

Flood

Does the Applicant have a current flood policy in force? Yes No
 If yes, attach a copy of the declarations sheet.
 If no, would you like a flood quote with our proposal? Yes No
(Flood quote will be secured through the Write Your Own Flood Program)

Crime Coverage

Theft, Disappearance & Destruction
 Loss Inside the Premises: \$ Loss Outside the Premises: \$
 Employee Dishonesty: \$
 Number of officers and employees who have custody of the money:
 By whom is financial audit completed? Frequency of audits?
 Is there a countersignature procedure in place? Yes No
 Frequency of bank deposits:
 Are accounts reconciled by someone not authorized to deposit or withdraw monies? Yes No

SECTION IV – RISK SURVEY QUESTIONNAIRE

1. Gross sales: \$ Memberships: % Retail: % Alcohol % Tanning %
2. Payroll: \$
3. Number of members at this location (both active and non-active):
4. Number of active members:
 (Number of members, not number of active members is used as GL rating base)
5. Number of employees: Management: Physical Therapy: Personal Trainers:
Administrative: Other:
6. Number of sub-contractors: Services sub-contracted:
7. Are certificates of insurance obtained from Applicant’s sub-contractors? Yes No
 If yes, provide a copy.
8. Is the Applicant looking to provide coverage for any of the above under the policy? Yes No
 If yes, who?
9. How many personal trainers are employed / sub-contracted at Applicant’s facility?
10. What percent of the personal trainers are certified by ACE, NSCA, NCSF, or other agency accredited through NCCA? %
11. Any property leased to others? Yes No
 If yes, explain:

12. Please provide square footage leased:
 Any events held off premises by the Applicant? Yes No
 If yes, explain:

13. Number of guests per month:
14. Are guests required to sign waiver of liability forms? Yes No
15. Are waivers obtained for all adult users of the club, including spouses / partners on family memberships? Yes No
16. Are medical disclosure forms requested of all members? Yes No
17. Is an incident log kept of all injuries and accidents? Yes No
18. Are all guests and members instructed on how to use equipment on a continuing basis? Yes No
19. Is a pre-workout evaluation done by a fitness trainer for new members? Yes No
20. Are written instructions of use on each piece of equipment? Yes No

21. Are "spotters" required for all free weights?	N/A	Yes	No
22. Are showers and locker rooms disinfected and cleaned daily? How often?		Yes	No
23. Are there non-slip surfaces in shower areas?		Yes	No
24. How many Automatic External Defibrillators (AED) does the Applicant have at each location?			
25. How many employees at each location are trained to operate an AED?			
26. Was full CPR training included with the AED training?		Yes	No
27. What are the Applicant's hours of operation?			
28. Is staff present during all hours of operation?		Yes	No
29. Is there a snack bar or restaurant on the premises? If yes, square footage occupied?		Yes	No
30. Is there a bar serving liquor? If yes, square footage occupied?		Yes	No
31. Is there any volunteer labor or "free membership / work exchange"?		Yes	No
32. Is there a pro shop? If yes, square footage occupied?		Yes	No
33. Are any products sold with the Applicant's name or label on them?		Yes	No
34. Are dietary supplements sold? If yes, what brand names:		Yes	No

SECTION V - FACILITIES AND SERVICES

(Supply an inventory list with values where applicable.)

Free weights:	lbs.	Masseuse / Masseur	Yes	No
Lifecycles : #		Is this sub-contracted?	Yes	No
Rowing machines: #		Aerobics	Yes	No
Step machines: #		Is this sub-contracted? (please attach a schedule)	Yes	No
Roller blading or skating: #		Martial Arts	Yes	No
Treadmills: #		Is this sub-contracted?	Yes	No
Rock climbing apparatus: #		Barber	Yes	No
Racquetball courts: #		Is this sub-contracted?	Yes	No
Locker rooms: #		Dance instruction	Yes	No
Jogging track: #		Is this sub-contracted?	Yes	No
Showers: #		Walking program off premises?	Yes	No
Steam room: #		Physical therapists	Yes	No
Sauna: #		Is this sub-contracted?	Yes	No
Tennis Bubbles: #	sq. ft =	Number of therapists:		
Tennis courts: Indoor: #	sq. ft. =	Outdoor #	sq. ft. =	
Whirlpools / Jacuzzi: #	Indoor	or Outdoor	How often is water tested?	
What temperature is the water kept?			How many are in the club?	
Basketball courts: Indoor #		Outdoor #		
Circuit equipment: # of pieces:		Square footage:		

