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 CA# 0334819

**FULL SERVICE
 HEALTH, SPORT, RACQUET, GYM
 CLUB INSURANCE PROGRAM
 INFORMATION FORM**

GENERAL INFORMATION

Name of agency/brokerage: _____
 Contact person: _____
 Phone: (____) _____ Fax: (____) _____ Tax ID #: _____
 Email address: _____
 Mailing address: _____
 City: _____ State: _____ Zip: _____

BUSINESS INFORMATION

Name of Insured (as will appear on policy): _____
 Doing business as: _____
 Contact person: _____ Phone: (____) _____
 Mailing address: _____
 City: _____ State: _____ Zip: _____
 Website: _____ Total Number Of Locations: _____
 Address of each location, if more than three locations, attach list. (Include street, city, state, and zip code)
 1. Address: _____
 City: _____ State: _____ Zip: _____
 2. Address: _____
 City: _____ State: _____ Zip: _____
 3. Address: _____
 City: _____ State: _____ Zip: _____

1. Insured is: Corporation Partnership Joint venture Other: _____ FEIN Number: _____
2. Is the insured a non-profit organization? Yes No
3. In what state is the organization headquartered/chartered? _____
4. Does the organization engage in any other business operations under the name of the insured as will appear on the policy? Yes No
 If yes, explain: _____
5. Is club a member of IHRSA? Yes No
6. Policy period being requested: From ____/____/____ to ____/____/____
7. Number of YEARS in Business: _____
8. Are any of the insured's locations within 1/2 mile of a military base, defense contractor, major utility, known U.S. landmark, major sports stadium, or a major amusement park? Yes No
 If yes, explain: _____

COVERAGE INFORMATION Indicate the coverages to be considered for quotation, note the forms to be completed.

- General liability (Club insurance information form) _____
- Abuse & molestation (Abuse & molestation supplemental) _____
- Excess (Acord application)
- Liquor (complete supplemental) _____
- Other (ACORD Applications required)** Property Crime Auto Inland marine

PRIOR CARRIER INFORMATION

YEAR	PREVIOUS AGENT	COMPANY	LIABILITY LIMITS	PREMIUMS
20____	_____	_____	_____	_____
20____	_____	_____	_____	_____
20____	_____	_____	_____	_____
20____	_____	_____	_____	_____
20____	_____	_____	_____	_____

1. Has this type of insurance ever been cancelled, declined or non-renewed? (Not applicable in Missouri) Yes No

If yes, explain: _____

2. As respects this operation, list the contracts entered into by this applicant, and whether the named insured assumes liability for the other party: _____

3. List any Franchise Program where the insured is required to name another entity as an Additional Insured.(i.e.: Silver Sneakers, Cross Fit, Parisi, Speed School, etc.) _____

INSURANCE INFORMATION

1. Total gross annual revenue: \$ _____	Tanning: \$ _____
Membership fees: \$ _____	Massage: \$ _____
Personal training: \$ _____	Snack/Juice bar: \$ _____
Classes: \$ _____	Restaurant: \$ _____
Initiation fees: \$ _____	Liquor: \$ _____
Spa services: \$ _____	Other: _____ \$ _____
Pro shop sales: \$ _____	Number of employees eligible for employee benefits: _____

