

Fitness Facility Insurance Application

Business Information

Business Name: _____ DBA: _____
Location Address: _____
Mailing Address: _____
Phone: _____ Email: _____
Contact Name: _____ Owner Name: _____
FEIN/Tax ID: _____ Type of Business: ☐ Corporation ☐ LLC ☐ Sole Proprietor
Years in Business: _____ Years of Experience: _____

Business Operations

Nature of Business: _____
Hours of Operation: _____
Membership Count: _____ Monthly Membership Fee: \$ _____
Annual Gross Sales: \$ _____ (estimate if new venture) Annual Payroll: \$ _____ (estimate if new venture)
Number of Employees: Male _____ Female _____
24-Hour Access? ☐ Yes ☐ No Keyless Entry? ☐ Yes ☐ No Video Surveillance? ☐ Yes ☐ No
Services Offered: ☐ Personal Training ☐ Group Classes ☐ Childcare ☐ Sauna ☐ Cold Plunge ☐ Red Light Therapy

Facility Details

Year Built: _____ Construction Type: ☐ Frame ☐ Brick ☐ Joisted Masonry ☐ Masonry Noncombustible

Total Square Footage: _____ Square Footage Occupied by Applicant: _____

Number of Stories: _____ Which Floors are Occupied by Tenant: _____

Basement (Y/N): _____ Elevator (Y/N): _____

Roof Type: _____ (flat, metal, wood shake, tar & gravel, shingle, slate, metal, tile)

Smoke Detectors (Y/N): _____ Type of Burglar Alarm: _____ (local, central, none)

Provide Year the Following Were Updated

Plumbing: _____ Electric: _____ Roof: _____

Is the building fully protected by an operational sprinkler system covering 100% of the premises (Y/N): _____

Safety & Procedures

Certified Trainers? ☐ Yes ☐ No Liability Waivers Required? ☐ Yes ☐ No

First Aid Kit On-site? ☐ Yes ☐ No AED Device Available? ☐ Yes ☐ No

How Many Employees Trained in AED Use: _____

Employment Practices

Background Checks Performed? ☐ Yes ☐ No

Employee Handbook? ☐ Yes ☐ No

Sexual Abuse/Molestation Prevention Policy? ☐ Yes ☐ No

Crisis Management Plan for Incidents? ☐ Yes ☐ No

Insurance Limits Requested

Building Coverage: \$_____ Business Personal Property: \$_____

Business Income: \$_____ Tenant Improvements: \$_____ Annual Rent: \$ _____

General Liability: \$_____ Professional Liability: ☐ Yes ☐ No

Umbrella/Excess Liability: \$_____ Hired/Non-Owned Auto Coverage: ☐ Yes ☐ No

Claims History

List claims from the past 5 years (if none, indicate NONE):

Additional Interests

Landlord Name & Address: _____

Mortgagee Name & Address: _____

Applicant's Signature: _____ Title: _____

Date: _____