SECTION VI - ABUSE AND MOLESTATION

1. Is Applicant seeking a quote for Abuse & Molestation coverage? If no, skip this section.	Yes	No
2. Does the Applicant's employment process (for employees and volunteers) include verification of whether the individual has ever been convicted of any crime, including sex-related or child abuse offenses, before an offer of employment is made?	Yes	No
3. Does Applicant's state permit criminal background investigations? If yes, does the Applicant routinely request and receive such background investigations?	Yes	No
4. Does the Applicant verify employment-related references?	Yes	No
5. Does the Applicant conduct a personal interview?	Yes	No
6. Does the Applicant have written procedures for dealing with sexual abuse? If yes, attach a copy.	Yes	No

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|-----|---|-----|----|
| 7. | Does the Applicant have a plan of supervision that monitors staff in day-to-day relationships with clients, both on and off premises? | Yes | No |
| 8. | a. Has the Applicant ever had an incident which resulted in an allegation of sexual abuse? If yes, describe: | Yes | No |
| | b. Was a claim made against the Applicant? | Yes | No |
| | c. Was the case settled? | Yes | No |
| | d. Was the case taken to trial? | Yes | No |
| | e. How much money was paid as damages to the victim? \$ | | |
| 9. | Regarding coverage for Abuse & Molestation, does the Applicant's current policy:
Exclude coverage
Limit coverage (please indicate limit): \$
Neither exclude or limit coverage | | |
| 10. | Please indicate age range of clients: From: To: | | |

SECTION VII - SWIMMING POOLS

- | | | | | | |
|-----|--|--------|---------------------|-----|----|
| 1. | Is the pool a lap pool?
If yes, how deep? | Indoor | Outdoor | Yes | No |
| 2. | Depth markings are located at what intervals? | | | | |
| 3. | How often is water tested? | | | | |
| 4. | Is there a diving board? | | | Yes | No |
| 5. | Is there a slide? | | | Yes | No |
| 6. | Is a lifeguard present? Yes No | | Are they certified? | Yes | No |
| 7. | Are SWIM AT YOUR OWN RISK signs posted with pool rules? | | | Yes | No |
| 8. | Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? If no, provide a time table and action plan: | | | Yes | No |
| 9. | Hours of operations: | | | | |
| 10. | Is the pool rented out for parties?
If yes, explain: | | | Yes | No |

SECTION VIII - DAY NURSERY / BABYSITTING

- | | | | |
|----|---|-----|----|
| 1. | What are the ages of children under care? | | |
| 2. | Maximum length of stay? | | |
| 3. | Are waivers signed by parents? | Yes | No |
| 4. | Maximum number of children at one time? | | |
| 5. | Ratio of staff to children: | | |
| 6. | Qualifications of staff: | | |
| 7. | Activities occurring: | | |

8. Is there a playground? Yes No
 If yes, type of equipment?
 If outdoor, what type of surface is under the equipment?

 What type of supervision is given to the playground?

SECTION IX - TANNING APPARATUS

1. Number of units?
 Type:
 Manufacturer:
2. Are goggles required? Yes No
 3. Are token timers used? Yes No
 4. Are operators present? Yes No
 5. Are controls on the outside of the booth/bed? Yes No
 6. Tanning booth waiver signed by members? Yes No
 7. Are *only* the manufacturer suggested bulbs used? Yes No
 8. Type of bulbs used: UVA %: UVB %:
 9. Are warning signs posted regarding ultraviolet rays? Yes No

SECTION X - SPA OPERATIONS

(If the Applicant performs spa operations, please complete the following.)

1. Please check the professional services that you perform and for which you desire coverage under the policy, and provide the annual receipts for each.

NOTE: Any professional service for which the Applicant does not provide such information will not be covered under the policy.

NOTE: Checking a professional service does not obligate us to insure it.

<u>Professional Service</u>	<u>Annual Receipts</u>
Electrolysis	\$
Microdermabrasion**	\$
Waxing	\$
Manicure or Pedicure	\$
Body wraps for weight / water reduction	\$
Hair cutting / Styling / Coloring	\$
Facial / Scalp massage	\$
Personal trainers / Yoga instructors	\$
Ear piercing	\$
Body piercing (other than ear lobe)	\$
Facial and skin cleansing	\$
Hydrotherapy	\$
Aromatherapy	\$
Endermology	\$
Body wraps for other than weight / water reduction	\$
Body massage	\$
Cosmetics / Make-up application	\$
Tanning beds / booths / units	\$
Tattoo or Micropigmentation	\$
Teeth whitening	\$
Chemical Peels –	\$
What percentage concentration of active ingredients? %	
Exercise / Workout	\$
Beautician service / Hair	\$
Sale of products	\$

Tanning \$
 Other services not listed above (describe): \$
 \$
 \$

2. Does the Applicant provide any of the following services?
 Acupuncture Permanent make-up
 Chiropractic Tattooing
 Laser Hair Removal Botox or injections of any kind
IF ANY SERVICES ABOVE ARE PROVIDED, YOU ARE NOT ELIGIBLE FOR THIS PROGRAM.

3. Provide the number for each: Employees (part-time is less than 10 hrs/week) and independent contractors. Do not include the owner.

