

Club InsurPak

UNDERWRITTEN BY



Liberty Mutual

SUBMIT TO:

CREATIVE AGENCY GROUP

15 CREATIVE CIRCLE, ROUTE 520
HOLMDEL, NEW JERSEY 07733

**INSURANCE SPECIALISTS FOR THE
FITNESS AND RACQUET SPORTS
INDUSTRY**

(THIS IS NOT AN INSURANCE BINDER) **IMPORTANT INSTRUCTIONS** (PLEASE READ CAREFULLY)

1. In order to obtain the most competitive quote possible, please complete and attach company loss runs for the past (4) four years from your prior insurance carriers.
2. Answer all questions. Application must be signed by an owner or authorized officer of the Applicant.
3. Attach copies of your brochure, fee schedule, membership application, event's, event schedule and agreement forms.

APPLICANT/FACILITY NAME (Named Insured as it is to appear on policy)

NAME: _____
LOCATION ADDRESS: _____
CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____
MAILING ADDRESS (if different): _____
CLUB'S EMAIL ADDRESS: _____
APPLICANT IS: INDIVIDUAL CORPORATION PARTNERSHIP LIMIT-PARTNERSHIP
DATE BUSINESS ESTABLISHED _____ HOURS OF OPERATION _____ DESIRED EFFECTIVE DATE _____
CONTACT PERSON NAME: _____ TITLE: _____ TELEPHONE NUMBER: (____) _____
MORTGAGEE: _____ FAX NUMBER: (____) _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
IS LANDLORD OR ANY OTHER PARTY TO BE NAMED AS ADDITIONAL INSURED? YES NO
IF YES, ADVISE OF ADDITIONAL INTEREST _____
NAME: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
MEMBER OF IHRSA YES NO OTHER (NAME) _____

GENERAL INFORMATION

1. CONSTRUCTION OF BUILDING TO BE INSURED:

Walls: Wood Frame Brick/Block Steel Frame Year Built: _____ Sq. Ft. of Building: _____
Roof: Wood Frame Brick/Block Steel Frame Sq. Ft. of Facility: _____
Floor: Wood Frame Concrete No. of Stories: _____ Does Applicant Own Building? Yes No

2. PROTECTIVE SERVICES OR DEVICES AVAILABLE:

Automatic Fire Sprinklers? Yes No Central Station w/Keys Central Station w/o Keys
Burglar Alarm: Local Central Station Only w/Keys Central Station w/o Keys
Name of Fire Company: _____ Distance to Fire Dept. _____ (miles) Hospital _____ (miles)
of Fire Hydrants within 500 ft. _____ 1,000 ft. _____ Police Dept. _____ (miles)
Burglar Alarm System: Name of Company _____
Central Station Hook-Up: Name of Company _____

3. RESTAURANT PROTECTION (If Applicable) — Does your club have any cooking facilities? Yes No

Are hood & ducts protected by an automatic fire extinguishing system? Yes No
Name of system: Ansul Safety First Other: _____
Are hood & ducts cleaned and serviced by outside contractor? Yes No
If so, name of company: _____ How often: _____
Number of fire extinguishers: _____ Number of deep fat fryers: _____
Are deep fat fryers protected by the automatic fire extinguishing system? Yes No

4. TOTAL AREA (in square feet) OF FACILITY LEASED TO OTHERS: _____

Operations leased to others: Restaurant Pro-Shop Snack Bar or Concession Tanning
 Physical Therapy Beauty Parlor Barber Shop
 Any other operation (describe) _____

GROSS INCOME FROM ALL SOURCES (Latest 12 Months)

