Salt Lake City Area Office
8722 S. Harrison St. Sandy, UT 84070
P.O. Box 4439 Sandy, UT 84091
800-257-5590 • Fax 801-304-5515

Chicago Office
303 W. Madison Street Suite 2075
Chicago, IL 60606
800-456-4576 • Fax 312-408-8081

HEALTH CLUBS

General Information Proposed Effective Date: ________________

Applicant's Name: ________________

Applicant's Mailing Address: ________________

City: ________________ State: ________ Zip: ________________

E-Mail: ________________ County: ________________

Business Telephone Number: (   )________________ Fax: (   )________________

Physical Location of Business (if different): ________________

Population within 50 miles: ________________

Other Locations Used:

Physical Address: ________________

City: ________________ State: ________ Zip: ________________

Physical Address: ________________

City: ________________ State: ________ Zip: ________________

Please list any other names the business is or has been known by: ________________

Contact Person: ________________

Producer No.: ______ Producer's Name: ________________

Producer's E-mail: ________________

Detailed description of business activities (specifically, and by location): ________________

____

____

____

Is this a new business? ☐ Yes ☐ No If no, how many years have you been in business? ________

Applicant is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture

☐ Other (please describe): ________________

Annual Payroll: $ ________________

Total Number of Employees: ________ Full-Time: ________ Part-Time: ________

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services? ☐ Yes ☐ No

If yes, please tell us:

Employee Name: ________________

E-Mail: ________________ Business Telephone No.: (   )________________

Fax: (   )________________ Years with Company: ________________

Employee's Responsibilities: ________________

1. Insurance History

Who is your current insurance carrier (or your last if no current provider)? ________________

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	$	$	$

Has the Applicant or any predecessor or related person or entity ever had a claim? ☐ Yes ☐ No

Completed Claims and Loss History form attached (REQUIRED)? ☐ Yes ☐ No

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets?

☐ Yes ☐ No

If the standard markets are declining placement, please explain why: ______________________________

____

2. Desired Insurance

Limit of Liability:

- ☐ $100,000 per accident / $300,000 aggregate
- ☐ $200,000 per accident / $300,000 aggregate
- ☐ $250,000 per accident / $500,000 aggregate
- ☐ $250,000 per accident / $1,000,000 aggregate
- ☐ Other: ______________________________

Self-Insured Retention (SIR): ☐ $1,000 (Minimum) ☐ $1,500 ☐ $2,500 ☐ $5,000 ☐ $10,000

3. Business Activities

1. Length of season: ______________________________
2. Describe Business Operations: ______________________________

   ____

   ____

3. Provide the total gross receipts and breakdown for all activities, operations and services provided. Give gross sales, commissions, fees, or other income. Identifying exposure separately will qualify the member for protection under the Group Liability Insurance Program.

Members/Customers/Patrons:

4. Total number of current members: ____________________
5. Total number of members last year at this time: ____________________
6. Minimum age for members: ____________________ Maximum age for members: __________
7. Average number of participants that use exercise equipment each day: ____________________
8. Average total number of participants that are active in aerobics each day: __________
9. Average number of NEW guests visiting premises per day: ____________________
10. Average number of visits per day? ____________________
11. Maximum number of participants on premises at any one time: ____________________
12. Do guests sign a Release and Use form? ☐ Yes ☐ No
13. Are the health club facilities available to:

YES	NO	
☐	☐	Only women
☐	☐	Only men
☐	☐	Both sexes—mixed facility
☐	☐	Open certain days for women or men only
☐	☐	Other (please explain):

Operations:

14. Number of days you are open during the week: ________________
15. Hours of operation each day: ____
16. Minimum age of instructors, supervisors, managers, or employees: ______________
17. Owner or Location Manager
    a. Name: ____________________
    b. Age: ______________________
    c. Number of years experience: ______________________
    d. Number of years as owner or manager at this location: ______________________
    e. Is the owner of the business actively involved at least 40 hours a week at this location? ☐ Yes ☐ No
    f. Does owner(s) lease, operate, or participate in the operations of any other health club(s)? ☐ Yes ☐ No
       If yes, do you desire coverage for other facilities? ☐ Yes ☐ No
    g. Does owner(s) or applicant(s) lease, operate or are owner(s) or applicant(s) a subsidiary of any business(es) other than a health club(s)? ☐ Yes ☐ No
18. Are all participants, regardless if a registered member or a first time visitor, required to sign a disclosure, waiver, and/or Release of Liability PRIOR to participating in any physical activity? ☐ Yes ☐ No
    If no, would you be willing to effect such a measure as a precedent prior to insurance coverage being affected? ☐ Yes ☐ No
19. Is a general health questionnaire completed or health examination required on all new members? ☐ Yes ☐ No
20. Do your records of members contain medical information, including a medical history, the name and phone number of a physician to contact in case of emergency, and the name, address, and phone number of a nearest relative to contact in case of emergency? ☐ Yes ☐ No
21. What are the first aid and emergency procedures? ____
    ____
    ____

Finances:

22. Total Gross Receipts all operations: $____________
23. Total square footage of premises: _______________ sq. ft.

24. Total square footage you sub-lease to others: __________________ sq. ft.

a. Do you desire coverage on sub-leased area? ☐ Yes ☐ No

Employees:

25. How many employees total? ____________ Full-Time: __________ Part-Time: _________ Other: ______

26. How many employees are designated as: Managers: ____________ Instructors: _________ Sales: ______

Office: __________ Other: ____________

27. How many employees on duty during:

a. Heavy Use: ____________________

b. Low Use: ____________________

c. Average use: ____________________

28. Is there a registered nurse or doctor on premises? ☐ Yes ☐ No

29. Is there professional advise, council, or direction given by a licensed professional which could cause for a medical malpractice lawsuit? ☐ Yes ☐ No

