



Association  
Insurance  
Group

A Division of Thompson Insurance Enterprises, LLC

# Health & Fitness Application

PO Box 440848  
Kennesaw, GA, 30160  
Ph# (800) 985-2021  
Fax# (678) 290-2200

## GENERAL INFORMATION

Legal Business Name: \_\_\_\_\_  
 Club Name (dba): \_\_\_\_\_  
 Business Entity:  Corporation  Partnership  LLC  Individual  Joint Venture County: \_\_\_\_\_  
 Active Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Primary Contact Name: \_\_\_\_\_  
 Business Ph#: \_\_\_\_\_ Home : \_\_\_\_\_ Cell Ph# \_\_\_\_\_  
 \*EMail Address: \_\_\_\_\_ \*Fax: \_\_\_\_\_  
 2nd Contact Name: \_\_\_\_\_ 2nd Contact Ph#: \_\_\_\_\_  
 \*EMail Address: \_\_\_\_\_ Website: \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Experience:  Health Club Management  Health / Fitness Degree or Certification  
 Business Experience in the Health & Fitness Industry  Other Business Experience \_\_\_\_\_  
 Are you currently in Bankruptcy?  Yes  No Date business started under current ownership: \_\_\_\_\_  
 Current Insurance Company(s): \_\_\_\_\_ Proposed Effective Date: \_\_\_\_\_  
 Expiring Premium: \$ \_\_\_\_\_  
 How did you hear about our Program?  Email  Internet  Direct Mail  Seminar  Referral  Other \_\_\_\_\_

## Which coverage would you like included in your quote? (Check all that apply)

- General Liability (Including Professional Liability)  Excess Liability  Employment Practices Liability \*Call for Application  
 Property  Workers Compensation  Bond \*Call for Application

## LIABILITY LIMITS

General Liability Limit (Including Professional Liability) Choose one  \$1,000,000 / \$3,000,000  \$2,000,000 / \$4,000,000

### Optional Coverage Available

- Medical Payments?  Yes  No If Yes, What Limit?  \$5,000  \$10,000  
 Liquor Liability?  Yes  No If Yes, Do you have liquor license?:  Yes  No Annual liquor revenue?: \_\_\_\_\_  
 Non-Owned / Hired Auto coverage?  Yes  No  
 Employee Benefits Liability?  Yes  No If Yes, What Limit?  \$500,000 / \$1,000,000  \$1,000,000 / \$2,000,000  
 Retroactive Date \_\_\_\_\_

Stop Gap Coverage?  Yes  No (Available in ND, OH, WA, WY Only)

If Yes, What Limit?  \$100,000 / \$500,000 / \$100,000  \$500,000 / \$500,000 / \$500,000  \$1,000,000 / \$1,000,000 / \$1,000,000

## PROPERTY COVERAGE

If you are required to insure the "Building", what is the "Replacement Value"? \$ \_\_\_\_\_  
 What is the "Replacement Value" of your "Business Personal Property"  
 (equipment, stock, inventory, etc and limits to include any contractual glass replacement.) \$ \_\_\_\_\_  
 What is the "Replacement Value" of Your Leasehold Improvements / Betterments? \$ \_\_\_\_\_  
 Loss of "Business Income" Coverage?  Yes  No If yes, Limit Requested \$ \_\_\_\_\_  
 Outdoor Sign Coverage?  Yes  No Replacement Value Earthquake Coverage?  Yes  No  
 Sign 1  Attached to Building  Free Standing \_\_\_\_\_ Flood Coverage?  Yes  No  
 Sign 2  Attached to Building  Free Standing \_\_\_\_\_  
 Sign 3  Attached to Building  Free Standing \_\_\_\_\_

## LIABILITY INFORMATION

Which best describes the operations at this location:

Health Club    Personal Training Studio    24/7 Fitness Center    Pre-Sale Location

Estimated Annual Gross Revenue (NOT including Food Services): \_\_\_\_\_ Numbers of Members: \_\_\_\_\_

Total Square Foot Area of Club: \_\_\_\_\_ Number of Employees (to include owners) : Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Are employee(s) present during all hours of operation?  Yes    No   **(If no, call for additional underwriting requirements)**

Does your club have a digital surveillance system?  Yes    No

Group Exercise Classes / Spinning Classes    Racquetball / Squash   Number of Courts \_\_\_\_\_

Child Sitting    Basketball   Number of Courts \_\_\_\_\_

Dance Classes    Tennis   Number of Courts \_\_\_\_\_

Free Weights / Selectorized Equipment    Saunas   How Many \_\_\_\_\_

Yoga    Steam Rooms   How Many \_\_\_\_\_

Personal Training    Jacuzzi / Whirlpools   How Many \_\_\_\_\_

Physical Therapy

Massage Therapy

Do you lease any of your rental space to others?  Yes    No

**If Yes - To Whom?** \_\_\_\_\_

Total square feet leased to others? \_\_\_\_\_

Do you use independent contractors?  Yes    No   **If Yes - Do you obtain Certificates of Insurance?**  Yes    No