2. What is the minimum age requirement to use club facilities? _____

3. Are minors required to be accompanied by parent or guardian? Yes No

4. Is a Waiver/Hold Harmless signed by member and guest and by the parent or guardian for minor participants? Yes No

5. Is a new waiver signed upon membership renewal? Yes No

6. Please indicate exposures below, and number of each exposure:

- | | |
|--|---|
| <input type="checkbox"/> Trampoline | <input type="checkbox"/> Ice/roller skating/blading |
| <input type="checkbox"/> Rock climbing walls (STATIONARY) _____ | <input type="checkbox"/> Boxing <input type="checkbox"/> Contact <input type="checkbox"/> Non-contact |
| <input type="checkbox"/> Rock climbing walls (PORTABLE) _____ | <input type="checkbox"/> Martial Arts <input type="checkbox"/> Contractor <input type="checkbox"/> Club operated |
| <input type="checkbox"/> Sun tanning units | <input type="checkbox"/> Sports med/rehab/physical therapy |
| <input type="checkbox"/> Tennis courts (INDOOR) _____ | <input type="checkbox"/> Contracted <input type="checkbox"/> Club operated |
| <input type="checkbox"/> Tennis courts (OUTDOOR) _____ | <input type="checkbox"/> Physicals/stress testing |
| <input type="checkbox"/> Swimming pools (INDOOR) _____ | <input type="checkbox"/> Pro shop |
| <input type="checkbox"/> Swimming pools (OUTDOOR) _____ | <input type="checkbox"/> Diet center/weight control services |
| <input type="checkbox"/> Whirlpools _____ | <input type="checkbox"/> Camp programs: <input type="checkbox"/> Day <input type="checkbox"/> Overnight |
| <input type="checkbox"/> Jacuzzis _____ | <input type="checkbox"/> Nursery/babysitting |
| <input type="checkbox"/> Cold plunge _____ | <input type="checkbox"/> Snack/juice bar |
| <input type="checkbox"/> Sauna/steamrooms _____ | <input type="checkbox"/> Spa or salon: <input type="checkbox"/> Contractor <input type="checkbox"/> Club operated |
| <input type="checkbox"/> Massage <input type="checkbox"/> Contractor <input type="checkbox"/> Club operated | <input type="checkbox"/> Circuit training/cardio equip/freeweights |
| <input type="checkbox"/> Aerobics/step aerobics | <input type="checkbox"/> Aerobic mini trampoline |
| <input type="checkbox"/> Running track | <input type="checkbox"/> Racquet courts _____ |
| <input type="checkbox"/> Gymnastics <input type="checkbox"/> Contractor <input type="checkbox"/> Club operated | <input type="checkbox"/> Handball courts _____ |

7. List and describe any exposures and/or activities held off premises by insured: _____

8. Any space leased to others? Yes No

If yes, provide name of entity(s), type of operation, and square footage: _____

9. Is club staffed at all times during open hours? Yes No

A. MANAGEMENT/PERSONNEL/SAFETY/SECURITY

- 1. List management experience and qualifications: _____
- 2. Are all personnel (including instructors and trainers) your employees? Yes No
If no, please list those who are not and whether they carry their own insurance:
Name: _____ Yes No Limit: _____
Name: _____ Yes No Limit: _____
- 3. How many employees? _____
- 4. Are employees certified in CPR or first aid? Yes No
- 5. What certifications do your trainers/instructors have? _____
- 6. Does the facility have an automated external defibrillator (AED)? Yes No
- 7. Does your state require you to have available an AED? Yes No
- 8. Is the AED easily accessible for those who have been trained in the use of the AED? Yes No
- 9. Do you have AED trained staff on duty during open hours? Yes No
- 10. Are there written medical emergency and evacuation procedures in place? Yes No
- 11. Are employees, instructors, trainers available in each area of the facility for supervision, spotting and emergencies? Yes No
- 12. Do any of your employed instructors provide outside services operating on your clubs behalf? Yes No
Please explain: _____
- 13. What security features are installed? Sprinkler system Burglar alarm Fire alarm
 Central station alarm Smoke detectors Fire extinguishers

B. FACILITY

- 1. How often is equipment inspected, maintained? _____
- 2. Are maintenance logs maintained? Yes No
- 3. Who repairs equipment? _____
- 4. Is signage used throughout facility to indicate proper use of equipment, club features, and off-limits areas? Yes No
- 5. Are there GFI protectors on all outlets in the locker/shower/wet areas? Yes No
- 6. Does your facility have air-supported structures (bubble/dome)? Yes No
If yes, how many and identify which location(s)
- 7. Does your pool, spa, or hot tub currently meet the requirements of the Title XIV of public law 110-140, known as the "Virginia Graeme Baker pool and spa safety act" as enacted on 12-18-08? Yes No
If no, explain: _____

