

Health & Fitness Program - Workers Compensation Application

CLUB TRADE NAME:					Years in business:		
Legal Business Name:							
Business Entity:	Individual	Corporation	Partnership	Subchapter "S" Corp.	LLC		
Mailing Address:							
	City:		State:		Zip:		
Phone Number:		Fax #:		County:			
Contact Person:							
Location Address:							
	City:		State:		Zip:		

To be completed by Applicant	Federal ID#:		State Employer ID#:	
Employers Liability Limits:	\$100K / \$500K / \$100K <input type="checkbox"/>	\$500K / \$500K / \$500K <input type="checkbox"/>	\$1Mil / \$1Mil / \$1Mil <input type="checkbox"/>	

To be completed by Agent		Policy #	New <input type="checkbox"/>	Renewal <input type="checkbox"/>
Effective Date:	Expiration Date:			

Rating Information

Current Experience Modifier (if any):		Risk I.D. Number	
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Classifications	No. Full Time Employees	No. Part Time Employees	Annual Payroll
Employees:			
1099 Contractors:			
Other:			

REQUIRED OWNERSHIP INFORMATION: Partners, Officers, Owners to be Included or Excluded
(IF OWNERS WISH TO BE COVERED BY WORKERS COMPENSATION - PAYROLL INFORMATION MUST BE LISTED.)

Full Name	Title	Ownership %	Included / Excluded	Annual Payroll

Prior Carrier Information

Carrier & Policy #		Exp. Date:		Annual Premium:	\$
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Loss History for the past three years:

(attach a separate sheet if necessary or use the Remarks below)

Date of Loss	Description	Amount Paid
		\$
		\$
		\$
		\$

General Information	YES	NO		YES	NO
Applicant own, operate or lease aircraft/watercraft?	<input type="checkbox"/>	<input type="checkbox"/>	Do employees travel out of state?	<input type="checkbox"/>	<input type="checkbox"/>
Is applicant engaged in any other type of business?	<input type="checkbox"/>	<input type="checkbox"/>	Are there any athletic teams sponsored?	<input type="checkbox"/>	<input type="checkbox"/>
Are subcontractors used?	<input type="checkbox"/>	<input type="checkbox"/>	Policy canceled, nonrenewed last 3 yrs?	<input type="checkbox"/>	<input type="checkbox"/>
Any work sublet with out certificates of insurance?	<input type="checkbox"/>	<input type="checkbox"/>	Is there any volunteer or donated labor?	<input type="checkbox"/>	<input type="checkbox"/>
Is a formal safety program in operation?	<input type="checkbox"/>	<input type="checkbox"/>	Is there a labor interchange with any other business/subsidiary?	<input type="checkbox"/>	<input type="checkbox"/>
Any employees under 16 or over 60 years of age?	<input type="checkbox"/>	<input type="checkbox"/>	Do you lease employees?	<input type="checkbox"/>	<input type="checkbox"/>

APPLICABLE IN TENNESSEE: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING TO ANY PARTY OF A WORKERS COMPENSATION TRANSACTION FOR THE PURPOSE OF COMMITTING FRAUD. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIAL FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION ANY FACT MATERIAL THERETO, COMMITS A A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK,, OR, VT, IN DC, LA, ME, AND VA. INSURANCE BENEFITS MAY ALSO BE DENIED)

****REMARKS ****

(if a new club, please provide past management experience)

I declare that the information submitted herein is true and accurate, and acknowledge that I have read the above statements. I understand that it becomes a part of my Workers Compensation Application.

Signature of Applicant

Title

Date

Signature of Agent

Date

**Association Insurance Group, Inc. - 165 S. Union Blvd., Suite 410
Lakewood, CO 80228**

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