



**Health Club Pro Application**  
 P.O. Box 440549, Kennesaw, GA 30160  
 Telephone: (678) 290-2100 Fax: (678) 290-2200  
 Email applications to: newsub@markelcorp.com  
 Website: markelinsurance.com



Markel Agent Number: \_\_\_\_\_ Agent Address: \_\_\_\_\_  
 Agent Name: \_\_\_\_\_ City: \_\_\_\_\_  
 Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Submission # \_\_\_\_\_

**BASIC INFORMATION**

Proposed Effective Date: \_\_\_\_\_  
 Named Insured: \_\_\_\_\_  
 Club Name (DBA): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Primary Contact Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Secondary Contact Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
 Website Address: \_\_\_\_\_ Email: \_\_\_\_\_

Are you a member of a franchise?  Yes  No  
 If so, which one?  Club Metro  Crossfit  Curves  Fitness Together  Get In Shape for Women  
 Gold's  Lady of America  Orange Theory Express  Planet Fitness  
 Powerhouse Gym  Pure Barre  Retro Fitness  SuiteSweat  World Gym  
 Work Out World  Other: \_\_\_\_\_

How did you hear about our program?  Email  Internet  Mailing  Referral  
 Seminar  Other \_\_\_\_\_

Current Carrier & Limits of Liability: \_\_\_\_\_

Is this policy being non-renewed?  Yes  No Expiring Premium: \_\_\_\_\_  
 If so, why?  Carrier no longer writing this coverage  Loss History  Other \_\_\_\_\_

Do you currently have Workers' Comp insurance ?  Yes  No  
 If yes, is the coverage with First Comp?  Yes  No

**LIABILITY LIMITS & COVERAGE**

**General Liability (Including Professional Liability) Limit (choose one):**

\$500,000/ \$1,000,000  \$1,000,000/ \$2,000,000  \$1,000,000/ \$3,000,000  \$2,000,000 / \$4,000,000

**Abuse Liability Limit :**

\$100,000/ \$300,000  \$500,000/ \$1,000,000  \$1,000,000 / \$2,000,000  \$1,000,000 / \$3,000,000

**Fire Damage Legal Liability Coverage is provided at limits equal to the General Liability Occurrence Limit**

**Medical Payments Coverage:**

\$0  \$5,000  \$10,000

**Stop Gap Limit (Available in ND, OH, WA, WY only)(choose one):**

\$100,000 / \$500,000 / \$100,000  \$500,000 / \$500,000 / \$500,000  \$1,000,000 / \$1,000,000 / \$1,000,000

**Employee Benefits Liability:** \_\_\_\_\_ Retroactive Date \_\_\_\_\_ Number of employees per location  
**Limit** (choose one):  N/A  \$500,000 / \$1,000,000  \$500,000 / \$ 1,500,000  \$1,000,000 / \$1,000,000  
 \$1,000,000 / \$ 2,000,000  \$1,000,000 / \$ 3,000,000

**Hired Non-Owned Auto Liability: (Only available if you do not have any owned autos)**

No Coverage  Both Hired and Non-Owned  Hired Coverage Only  Non-Owned Coverage Only

**Employment Practices Liability Limit:** \_\_\_\_\_ Retroactive Date

\_\_\_\_\_ FT Employees \_\_\_\_\_ PT Employees

N/A  \$25,000  \$50,000  \$75,000  \$100,000  \$250,000  \$500,000  \$1,000,000

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**BUSINESS INFORMATION**

Form of Business:  Corporation  Individual  Partnership  Joint Venture  LLC

Year business started under current ownership: \_\_\_\_\_

Submission # \_\_\_\_\_

### Health & Fitness Application

(A Copy of this Page is Required for Each Additional Location)

### SERVICES

Location # \_\_\_\_\_

Address: \_\_\_\_\_

What services do you provide at this location?

