

Please complete and fax to 1-866-313-9739 Ph: 1-888-411-7679

Applicant Insurance Quote General Questionnaire

Owner(s) Name(s): _____ Doing Business As(DBA): _____
 Mailing Address _____ City _____ CA Zip: _____
 Location Street Address _____ City _____ CA Zip: _____
 Business Phone Number: _____ Business Fax Number: _____
 Email Address: _____ Website Address: _____
 Years at this Location: _____ Years Experience: _____
 Individual Corporation Partnership Joint Venture LLC Federal Tax ID/ SS# Number: _____

DESCRIBE THE BUSINESS OPERATION IN DETAIL INCLUDING A DESCRIPTION OF GOODS OR SERVICES PROVIDED. IF APPLICABLE, INDICATE WHAT PERCENTAGE OF THE OPERATION IS RETAIL, WHOLESALE OR MANUFACTURING:

of Active Owners/Officers/Partners: ___ # of active family members: ___ #of Full Time Employees: ___
 # Part-Time Employees (under 20 hours weekly): _____
 Estimated Annual Payroll (Excluding Owners) Current Year: \$ _____ Owners/Officers Payroll (If any) _____
 Estimated Annual Gross Receipts/Sales/Rental Current Year: \$ _____ Previous Year \$ _____
 Hrs. of Operations: Sat _____ Sun _____ M-F _____
 Number of Loss Payees and Mortgagees: # _____ Number of Additional Insured (Landlord or any other entities)# _____
 Are you involved in any other business operations? Yes No If yes, describe in Remarks
 Do you or others operate any other business on the premises Yes No If yes, describe in Remarks.
 Is a formal safety program in operation? Yes No Are any guard/pet dogs kept on the premises? Yes No
 Do you keep firearms on the premises? Yes No Do you own the Building? Yes No
 Limits of Liability Coverage Requested: \$ _____
 Limits of Property Coverage Requested: Building \$ _____ Content \$ _____ Loss of Income \$ _____
 Limits of other Coverage Requested (Please specify the types of coverage):

PRIOR CARRIER INFORMATION (Explain all "Yes" responses in remarks section)

<u>Policy Period</u>	<u>Insurance Company</u>	<u>Insurance Agency/Broker</u>	<u>Policy Number</u>	
Current Year: / / to / /				Please attach loss runs.
Prior Year: / / to / /				Please attach loss runs.
Prior Year: / / to / /				Please attach loss runs.
Prior Year: / / to / /				Please attach loss runs.

- 1) Any policy or coverage declined, cancelled or non-renewed during the prior 5 years? Yes No
- 2) Any claims or occurrences for the past five years that may give rise to claims? Yes No
- 3) Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person or entity on whose behalf you or your business entity has assumed liability?
Yes No
- 4) Have you had any claims, occurrences or losses during the past 5 years? Yes No If yes, please describe in remarks section below.
- 5) Have you ever been adjudged bankrupt or insolvent? Yes No

Remarks:

Exercise and Health Studio Supplemental Application
(Complete in addition to ACORD General Liability Application)

Name of Applicant: _____

- 1. Operation:** Exercise Equipment Free-weight Lifting Aerobics Dance Studio
 Personal Trainer Physical Therapist Masseuse Massage Parlor
 Spa Gymnastics School

2. Annual gross receipts from all operations: \$ _____

3. Is all equipment inspected regularly?..... Yes No

Is inspection documentation maintained?..... Yes No

If so, how long? _____

Do you use equipment you have built?..... Yes No

If yes, attach description.

4. Members' ages range from _____ **to** _____

5. Does membership agreement include a Hold Harmless clause (Liability Waiver)? Yes No

If yes, attach a copy.

6. Other operations:

Day Care

Climbing Wall (please complete Climbing Wall Questionnaire, GLS-APP-47s)

Swimming Pool

Number of diving boards: _____ Height: _____ ft.

Rules posted?..... Yes No

Toning Beds Number: _____

Tanning Beds Number: _____

Goggles provided?..... Yes No

Are all timers operated by an attendant?..... Yes No

Are beds U.L. approved?..... Yes No

Are all beds manufactured in the United States?..... Yes No

Are all beds cleaned after each use?..... Yes No

Do signs prohibit use of the beds during pregnancy or if on medication?..... Yes No

Tennis Courts/Racquetball/Handball/Squash Courts Number: _____

Pro Shop

Snack Bar

Describe off-site activities you sponsor: _____

7. Please indicate any of the following that you provide to your customers:

- Protein diet plans
 Body wraps—other than organic
 Blood analysis
 Stress testing
 Weight loss or diet clinics
 Products manufactured by or sold under club's name

8. Premises exposures:

Hours of operation from _____ to _____

Is parking lot well lit? Yes No

Security Guard on premises? Yes No

Shower/sauna/steam or Jacuzzi facilities? Yes No

Do the floors for these areas have non-skid surfaces? Yes No

Any trampolines? Yes No

Any electrode machines? Yes No

9.	Number of Employees	Employed	Leased	Independent
	Certified aerobic instructors			
	Uncertified aerobic instructors			
	Personal trainers			
	Masseuses			
	Other (describe)			
	Total number of employees			
	Number of employees trained in CPR			

Do independents provide you with certificates of insurance? Yes No

Are you included as an additional insured? Yes No

APPLICABLE IN THE STATE OF NEW YORK:

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.

FRAUD WARNING:

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.

PRODUCER'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____