

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: _____