Staff	Employees		Independent Contractors	
	Full-time	Part-time	Full-time	Part-time
Aestheticians				
Masseuse				
Body wrap technicians				
Manicurists				
Beauticians				
Electrologist				
Pilates instructors				
Yoga instructors				
Fitness instructors				
Aerobic instructors				
Students (Aesthetician or Electrologist)				
Office Staff				

4. Are all technicians licensed if required by law? Yes No
 5. Please provide the number of the following: Pools: Jacuzzis: Steam/Saunas:
 Tanning Beds / Booths : Hydrotherapy Tables / Tubs: Exercise Equipment:
 6. Does the Applicant's equipment comply with, and are you aware of, all requirements of federal and state regulatory agencies? Yes No
 7. Do independent contractors or booth renters conduct operations on applicant's premises? Yes No
 8. Are the work areas where acrylics are used well ventilated? Yes No
 9. Do all employees receive safety instruction to avoid potential eye contamination by chemicals? Yes No
 10. Are all body contact supplies sanitized after each use? Yes No
 11. Are toxic chemicals stored away from the access of customers? Yes No
 12. If the Applicant's clients operate any exercise equipment, are they instructed and monitored? Yes No
 13. Is the Applicant's business located in a private residence?
 If yes, is there a separate entrance? Yes No
 14. Does the Applicant manufacture or re-package any product? Yes No
 15. Is any product manufactured and distributed under your private label?
 If yes, describe the product and attach proof of manufacturer coverage: Yes No

16. Does the Applicant use, and save as a permanent record, a hazard disclosure and personal injury disclaimer or waiver for each customer for all services performed? Yes No
 17. Does the Applicant have a medical crisis plan? Yes No
 18. Does the Applicant require health histories, intake questionnaires?
 If yes, how long are they kept? Yes No
 19. Does the Applicant require signed waivers from all clients? Yes No
 20. Is signage used throughout the facility to prevent injury? Yes No

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|---|-----|----|
| 21. Does the Applicant have non-slip surfaces in all wet areas? | Yes | No |
| 22. Does the Applicant sub-lease any space to others? | Yes | No |
| 23. Does the Applicant's facility have a restaurant / snack bar? | Yes | No |
| 24. Name and address of equipment lessor who requires inclusion as additional interest: | | |

SECTION XI - WINTER WEATHER FREEZE-UP PROTECTION

This section must be completed by all risks that have a location in one of the following states: AR, CT, DC, DE, GA, IL, IN, KY, ME, MD, MA, MI, MO, NH, NY, NJ, NC, OH, PA, RI, SC, TN, TX, VT, VA, WV, WI

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|---|------|----|-----|
| 1. Fire Protection and Testing | | | |
| a. Is the building provided with an Automatic Fire Sprinkler System (AS)? | Yes | No | N/A |
| i. If yes, approximately what percentage (%) of the building is sprinklered? | % | | |
| ii. If yes, what type of sprinkler system is installed? Wet-Pipe Dry-Pipe | Both | | |
| iii. If yes, when possible, is the sprinkler piping primarily run within conditioned areas designed to ensure the temperature remains above the 45°F minimum temperature? | Yes | No | N/A |
| 1. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation on piping or roof): | | | |
| iv. If yes, is the testing & inspection by qualified sprinkler contractor completed within past 12 months & includes a formal winterization review? | Yes | No | N/A |
| v. If yes, are the alarms tied to a 24 hour UL listed monitoring company? | Yes | No | N/A |
| 2. Emergency Water Response (domestic and AS water lines) | | | |
| a. Are water shutoff valves (domestic and AS water lines) marked and readily accessible? | Yes | No | N/A |
| b. Are water shutoff valves exercised (closed and reopened) at least annually? | Yes | No | N/A |
| c. Is the staff qualified to respond and shut off the water main during normal business hours and off hours? | Yes | No | N/A |
| 3. Automatic Water Shutoff Devices | | | |
| a. For domestic water lines, is there a water flow detection, notification and automatic shutoff? | Yes | No | N/A |
| 4. Unused/Vacant Spaces | | | |
| a. Does Applicant have a formal process to turn off and drain domestic water lines for these spaces? | Yes | No | N/A |
| 5. Unheated Areas (attics, crawl spaces, exterior wall joists) | | | |
| a. Are all domestic water lines located in areas heated to at least 45°F? | Yes | No | N/A |
| i. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation): | | | |
| 6. General Comments: | | | |

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN COLORADO: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN FLORIDA AND OKLAHOMA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

***Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company.**

NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

Produced By: (Section to be completed by Producer/Broker)

PRODUCER

AGENCY

PRODUCER LICENSE NUMBER

AGENCY TAXPAYER ID OR SS NUMBER

ADDRESS (STREET, CITY, STATE, ZIP)