

# 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#: _____	<b>TOTAL ANNUAL PAYROLL</b> OWNERS/OFFICERS ..... \$ _____ INSTRUCTORS ..... \$ _____ CLERICAL ..... \$ _____ SALES ..... \$ _____ OTHER ..... \$ _____ _____ \$ _____ GRAND TOTAL ..... \$ _____
<b>(ATTACH COPY OF DECLARATION PAGE)</b>	

## 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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