If yes, please explain: ____

____

30. Is there a physical therapist on duty or contractually associated with your business?

☐ Yes ☐ No

If yes, please give name and address

Name: ____

Address: ____

31. Is there a registered dietician on staff or under contract with your business? ☐ Yes ☐ No

32. Are staff required to have CPR and/or First Aid Training? ☐ Yes ☐ No

33. If club includes aerobics, are instructors and/or head instructors certified? ☐ Yes ☐ No

Facilities and Equipment

34. Are all emergency exits clearly marked? ☐ Yes ☐ No

35. Are lockers provided for members? ☐ Yes ☐ No

36. Are signs posted regarding responsibility for members' belongings? ☐ Yes ☐ No

37. Are the premises ever rented or loaned to outside organizations? ☐ Yes ☐ No

If yes, please explain: ____

38. Do you sponsor competitions, exhibitions, or other organized and scheduled group activities, on or off the premises? ☐ Yes ☐ No

If yes, please explain: ____

____

39. Is equipment on premises designated and designed for commercial use? ☐ Yes ☐ No

40. Number of Machine(s): ________________ Brand(s) of Machine(s): ________________________________

____

41. Number of Free Weights: ______________ Brands of Weights: _______________

42. Are spotters available? ☐ Yes ☐ No

43. Is there a formal schedule of inspection and maintenance of all apparatus exercise equipment and safety devices? ☐ Yes ☐ No

43. Are all walls, fixtures, and other building obstructions, with which participants might collide, padded? ☐ Yes ☐ No

44. Is safety glass used in windows, mirrors, and doors? ☐ Yes ☐ No

45. Are mats and safety devices appropriate for the needs of the exercise equipment used? ☐ Yes ☐ No

46. Is equipment replaced at least every 6 years? ☐ Yes ☐ No
    a. If no, what is your rotation schedule? ______________________________

47. Explain replacement and maintenance schedule, and program for ropes and cables: ____________________
____
____

48. Description of use and list of equipment: ____
____
____

49. For the following questions, please specify Yes or No, and include number of exposures where applicable.

YES	NO	TYPE	NUMBER	YES	NO	TYPE	NUMBER
☐	☐	Aerobics		☐	☐	Provide Physicals	
☐	☐	Body Toning Machines		☐	☐	Staff Medical Prof.	
☐	☐	Running Tracks		☐	☐	Blood Analysis	
☐	☐	Whirlpools		☐	☐	Stress Testing	
☐	☐	Steam-rooms		☐	☐	Kick-boxing	
☐	☐	Handball Courts		☐	☐	Karate Studios	
☐	☐	Ice Skating		☐	☐	Contact Karate	
☐	☐	Roller Skating		☐	☐	Trampolines	
☐	☐	Jacuzzis		☐	☐	Diet Centers	
☐	☐	Facial Tanning Machines		☐	☐	Gymnastic Classes	
☐	☐	Swimming Pools		☐	☐	Sports Medicine	
☐	☐	Diving Boards		☐	☐	Liquid Protein	
☐	☐	Racquetball Courts		☐	☐	Vitamin Injections	
☐	☐	Tennis Courts		☐	☐	Suntanning Units	

50. Is a Nursery available? ☐ Yes ☐ No

    If yes, answer:

    a. Number of exits: ____________

    b. Max number of children: ____________ Age: ________ Group: ____________

    c. Number of Attendants: ________

    d. Ages of Attendants: __________

e. Are attendants trained in childcare? ☐ Yes ☐ No

f. Are children allowed to stay if parents leave the center? ☐ Yes ☐ No

g. Describe method used for signing children in and out of the nursery. ______________________________

____

h. Do you provide any type of exercise equipment or aerobics for children while in nursery?

☐ Yes ☐ No

If yes, please explain: ____

____

51. Is a swimming pool available to members and guests? ☐ Yes ☐ No

a. Average number of participants that use pool: __________________

b. Please give dimensions, and maximum and minimum depth: ____________________________

____

c. Is lifeguard on duty? ☐ Yes ☐ No

d. What signs are posted? ____

____

e. Is proper lifesaving equipment available? ☐ Yes ☐ No

If yes, please list type (i.e. Hook, Rope): ____________________________________

f. Are swimming pool rules posted? ☐ Yes ☐ No

g. Is there a Diving Board? ☐ Yes ☐ No

h. What is the height of the Diving Board? _______________________

52. Is there a professional shop? ☐ Yes ☐ No

a. Total Gross Receipts: $ ____________________

b. What types of products are sold? ____

c. Are products sold that are not considered health/exercise related? ☐ Yes ☐ No

Are any products sold under you own label? ☐ Yes ☐ No

If yes, list products: ____

____

____

53. Are tanning beds available? ☐ Yes ☐ No

a. Number of Units: __________________

b. Manufacturer: ____

c. What type of bulbs are used? ☐ UVA caps ☐ UVB caps

Manufacturer: ____

d. Is it a: ☐ Bed ☐ Booth

e. Is there an attendant on duty? ☐ Yes ☐ No

f. Is eye protection mandatory? ☐ Yes ☐ No

g. Is it coin operated? ☐ Yes ☐ No

h. Is a timer used? ☐ Yes ☐ No

Where is the time control located? _____________________________________

i. Is release of risk signed? ☐ Yes ☐ No

REPRESENTATIONS AND WARRANTIES

The “Applicant” is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant’s request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant’s losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer’s accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant’s facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.

2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.

3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.

4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: ____________________ Dated: ____________________

Applicant: Agent/Broker:

____________________ ____________________
Signature Signature

____________________ ____________________
Print Name Print Name