checkbox"/> Market Value (Submit)	\$ _____	\$ _____	\$ _____
BPP	___%	\$ _____			\$ _____	\$ _____	\$ _____
BUSINESS INCOME	___% or Monthly Limit \$ _____	\$ _____			\$ _____	\$ _____	\$ _____
SIGNS (DESCRIBE) _____					\$ _____	\$ _____	\$ _____
TOTAL LIMITS					\$ _____	\$ _____	\$ _____

ADJACENT EXPOSURES

	RIGHT	LEFT	FRONT	REAR
Loc. 1				
Loc. 2				
Loc. 3				

CONTRIBUTING INSURANCE

NAME & ADDRESS OF COMPANY	% PARTICIPATION	LIMITS
_____	---	---
_____	---	---
_____	---	---

LIMITS – GENERAL LIABILITY (PER OCCURRENCE)

- GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS) \$ _____
- PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ _____
- PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION) \$ _____
- EACH OCCURRENCE \$ _____
- DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES) \$ _____
- MEDICAL EXPENSE (ANY ONE PERSON) \$ _____

CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS

NAME AND ADDRESS	RELATIONSHIP TO APPLICANT	ADDITIONAL INSURED	CERTIFICATE
_____		<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT

To Insureds in the States of:

Alabama, Alaska, Arizona, California, Connecticut, Delaware, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Maine, Massachusetts, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, Nevada, North Carolina, North Dakota, Oregon, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming:

NOTICE: In some states, any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Arkansas

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.

Colorado

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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia

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.

Florida

Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky

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.

Louisiana

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.

New Jersey

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

New Mexico

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 civil fines and criminal penalties.

New York

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.

Ohio

Any person who, with intent to defraud or knowing that he/she 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

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.

Pennsylvania

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 act, which is a crime, and subjects such person to criminal and civil penalties.

Rhode Island

NOTICE: Under Rhode Island law, there is a criminal penalty for failure to disclose a conviction of arson. In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act, which is a crime in many states.

Virginia

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.

Washington

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Producer's Signature	Date	Applicant's Signature	Date
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