Do you offer any other services including outside activities?  Yes    No

(If Yes, Explain) \_\_\_\_\_

Do you have an Automated External Defibrillator on site?  Yes    No

Do you offer any food services?  Yes    No   (IF YES) Annual food revenue?:

Type of Service?  Full-service Restaurant    Snack / Juice Bar    Vending Machines

Do you have any of the following?    Deep Fryer    Grill    Ansul System

Any policy canceled, declined or nonrenewed in the past 3 years?  Yes    No

Do you have a formal equipment maintenance schedule?  Yes    No

Do you conduct orientation for all new members?  Yes    No

Is safety signage posted throughout the facility?  Yes    No

Do you require signed Waivers from all clients?  Yes    No

Do you have non-slip surface/ mats in all wet areas?  Yes    No

Does your club have SHOWERS?  Yes    No

Do you manufacture, formulate, private label your own products? (lotions, supplements, equipment, etc.)    Yes    No

\*\* if you do answer yes, there is no coverage. You will need separate Product Liability policy for your manufacturing

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## **PROPERTY INFORMATION**

**(Mandatory to be completed in detail - call your landlord if you do not know)**

Walls-Int/Ext:    Concrete Block    Brick    Steel Frame    Wood Frame    Butler Type    Other \_\_\_\_\_

Roof-Int/Ext:    Poured Concrete    Steel Frame    Wood Frame    Other \_\_\_\_\_

Floor:    Concrete    Wood Frame    Other \_\_\_\_\_   What floor is the club on? \_\_\_\_\_

Year building was constructed: \_\_\_\_\_ (what year was plumbing and wiring last updated, if any?) \_\_\_\_\_

Club is Located in:    Shopping Center    Free Standing Building    Office Complex    Other \_\_\_\_\_

Does Your Club Have:    Smoke Detectors    Fire Alarm System    Fire Sprinkler System    Central Station Burglar Alarm System

Is your club within 600 ft. of a fire hydrant?    Yes    No   Distance to Fire Department \_\_\_\_\_

**ADDITIONAL INSUREDS, LOSS PAYEES, MORTGAGEES FOR THIS LOCATION**

Name & Address of Company

[Empty box for Name & Address of Company]

Name & Address of Company

[Empty box for Name & Address of Company]

Loan / Lease number if applicable \_\_\_\_\_

What Is Their Insurable Interest?

Landlord  Additional Insured  Loss Payee  Mortgagee

Loan / Lease number if applicable \_\_\_\_\_

What Is Their Insurable Interest?

Landlord  Additional Insured  Loss Payee  Mortgagee

Name & Address of Company

[Empty box for Name & Address of Company]

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What Is Their Insurable Interest?

Landlord  Additional Insured  Loss Payee  Mortgagee

**EXCESS LIABILITY**

Do You Need Additional "Excess Liability" Limits?  Yes  No If Yes, What Limit? \_\_\_\_\_

**WORKERS COMPENSATION COVERAGE**

Employer Liability Limits  \$100,000 / \$500,000 / \$100,000  \$500,000 / \$500,000 / \$500,000  \$1,000,000 / \$1,000,000 / \$1,000,000

Effective Date: \_\_\_\_\_ Federal Tax ID# \_\_\_\_\_

Employees Annual Payroll \$ \_\_\_\_\_

Owners / Officers Annual Payroll ( if to be included ) \$ \_\_\_\_\_

1099 Contractors Annual Payroll \$ \_\_\_\_\_

Other Annual Payroll \$ \_\_\_\_\_

What is your current "Experience Modifier", if any? \_\_\_\_\_

**EMPLOYMENT PRACTICES LIABILITY - Separate Application required to quote**

Claim arising out of claims for employment related lawsuits - Wrongful Termination, Sexual Harassment, Discrimination

Liability Limit Options:  \$100,000  \$250,000  \$500,000  \$1,000,000

Retention Deductible Options:  \$2,500  \$5,000  \$10,000

**LOSS HISTORY**

You will need to submit the last 3 years "Loss Runs" with this application. These reports can be obtained from your insurance agent.

I HEREBY CERTIFY THAT THE INFORMATION AND VALUES OF PROPERTY LIMITS CONTAINED IN THIS APPLICATION ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND THAT NO MATERIAL FACTS HAVE BEEN MISREPRESENTED.

\*I UNDERSTAND THAT BY PROVIDING MY FAX NUMBER OR ELECTRONIC MAIL ADDRESS, I CONSENT TO RECEIVE FAXES OR ELECTRONIC MAIL SENT BY OR ON BEHALF OF ASSOCIATION INSURANCE GROUP.

SIGNATURE \_\_\_\_\_ PLEASE PRINT NAME \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Send Completed Application to: FAX (678) 290-2200 or Email: [newsub@thomcoins.com](mailto:newsub@thomcoins.com)

PLEASE SEND PROPOSAL/QUOTE\* VIA:        EMAIL        FAX        REGULAR MAIL

\*Please allow 3 business days to obtain quote