TOTAL ANNUAL GROSS RECEIPTS: \$ _____ ANNUAL PAYROLL: \$ _____

- | | |
|---|--|
| <input type="checkbox"/> TENNIS \$ _____ | <input type="checkbox"/> LIQUOR..... \$ _____ |
| <input type="checkbox"/> RACQUETBALL \$ _____ | <input type="checkbox"/> PRO SHOP..... \$ _____ |
| <input type="checkbox"/> SQUASH \$ _____ | <input type="checkbox"/> FOOD \$ _____ |
| <input type="checkbox"/> MONTHLY DUES..... \$ _____ | <input type="checkbox"/> HEALTH CLUB..... \$ _____ |
| <input type="checkbox"/> YEARLY DUES \$ _____ | <input type="checkbox"/> OTHER \$ _____ |

TOTAL NUMBER OF MEMBERS: _____ FULL _____% FITNESS _____% AEROBICS _____%
 RACQUETBALL _____% TENNIS _____% OTHER _____%

Please indicate your facilities and services offered below:

- | | | |
|---|---|---|
| <input type="checkbox"/> Free Weights | <input type="checkbox"/> Yoga | <input type="checkbox"/> Racquetball Courts |
| <input type="checkbox"/> Circuit Training - # of Pieces _____ | <input type="checkbox"/> Diet Center | # of courts _____ |
| <input type="checkbox"/> Lifecycles - # of Pieces _____ | <input type="checkbox"/> Running Track | sq. ft. _____ |
| <input type="checkbox"/> Step Machines - # of Pieces _____ | <input type="checkbox"/> Masseur/Masseuse | <input type="checkbox"/> Tennis Courts |
| <input type="checkbox"/> Rowing Machines - # of Pieces _____ | <input type="checkbox"/> Sports Rehab/Therapy | # indoor courts _____ |
| <input type="checkbox"/> Treadmills - # of Pieces _____ | <input type="checkbox"/> Dance | # outdoor courts _____ |
| <input type="checkbox"/> Locker Room – how many _____ | <input type="checkbox"/> Gymnastics | sq. ft. _____ |
| <input type="checkbox"/> Showers – how many _____ | <input type="checkbox"/> Boxing | <input type="checkbox"/> Basketball Courts |
| <input type="checkbox"/> Steam – how many _____ | <input type="checkbox"/> Kick Boxing | # indoor courts _____ |
| <input type="checkbox"/> Sauna – how many _____ | <input type="checkbox"/> Martial Arts | # outdoor courts _____ |
| <input type="checkbox"/> Tanning – how many _____ | <input type="checkbox"/> Camp Programs | sq. ft. _____ |
| <input type="checkbox"/> Whirlpools – how many _____ | <input type="checkbox"/> Pro Shop | <input type="checkbox"/> Tennis Bubbles |
| <input type="checkbox"/> Rock Climbing Walls | <input type="checkbox"/> Blood Analysis | # _____ |
| <input type="checkbox"/> Trampoline | <input type="checkbox"/> Snack/Juice Bar | sq. ft. _____ |
| <input type="checkbox"/> Spinning | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Nursery/Child Care |
| <input type="checkbox"/> Pilates | <input type="checkbox"/> Nursery | sq. ft. _____ |
| <input type="checkbox"/> Aerobics | <input type="checkbox"/> Beauty Parlor | <input type="checkbox"/> Other _____ |

SWIMMING POOL: Yes No NUMBER OF INDOOR _____ NUMBER OF OUTDOOR _____
 Is there a lifeguard on duty? Yes No Number of Guards _____
 Lifeguard Red Cross certified? Yes No Depth of pool _____ (feet) Depth markers? Yes No
 Is there a diving board? Yes No Number of boards _____ Height of boards _____ (feet)
 Is there proper lifesaving equipment available? Yes No
 'SWIM AT YOUR OWN RISK' sign posted with pool rules? Yes No Hours of operation? _____
 Is pool rented out for parties? Yes No If yes, explain: _____

DAY NURSERY/BABYSITTING: Is the center licensed? Yes No
 What are the ages of children under care? _____ Maximum length of stay? _____
 Are waivers signed by parents? Yes No Maximum number of children at one time? _____
 Ratio of staff to children? _____ Qualifications of staff? _____
 Activities occurring: _____