- Group Exercise Classes/ Spinning Classes/ Aerobics Classes
  - Dance Classes
  - Free weights/ Selectorized Equipment
  - Martial Arts\*
  - Boot Camps\*\*
  - Children's Parties\*\*
  - Children Summer Camp Programs\*\*
  - Massage Therapy
  - How many treatment rooms? \_\_\_\_\_
  - Estimated Number of Therapists: \_\_\_\_\_
  - Soccer - How many leagues? \_\_\_\_\_
  - Physical Therapy
    - Employee How many? \_\_\_\_\_
    - 1099 Contractor How many? \_\_\_\_\_
  - Nutritionist
    - Employee How many? \_\_\_\_\_
    - 1099 Contractor How many? \_\_\_\_\_
  - Hypnotherapist
    - Employee How many? \_\_\_\_\_
    - 1099 Contractor How many? \_\_\_\_\_
  - Chiropractor
    - Employee How many? \_\_\_\_\_
    - 1099 Contractor How many? \_\_\_\_\_
  - Kick Boxing Classes
  - Yoga Classes
  - Rock Walls\*
  - Zip Line\*
  - Tumbling Classes
  - Personal Training
  - Outdoor Cycling\*\*
  - Cross Country Skiing\*\*
  - Internet Counseling\*\*
  - Indoor Golf\*\*- How Many Courses: \_\_\_\_\_
  - Batting Cages - How Many: \_\_\_\_\_
  - Tanning Beds / Booths\* - How Many: \_\_\_\_\_
  - Tennis -How Many Courts: \_\_\_\_\_
  - Racquetball/Squash - How Many Courts: \_\_\_\_\_
  - Basketball -How Many Courts: \_\_\_\_\_
  - Cross Fit - Light Military Combative Other
  - Other (including outside activities): \_\_\_\_\_
  - Saunas
  - Steam Room
  - Day Spa\*
  - Hiking\*\*
  - Water Parks\*
  - Ropes Course\*
- Child Sitting - Are parents/guardians required to be on premises while the child is in your care? Yes No
- Bounce House - How many inflatables? \_\_\_\_\_
- Are there signs clearly marking age, height or size limitations? Yes No
- Are they inspected by the state and/or you and your employees? Yes No If yes, how often? \_\_\_\_\_
- Do you use the manufacturer's checklist for the set up & use of the equipment? Yes No

**(Services with an \* require the completion of a supplemental application)**

**Services with \*\* require an explanation** Please explain: \_\_\_\_\_

Please advise if any spaces in your facility are dedicated to the following activities:

- Video Sales or Retail Sales  Laundry Facility  Warehouse - Square Feet of the Warehouse: \_\_\_\_\_
- Liquor Sales - Percentage of receipts from food/liquor service: \_\_\_\_\_
- Food Service - Type of Services: Full-service Restaurant Snack/Juice Bar Vending Machines
- Do you have any of the following: Deep Fryer Grill Ansul System

Annual receipts from Food/Liquor Service: \_\_\_\_\_

Submission #

**Health & Fitness Application**  
(A Copy of this Page is Required for Each Additional Location)

Location # \_\_\_\_\_

Address: \_\_\_\_\_

**OPERATIONS**

Which best describes the operations at this location:

- 24/7 Fitness Center    Athletic Club    Barber Shop    Beauty Salon    Corporate Fitness Center
- Day Spa    Dance Studio    Fitness / Studio    Full Service Health/Fitness/Spa
- Health/Fitness Club/Spa    Martial Arts Studio    Massage Center    Nail Salon
- Personal Trainer Studio    Pre-sales / Office    Yoga, Pilates or Aerobic Studio
- Non Profit Community Center

Annual Revenue (excluding Food Services): \_\_\_\_\_ Square Footage: \_\_\_\_\_

Number of Active Members: \_\_\_\_\_

Do you have a liquor license?  Yes  No   If yes, do you want Liquor Liability Coverage?  Yes  No

Does this location have any pools, spas, whirlpools, jacuzzi's or hot tubs?  Yes  No

(If yes, complete pool supplemental)

Do you have any office space at this location?  Yes  No   Square Footage: \_\_\_\_\_

Do you lease space to others at this location?  Yes  No   Total Square Footage: \_\_\_\_\_

Tenant: \_\_\_\_\_ Square Footage: \_\_\_\_\_   Tenant: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Tenant: \_\_\_\_\_ Square Footage: \_\_\_\_\_   Tenant: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Are Employees/Owners present during all hours of operation?  Yes  No

(If no, complete 24 hour access supplemental)

Are the clientele at this facility primarily children under the age of 18?  Yes  No

Digital surveillance is in place and operational at all times?  Yes  No

Do you have Automatic External Defibrillators on site?  Yes  No

**ADDITIONAL INSURED**

List all additional insureds that need to be listed on the policy:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Insured Type:    Designated Person    Franchisor    Leaser of Equipment    Landlord

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Insured Type:    Designated Person    Franchisor    Leaser of Equipment    Landlord

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Insured Type:    Designated Person    Franchisor    Leaser of Equipment    Landlord

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Insured Type:    Designated Person    Franchisor    Leaser of Equipment    Landlord

**ADDITIONAL INSURED SCHEDULE**

List all additional insureds that need to be listed on the policy:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Insured Type:  Mortgage  Building Owner  Loss Payee  Lender's Loss Payee  
 Designated Person  Franchisor  Leaser of Equipment  Landlord

