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- Submission Requirements
1. Waiver/Hold Harmless Agreement
 2. Membership/Client/Student Contract
 3. Loss History for past 3 years
 4. Resume of Owner for new venture
 5. Martial Arts Sparring Rules

Sports & Fitness Insurance Application

Section I – Licensed Agent or Broker Information:

Please skip this section if you are not working with an agent or broker.

Name: _____
 Contact Name: _____ License Number: _____
 Address: _____
 Telephone: _____ Fax: _____ Email: _____

Section II – General Information (If New Facility, please indicate opening date: _____)

Named Insured: _____ DBA: _____

Corporation Individual LLC Partnership Other: _____

Type of Facility: Fitness Club Personal Training Studio Dance Studio

Martial Arts Yoga/Pilates Other: _____

Owner's Name: _____ E-mail: _____

Mailing Address: _____

City, State, Zip: _____

Location Address (if different): _____

City, State, Zip: _____

Phone: _____ Fax: _____ Web Site: _____

Years in business: _____ Years at this location: _____ Years experience of current management: _____

(If this is a new venture, please attach resume(s) of owner and primary manager.)

1. Do you own or rent the facility? Own Rent

If renting, Landlord Name: _____

Landlord Mailing Address: _____

2. Do you sublease space to others? Yes No If Yes, how many square feet? _____

If yes, to whom and what is the purpose: _____

3. Do you engage in any other operations as the Named Insured above? Yes No

If yes, explain: _____

Section III – Insurance Information

1. Liability limit: \$500,000 occurrence/\$1,000,000 aggregate \$1,000,000 occurrence/\$2,000,000 aggregate
 \$1,000,000 occurrence/\$3,000,000 aggregate \$2,000,000 occurrence/\$4,000,000 aggregate

2. Do you own any vehicles in your business? Yes No

If so, do you have a business auto policy in place? Yes No

3. Would you like a quote for Hired and Non-Owned Auto Coverage? Yes No

4. Is facility currently insured? Yes No Annual Premium: _____ Exp. Date: _____

Insurance Company Name: _____

5. Any claims in the past 3 years? Yes No If Yes, explain: _____

Section III – Insurance Information (Continued)

6. Have you ever been cancelled, non-renewed, or denied insurance? Yes No

If Yes, explain: _____

Section IV – Mandatory Financial Information (If this is a new business, please provide projections.)

1. Total Annual Gross Sales: _____

2. Annual Gross Sales From: Membership Dues _____ Initiation Fees _____ Liquor _____
 Pro Shop _____ Tanning _____ Rental from Leased Space _____ Other _____

Section V – Employee/Contractor Information

1. Number of employees: Full-time: _____ Part-time: _____

2. Do you employ or contract with any of the following at your facility?

	# of Employees: Fulltime	Parttime	# of Ind. Contractors
a) Beauticians/Cosmetologists	_____	_____	_____
b) Estheticians	_____	_____	_____
c) Physical Therapists	_____	_____	_____
d) Massage Therapists	_____	_____	_____
e) Personal Trainers	_____	_____	_____
f) Dieticians or nutritionists	_____	_____	_____
g) Nail Technicians	_____	_____	_____
h) Martial Arts Instructors	_____	_____	_____
i) Chiropractors or Acupuncturists	_____	_____	_____
g) Other? _____	_____	_____	_____

Section VI – Operations/Exposure Information

1. Facility Size (square feet): _____ Avg. cost of membership/session/class: _____

Number of Active Members/Clients/Students: _____

2. Please indicate the **number** of each of the following:

Jacuzzis: _____ Saunas: _____ Steam Rooms: _____

Tanning Booths: _____ Swimming Pools: _____

(Attach supplemental applications for Tanning Booth and Swimming Pool exposures. Available on our website.)

Boxing Rings: _____ (Cardio-kickboxing only – no full contact boxing)

Courts/Tracks: _____ (What type: _____)

Climbing Walls: _____ (Height: _____ Indoor Outdoor)

Rebounders: _____ (Full size trampolines are excluded)

Pieces of equipment: _____ (count everything except free weights, steps, and mats)