C. NURSERY/BABYSITTING

- 1. Is your nursery service required to be state licensed? Yes No
- 2. Age of children in the nursery? Minimum: _____ Maximum: _____
- 3. Maximum length of stay: _____
- 4. Ratio of adult staff/attendants to children at any given time: _____
- 5. What system do you use for checking children in and out of the nursery? _____
- 6. Are there any meals or snacks provided for children in the nursery? Yes No
- 7. Are any of the nursery attendants CPR and/or first aid trained? Yes No
- 8. Are parents allowed to leave the facility while children are in your care? Yes No
- 9. Are prospective employees required to complete an employment application? Yes No
- 10. Does your employment application ask the applicant if they have ever been convicted of a crime? Yes No
- 11. Do you have a formal set of policies/procedures for screening the character and criminal history of your nursery staff? Yes No
If yes, is it before or after you have hired the employment prospect? Before After
- 12. Is the nursery staff trained in policies applicable to the prevention of child sexual abuse? Yes No
- 13. Is the policy provided to each nursery staff individual? Yes No
- 14. Do you have procedures in place for investigating an allegation of child sexual abuse? Yes No

D. SEXUAL ABUSE/MOLESTATION (If coverage is desired)

1. Do you have a formal set of policies and procedures for screening the character and criminal history of your adult staff, whether volunteers or paid employees? Yes No
 2. Do you conduct criminal background checks on employees or volunteers who work with children? Yes No
 3. Do you have written procedures to follow if a child, member, or employee reports an incident of sexual or physical abuse or molestation? Yes No
 4. Are copies of the procedures provided to each member of your staff? Yes No
 5. Have you ever had an incident which resulted in an allegation of sexual abuse at your facility? Yes No
 6. Has a sexual abuse/molestation claim ever been made against your facility? Yes No
- If yes, explain in detail, including the amount of damages paid to the victim: _____

What has been done to prevent such occurrences from happening in the future? _____

E. RESTAURANT/SNACK OR JUICE BAR/VENDING

1. Indicate exposure: Restaurant Snack/Juice Bar Vending
2. Are deep fryers/grills protected by an automatic extinguishing system? N/A Yes No

F. PRO-SHOP

1. Describe products sold: _____
2. Are any of the products manufactured under your own label? Yes No

G. GYMNASTICS

1. List gymnastic activities and any apparatuses used (i.e., trampoline, parallel bars, vault, etc.) _____
2. Are participants constantly supervised and spotted? Yes No

H. TANNING

1. Is a tanning card being used? Yes No
2. Are warnings and photosensitizing medications posted in and around the tanning area? Yes No
3. How is timing controlled and by whom? _____
4. Are protective eye goggles required to be worn? Yes No
5. Who cleans/disinfects the tanning shields and how often each day? _____
6. Is tanning available to non-members? Yes No

I. SWIMMING POOLS, SLIDES AND BOARDS

1. Depth of pool(s): _____
2. Square footage of pool(s): _____ (required for accurate property evaluation)
3. Are certified lifeguards on duty? Yes No
4. Describe safety precautions and life saving equipment available: _____
5. Are there any diving boards? Yes No
If yes, height of board: _____
6. Does facility have waterslides? Yes No
If yes, how many? _____
What is the height of each slide? _____
Are there attendants at the top and bottom of the slide(s) to monitor and space participants? Yes No
Is head first or double rider sliding allowed? Yes No
Are there signs posted to instruct patrons on proper use and riding techniques? Yes No
If yes, where? _____

J. SAUNA/STEAMROOM

- 1. Is the sauna(s)/steamroom(s) monitored for usage during open hours? Yes No
If so, how frequently: _____
Are written logs kept when checked? Yes No
- 2. Are rules posted regarding the proper use and safety precautions? Yes No
- 3. Does the sauna(s)/steamroom(s) heating element have a protective cover to prevent burns? Yes No
- 4. Are all manufacturer recommendations followed for sauna(s)/steamroom(s) usage? Yes No

K. CLIMBING WALLS

- 1. Club location(s) of climbing walls: _____
- 2. Height of wall(s): _____
- 3. Provide minimum age allowed to use climbing walls: _____
- 4. Belay system used? Yes No
- 5. Describe landing surface and thickness: _____
- 6. Describe how climbing wall is monitored: _____
- 7. Are waivers signed by all adult climbers? Yes No If yes, provide copy.