TANNING
 Is a tanning card being used? Yes No **(Attach a sample.)**
 Are warnings and photosensitizing medications posted in and around the tanning area? Yes No
 Number of units: _____ Type: _____ Manufacturer: _____
 Are goggles required? Yes No Are token timers used? Yes No Are operators present? Yes No
 Are controls on outside of booth/bed? Yes No Are only the mfg. suggested bulbs used? Yes No
 How is timing controlled and by whom? _____

PRO-SHOP
 Describe products sold: _____
 Are any of the products manufactured under your own label? Yes No

MARTIAL ARTS
 What types of martial arts are instructed? _____
 Are classes contact or non-contact? _____
 What are the instructor's qualifications? _____
 What safety equipment is used? _____

WORKERS COMPENSATION

NAME OF INSURANCE COMPANY: _____ POLICY NO.: _____ EXPIRATION DATE: _____ EMPLOYER'S LIABILITY LIMITS: _____ CURRENT EXPERIENCE MOD _____ % FEDERAL ID#: _____ (ATTACH COPY OF DECLARATION PAGE)	TOTAL ANNUAL PAYROLL OWNERS/OFFICERS \$ _____ INSTRUCTORS \$ _____ CLERICAL \$ _____ SALES \$ _____ OTHER \$ _____ _____ \$ _____ GRAND TOTAL \$ _____
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RISK SURVEY QUESTIONNAIRE

	YES	NO
Do all members sign a waiver of liability form prior to receiving membership?	<input type="checkbox"/>	<input type="checkbox"/>
Are medical disclosure forms requested of all members?	<input type="checkbox"/>	<input type="checkbox"/>
Is an incident log kept of all injuries and accidents?	<input type="checkbox"/>	<input type="checkbox"/>
Are all guests and members instructed on how to use equipment on a continuing basis?	<input type="checkbox"/>	<input type="checkbox"/>
Is a pre-workout evaluation done by a fitness trainer for new members?	<input type="checkbox"/>	<input type="checkbox"/>
Are written instruction of use on each piece of equipment?	<input type="checkbox"/>	<input type="checkbox"/>
Are "spotters" required for all free weights?	<input type="checkbox"/>	<input type="checkbox"/>
Are showers and locker rooms disinfected and cleaned daily? How often? _____	<input type="checkbox"/>	<input type="checkbox"/>
Are any products sold with the insured's name or label on them?	<input type="checkbox"/>	<input type="checkbox"/>
Are dietary supplements sold? What brand names? _____	<input type="checkbox"/>	<input type="checkbox"/>
Number of Subcontractors: _____ Services subcontracted: _____		
Are Certificates of Insurance obtained from your subcontractors? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide copy)		
Are you looking to provide coverage for any subcontractors under your policy? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, whom? _____		
Any property leased to others? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____		
Provide square footage leased: _____		
Any events held off premises by insured? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____		
Number of guests per month: _____ Are guests required to sign waiver of liability forms? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PREVIOUS CLAIMS (4 YEAR HISTORY) (Complete and Attach Company Loss Runs)

DESCRIBE ALL PROPERTY OR LIABILITY LOSSES IN LAST 4 YEARS (Use Separate Sheet if Necessary)			
Date	What Happened	How Much Paid or Reserved By	
Insurer			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
ARE INCIDENT REPORTS COMPILED DAILY FOR ALL INJURIES? <input type="checkbox"/> Yes <input type="checkbox"/> No			
PREVIOUS INSURANCE CARRIERS (Including Current Policies):			
Name of Insurance Company	Type Policy	Expiration	Annual Premium
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

No application will be accepted unless signed by the insured.

I understand that the signing of this application does not bind the applicant nor any company to complete the insurance, but it is agreed that the information contained herein has been prepared from applicant's records and is true and correct to the best of applicant's knowledge and shall be the basis of the contract should a policy be issued.

DATE: _____ PREPARED BY: _____ TITLE: _____
 DATE: _____ SIGNATURE OF APPLICANT: _____ TITLE: _____



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