Manufacturer(s) of equipment: _____ Age of equipment: _____

3. Do you use “home made” or “modified” equipment? Yes No How old is your equipment? _____

4. Do you keep equipment maintenance logs? Yes No

5. Is your equipment and building in good repair and maintained? Yes No

If no, explain: _____

6. Do you provide childcare? Yes No or offer youth activities? Yes No
 (If YES, attach list of activities)
 a. If Yes, Staff to Child ratio: _____
 b. What is the maximum hours allowed to stay? _____
 c. Do you have outdoor playgrounds for children? Yes No
7. Do you perform criminal background check on employees? Yes No
8. Do any of your employees have known convictions or allegations of sexual offenses? Yes No
9. Do you have a licensed daycare facility? Yes No
10. Do you offer gymnastics? Yes No (Children's floor level tumbling only)
11. Do you offer summer camps? Yes No
 (If yes, attach day camp supplemental application. Available on our website.)
12. Do you have lock-ins or any over-night exposure? Yes No
 If yes, describe: _____
13. Do you require signed waivers from all clients? Yes No
14. Is safety signage used throughout the facility? Yes No
15. Do you have non-slip surfaces in ALL wet areas? Yes No
16. Do you have showers in your facility? Yes No
17. Do you have a daily cleaning schedule? Yes No
18. Do you operate a key club? Yes No
 (A Key Club is a facility that is accessible 24 hours a day via key or access card, with no supervision. Please attach supplemental application for 24 Hr Access. Available on our website.)
19. Is the owner on site during all hours of operation? Yes No
20. Do you conduct orientation for all new members? Yes No
21. Do you sell liquor? Yes No or have a liquor license? Yes No
 (If yes, attach liquor supplemental application. Available on our website.)
22. Do you have a restaurant or snack bar? Yes No If yes, is there cooking? Yes No
 (If yes to cooking, attach restaurant supplemental application. Available on our website.)
23. Do you own your own parking lot? Yes No
24. Do you produce videos? Yes No
 If yes, how many titles? _____ Gross Sales: _____
32. Are any products sold or manufactured under your label? (i.e. vitamins, t-shirts, water bottles, etc.) Yes No
 If yes, explain: _____
33. Do you have a defibrillators on premise? Yes No
34. Do you have a medical crisis plan? Yes No

Section VII – Spa Services (If does not apply skip to next applicable section) ___N/A

1. Do you offer spa services? Yes No
If yes, please check if you offer any of the following services:
 Plastic surgery procedures ___ Face lifting ___ Microdermabrasion ___ Laser hair removal___
 Laser skin enhancement therapy ___ Intense pulsed light therapy___ Chemical peels___
 Botox treatments___ Hair replacement procedures___ Removal of warts or other growths etc.___
2. Do you offer any additional procedures or processes designed to remove layers of skin
 (other than enzyme exfoliation) Yes No
 If yes, please explain: _____
3. Do you manufacture or custom mix any of your own products? Yes No
 If yes, please explain: _____

Section VIII – Martial Arts (If does not apply skip to next applicable section) ___ N/A

Name the style you teach: _____ Federation or Association: _____

Level of contact: Light Full None

Belt rank of owner/primary instructor:_____ Number years teaching experience: _____

Number of Active Students: _____ Ratio of instructors to students: _____

1. Do you participate in tournament(s)? Yes No

2. Do you sponsor tournaments? Yes No

(Please call for Special Event coverage if hosting a tournament off premise.)

3. Do you practice sparring? (**Please attach sparring regulations**) Yes No

4. Do you do off-premise demonstration? Yes No

5. Do you offer kick boxing? (Only cardio boxing is covered) Yes No

6. Do you have weapons training? (Only padded or fake weapons are eligible) Yes No

If yes, explain: _____

7. What other type of equipment is used on premise? _____

Martial Arts Underwriting Requirements:

1. All participants in sparring or contact drills must wear protective gear which is usual and customary for the style.
2. Usual protective gear would be mouthpiece, groin cup, chest protector, shin guards, hand and foot pads.
3. A hold harmless agreement must be kept on file for each student.
4. Each student should receive a copy of the sparring rules.
5. Full contact is not allowed.
Sparring guidelines must be submitted with application if applicable.

Section IX –Dance/Aerobics (If does not apply skip to next applicable section) ___ N/A

Total number of students: _____ Style(s) that you teach: _____

Number of recitals: _____ On premises: Yes No Off premises: Yes No

1. Do you teach private lessons? Yes No

2. Do you teach adults? Yes No

3. Do you teach children? Yes No Ages: _____

4. Do you have a performing company? Yes No

5. Do you operate a dance club? Yes No

Dance Underwriting Requirements:

1. Regular gymnastics is not covered in this program. Call us for additional information on other programs available.
2. Cheerleading is not covered in this program. Call us for additional information on other programs available.

Section X – Yoga/Pilates (If does not apply skip to next applicable section) ___ N/A

Total number of students/members/clients: _____

Number of workshops: _____ On premises: Yes No Off premises: Yes No

Yoga/Pilates Underwriting Requirements:

1. Sweat lodges are not covered under this program.
2. International travel is not covered under this program.

Section XI – Additional Insureds

Name & Address	Interests
	<input type="checkbox"/> Landlord <input type="checkbox"/> Mortgage <input type="checkbox"/> Other Please specify:
	<input type="checkbox"/> Landlord <input type="checkbox"/> Mortgage <input type="checkbox"/> Other Please specify:
	<input type="checkbox"/> Landlord <input type="checkbox"/> Mortgage <input type="checkbox"/> Other Please specify:

Section XII – Disclaimer

THIS POLICY DOES NOT COVER CLAIMS ARISING OUT OF THE RECOMMENDATION, SELLING, PROMOTION, MANUFACTURING, AND/OR TESTING OF VITAMINS, HERBS, NUTRITIONAL AND/OR DIET SUPPLEMENTS.

No application will be accepted unless signed by the applicant.

The applicant warrants that all answers to the questions on this application are true and correct. Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing false information, or conceals for the purpose of misleading information concerning fact thereto, commits a fraudulent insurance act, which is a crime.

Signature of Applicant

Date

Signature of Agent (If applicable)

Date

Additional coverages are available: Please check the applicable box and applications will be sent to you.

- Property
 Umbrella Liability
 Workers Compensation
 Flood
 Surety Bond