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Insured Type:  Mortgage  Building Owner  Loss Payee  Lender's Loss Payee  
 Designated Person  Franchisor  Leaser of Equipment  Landlord

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Insured Type:  Mortgage  Building Owner  Loss Payee  Lender's Loss Payee  
 Designated Person  Franchisor  Leaser of Equipment  Landlord

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Insured Type:  Mortgage  Building Owner  Loss Payee  Lender's Loss Payee  
 Designated Person  Franchisor  Leaser of Equipment  Landlord

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Insured Type:  Mortgage  Building Owner  Loss Payee  Lender's Loss Payee  
 Designated Person  Franchisor  Leaser of Equipment  Landlord

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Insured Type:  Mortgage  Building Owner  Loss Payee  Lender's Loss Payee  
 Designated Person  Franchisor  Leaser of Equipment  Landlord

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Insured Type:  Mortgage  Building Owner  Loss Payee  Lender's Loss Payee  
 Designated Person  Franchisor  Leaser of Equipment  Landlord

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Insured Type:  Mortgage  Building Owner  Loss Payee  Lender's Loss Payee  
 Designated Person  Franchisor  Leaser of Equipment  Landlord

Submission #

### Health & Fitness Application

(A Copy of this Page is Required for Each Location for which property coverage is desired)

#### BASIC PROPERTY INFORMATION

Location #: \_\_\_\_\_ Building #: \_\_\_\_\_

Address: \_\_\_\_\_

Property Deductible (choose one):  \$500  \$1,000  \$2,500  \$5,000  \$10,000  \$25,000  
 \$50,000  \$75,000

Wind/Hail Deductible (choose one):  Same as all other property  Exclude  
 Percent -  2%  5%  
 Flat -  \$1,000  \$2,500  \$5,000  \$10,000  \$25,000  
 \$50,000  \$75,000

Property Coinsurance Percentage (choose one):  80%  90%  100%

Construction Type (choose one):  Frame  Joisted Masonry  Masonry Non-Combustible  
 Non-Combustible  Semi-Fire Resistive  Fire Resistive

Is your building sprinklered?  Yes  No

In what year was the building constructed? \_\_\_\_\_

If the building is more than 20 years old, insert the year of the latest building updates completed for each category:

Plumbing: \_\_\_\_\_ Heating: \_\_\_\_\_ Roof: \_\_\_\_\_ Electrical: \_\_\_\_\_

What type of Alarm system is in the building?  None  Burglar Alarm  Fire Alarm  Both

Number of Stories: \_\_\_\_\_

#### COVERAGES AND LIMITS

Choose the coverages desired or are required to carry:

Building \$ \_\_\_\_\_  Replacement Cost  ACV Inflation Guard \_\_\_\_\_

Business Personal Property \$ \_\_\_\_\_  Replacement Cost  ACV

Tenant Improvements & Betterments \$ \_\_\_\_\_  Replacement Cost  ACV

Signs (\$1,000 Deductible) \$ \_\_\_\_\_

Description of sign(s):  Attached  Free Standing  Both

Type of sign(s):  Entirely Metal  Other

Business Income (72 Hr Wait Period) \$ \_\_\_\_\_

Does a separate business income coinsurance apply?  Yes  No

If so, please choose one:  50%  60%  70%  80%  90%  100%  125%

Select the monthly limit of indemnity:  1/3  1/4  1/6  None

#### PROPERTY ADDITIONAL INTERESTS

List all property additional interest that need to be listed on the policy:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Insured Type:  Mortgagee  Building Owner  Loss Payee  Lender's Loss Payee

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Insured Type:  Mortgagee  Building Owner  Loss Payee  Lender's Loss Payee

**For Inland Marine or Crime Coverages, please complete the appropriate Accord application and submit with the completed Health & Fitness Application**



Submission #

## Health & Fitness Application Tanning Supplement

How is tanning exposure time controlled?  User  Operator  Token

Is protective eye wear provided for customers?  No  Yes

If yes, is it sanitized after each use?  No  Yes

Are the tanning beds sanitized after each use?  No  Yes

Is the maximum exposure time for tanning within manufacturer guidelines?  No  Yes

Is a drug reaction list posted in your club?  No  Yes

Do you manufacture your own tanning beds?  No  Yes

Are all beds UL listed?  No  Yes

Are customers required to read & sign an acknowledgement of the risks involved with the tanning exposure?  No  Yes

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**FRAUD WARNINGS**

**GENERAL STATEMENT**

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, PR, 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 APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE APPLICANT AGREES THAT IF THE INFORMATION SUPPLIED ON THE APPLICATION BY THE APPLICANT CHANGES BETWEEN THE DATE OF THE APPLICATION AND THE EFFECTIVE DATE OF INSURANCE, APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_