



HEALTH CLUB INSURANCE APPLICATION

Exact Legal Business Name: _____ ID# _____ - _____

Club Name: _____

Business Entity: Corporation Partnership LLC Individual Other

Years in Business: _____ If under 1 yr in business explain prior experience: _____

Location Address: _____ County: _____

City: _____ State: _____ Zip: _____

Active Mailing Address: (If Different Than Above) _____

City: _____ State: _____ Zip: _____

Contact Person(s): 1) _____ 2) _____

Telephone: _____ *Fax: _____ Home / Cell: _____

Email Address: _____ WEBSITE: _____

CURRENT INSURANCE INFORMATION

Name of Insurance Company(s): _____ 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.

Expiration Date: _____ Expiring Premium: \$ _____

CLUB INFORMATION

Numbers of Members: _____ Number of Employees: Full Time _____ Part Time _____

Total Square Foot Area of Club: _____ Estimated Annual Gross Revenue: _____

Are employee(s) present during all hours of operation? Yes No **(If no, you do not qualify for this program)**

SERVICES OFFERED: HOW MANY?

Sauna	_____	<input type="checkbox"/> Full Independent Climbing Wall	<input type="checkbox"/> Physical Therapy
Steam Rooms	_____	<input type="checkbox"/> Group Exercise Classes / Spinning Classes	<input type="checkbox"/> Massage Therapy
Jacuzzi / Whirlpool	_____	<input type="checkbox"/> Free Weights / Selectorized Equipment	<input type="checkbox"/> Day Spa
Tanning Devices	_____	<input type="checkbox"/> Liquor Sales -Estimated Annual Sales \$ _____	<input type="checkbox"/> Martial Arts
Racquetball Courts	_____	<input type="checkbox"/> Child Sitting (Unsupervised does not qualify for this program)	<input type="checkbox"/> Contact Boxing
Tennis Courts	_____		
Basketball Courts	_____		
Swimming Pool(s)	_____	<input type="checkbox"/> Other Services (Including Off Premises Activities)	
<input type="checkbox"/> Diving Board Height _____			

INDEPENDENT CONTRACTORS: HOW MANY?

Aerobic Instructors / Personal Trainers

Massage Therapists

Physical Therapists

Martial Arts

Other: _____

SUBLEASES

Do you sub-contract any services to others? Yes No
if yes, to whom: _____

Do you lease any of your rental space to others? Yes No
if yes, to whom: _____ sq.ft. _____

Do you obtain certificates of insurance from people you sub-lease or sub-contract to? Yes No

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 Oth: _____

Roof-Int/Ext: Poured Concrete Steel Frame Wood Frame Othe: _____

Floor: Concrete Wood Frame Other _____

Age of Building: _____ (If over 15 years old, what year was plumbing and wiring last updated?) _____

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

If Located in Costal State, Distance to Ocean / Bay _____ Distance to Fire Department _____

Is your club within 600 ft. of a fire hydrant? Yes No Do you have Air Structures / Bubbles? Yes No

PROPERTY COVERAGE REQUESTED

What is the "Replacement Value" of your contents? (equipment, stock, inventory, etc.) \$ _____
What is the "Replacement Value" of Your Leasehold Improvements / Betterments? \$ _____
If you are required to insure the "Building", what is the "Replacement Value"? \$ _____
Loss of "Business Income" Coverage? Yes No If yes, Limit Requested..... \$ _____
Outdoor Sign Coverage? Yes No "Replacement Value" of Sign(s)? \$ _____
Exterior Glass Coverage? Yes No (Width x Height)
Number of Panes _____ Dimensions _____ x _____
Number of Panes _____ Dimensions _____ x _____
Number of Panes _____ Dimensions _____ x _____

LIABILITY LIMIT AND OPTIONS

(Liability Limit \$1,000,000 per occurrence | \$3,000,000 General Aggregate included in program)

Do You Need Additional Umbrella Liability? Yes No If Yes, What Limit? _____
Non-Owned / Hired Auto coverage? Yes No Earthquake Coverage? Yes No
Employee Benefits Liability? Yes No Flood Coverage? Yes No
Employment Practices Liability? Yes No (separate application required)

WORKERS COMPENSATION COVERAGE

Employees Payroll \$ _____ Federal Tax ID# _____
Owners / Officers Payroll (if to be included) \$ _____ Renewal Date: _____
1099 Contractors Payroll \$ _____ What is your current "Experience Modifier", if any? _____
Other Payroll \$ _____

ADDITIONAL INSURED, LOSS PAYEES, MORTGAGEES FOR THIS LOCATION

Name & Address of Company _____ Name & Address of Company _____

Loan / Lease number if applicable _____ Loan / Lease number if applicable _____
What Is Their Insurable Interest? _____ What Is Their Insurable Interest? _____
 Landlord Additional Insured Loss Payee Mortgagee Landlord Additional Insured Loss Payee Mortgagee
Name & Address of Company _____ Name & Address of Company _____

Loan / Lease number if applicable _____ Loan / Lease number if applicable _____
What Is Their Insurable Interest? _____ What Is Their Insurable Interest? _____
 Landlord Additional Insured Loss Payee Mortgagee Landlord Additional Insured Loss Payee Mortgagee

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 MIREPRESENTED.
*I UNDERSTAND THAT BY PROVIDING MY FAX NUMBER, I CONSENT TO RECEIVE FAXES SENT BY OR ON BEHALF OF ASSOCIATION INSURANCE GROUP, INC.

SIGNATURE _____ PLEASE PRINT NAME _____
TITLE _____ DATE _____

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

**Please allow 3 business days to obtain quote*

MAIL OR FAX APPLICATION TO:

Association Insurance Group • 165 S. Union Blvd • Suite 410 • Lakewood, CO 80228 • FAX (303) 985-1248

Call 1-800-985-2021 If You Have Questions