L. MARTIAL ARTS

- 1. What activities are instructed? _____
- 2. Are classes contact or non-contact? _____
- 3. What are the instructor's qualifications? _____
- 4. What safety equipment is used? _____

M. LIQUOR LIABILITY

- 1. Name liquor license is in: _____
- 2. Liquor license number: _____ Class of license: _____
- 3. Opening and closing hours of alcoholic beverage sales: _____
- 4. Has applicants' alcohol beverage license ever been revoked, suspended or fined? Yes No
If yes, please explain: _____
- 5. Has applicant incurred claims for liquor liability during the last four years? Yes No
If yes, please explain: _____
- 6. Has any insurer cancelled or non-renewed coverage during the last four years? Yes No
If yes, please explain: _____
- 7. Type of alcoholic beverages sold: Beer Wine Liquor
- 8. Annual gross sales of alcoholic beverages: \$ _____
- 9. Are patrons allowed to carry alcoholic beverages onto the premises? Yes No
If yes, what type? _____
- 10. Name the formal awareness training program that the servers receive: _____
- 11. At what point of sale are I.D.s checked? _____
- 12. If there any other Liquor Liability coverage being provided? Yes No
If yes, explain and attach a copy of the certificate of insurance: _____
- 13. Liability limits requested: \$ _____ (per occurrence) \$ _____ aggregate

N. HIRED AND NONOWNED AUTO LIABILITY

- 1. Do you have a Business Auto Policy for business-owned autos? Yes No
(If yes, you will need to add hired/nonowned auto to that policy)
- 2. Do employees routinely use their autos for company business? Yes No
If yes, please provide details regarding duties involved: _____
- 3. Do you verify that their personal auto insurance is in place with limits of a least \$300,000 before employees can use their autos for company business? Yes No
- 4. During the last three years have you leased, borrowed, or hired any vehicles for your business? Yes No
- 5. If you anticipate some usage this year:
 - A. What type of vehicle (trucks, cars, buses)? _____
 - B. What is the estimated cost to lease or hire the vehicles? _____
 - C. Number per month _____ Number per year _____

LIST OF DRIVERS - Please provide the following information for each driver.

Name	Birth Date	Driver's License Number	State Licensed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

QUOTING REQUIREMENTS

- 1. Fully completed applications:
 - ACORD Applications (property, inland marine, crime, auto)
 - Club Insurance Program Information Form
 - Public Transportation Questionnaire (if applicable)
- 2. Five years currently valued company loss runs
- 3. Waiver, Release/Hold Harmless form: Club members Guests Parent/guardian for minors Tanning
- 4. **Risks in business 3 years or less require a resume and pro forma financial (12 months income, expense statement, and balance sheet.)**

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YY)

Date (MM/DD/YY)

THE NOTICES CONTAINED ON THIS SUPPLEMENT APPLY TO ALL UNDERWRITING INFORMATION BEING SUBMITTED TO K&K INSURANCE GROUP, INC., INCLUDING APPLICATIONS, QUESTIONNAIRES AND ENROLLMENT FORMS, FOR THE FOLLOWING PERSON OR ENTITY:

Applicant name:

FRAUD WARNING

GENERAL STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA

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 of the third degree.

APPLICABLE IN HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

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 MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN 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 include imprisonment, fines, and denial of insurance benefits.

FRAUD APPS (2010/07)

I understand that K&K Insurance Group, Inc., for the insuring company, shall be permitted but not obligated to inspect a proposed insured's, or an insured's, property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or other, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

I also understand that no insurance will be in effect unless and until the insurance company, or K&K as its agent, provides a quotation offering to provide insurance coverage and the insurance company, or K&K as its agent, receives written notice that the terms and conditions contained in the insurance quotation provided are accepted.

APPLICANT'S SIGNATURE

PRODUCER'S SIGNATURE (if applicable)

PRINT NAME

PRINT NAME

DATE (MM/DD/YY)

DATE (MM/DD/YY)