

Proposed Policyholder Information *Please print or type*

Full Legal Name of Proposed Policyholder

Type of Operation

Corporation

Individual/Sole Proprietor

Partnership/Joint Venture

Limited Liability Company (LLC)

Other:

Full Mailing Address

City

State

Zip

Contact Name

Phone Number

Email Address

Requested Effective Date

Policy will become effective on the Requested Effective Date if (a) all required information is provided and (b) the Company has received the initial premium on or before that date. 12 months of coverage is provided.

Does your facility offer use of weights over 50 lb?

YES

NO

General Liability Questionnaire

Has your past liability coverage been canceled in any way in the last three years? YES NO

Does your organization currently utilize a waiver system? YES NO

Does your organization currently have a risk management plan? YES NO

Is your current insurer non-renewing coverage? YES NO

Have any liability claims been paid by your insurer during the last 3 years? YES NO

If yes, describe claims:

Does your organization have a formal safety training program for employees? YES NO

Does your organization have surveillance cameras? YES NO

Does your organization have central station fire and burglar alarm? YES NO

Does your organization include an air supported structure and/or dome? YES NO

Are incident reports completed and maintained for all injuries, regardless of severity? YES NO

Does your organization have playground equipment? YES NO

Please enter your Annual Gross Receipt (USD):

What kind of sport do you train? (select all that apply)

| | | |
|-------------------|----------------------------------|----------------------------|
| Aerobics | CrossCore | Strength Training |
| Barre | Indoor Cycling | T'ai Chi |
| Boot Camp | High Intensity Interval Training | Total Resistance Exercises |
| Bungee Fitness | Jump Rope | Yoga |
| Cardio Boxing | Pilates | Weights |
| Cardio Kickboxing | Spinning | Zumba |
| Circuit Training | Stretching | Other: |

Does your organization provide onsite child care services during fitness classes? YES NO

Does your organization operate tanning bed(s)? YES NO

Does your organization provide spa or massage services? YES NO

Is there a sauna on the premises? YES NO

Does your organization provide sports medicine? YES NO

Does your organization provide physical or occupational therapy? YES NO

Does your organization provide professional athlete training? YES NO

Does your organization operate licensed daycare facilities (not child care services for participants during classes)? YES NO

Does your organization operate any 24 hour facilities with unsupervised or keyed access? YES NO

Automated Premium Rate Calculator Minimum Premium is Fully Earned Upon Policy Inception.

Rates Include \$100,000 Accident Policy and \$1,000,000 Limit Per Occurrence Liability Policy.

General Liability Aggregate

\$ 1,000,000
\$ 2,000,000
\$ 3,000,000
\$ 4,000,000
\$ 5,000,000

Please provide total number of participants in the busiest month of the year.

| | | | | |
|-------------------------------|-----------------------------|-------------------|------------------------|---------------------|
| Number of Participants | Rate per Participant | Total Rate | Minimum Premium | Premium Rate |
| | x | = | | |

Optional Coverages Premiums are fully earned.

Hired and non-owned automobile liability coverage 12 or 15 plus passenger vans are ineligible for this program.

| | | | |
|--------------------------------------|--------------------------------------|----------------|---|
| \$250,000 for an additional \$250.00 | \$500,000 for an additional \$500.00 | No, thank you. | = |
|--------------------------------------|--------------------------------------|----------------|---|

Medical Payment

| | | |
|--|----------------|----------|
| \$10,000 for an additional 5% of Your Premium Rate | No, thank you. | x 0.05 = |
|--|----------------|----------|

Abuse or Molestation Liability Coverage

| | | |
|--|----------------|---|
| \$100,000 / \$300,000 for an additional \$500.00 | No, thank you. | = |
|--|----------------|---|

The following optional coverages are also available but subject to additional underwriting:
 \$1,000,000 Abuse or Molestation Liability Coverage, \$1,000,000 Hired and Non-Owned Automobile Liability Coverage, Equipment Coverage up to \$750,000, higher per occurrence limits of up to \$4,000,000.

Please contact your agent. [Download Abuse Questionnaire](#)

Your Premium Rate Subtotal =

Additional Insureds

Name, Address and Relationship of all additional insureds to be added to the policy:

| Full Legal Name, Email Address | Full Mailing Address (including city, state, zip) | Relationship (see legend) | Endorsements |
|--------------------------------|---|---------------------------|--------------|
| | | | PRIMARY |
| | | | WAIVER |
| | | | PRIMARY |
| | | | WAIVER |
| | | | PRIMARY |
| | | | WAIVER |

L - Landlord, V - Venue, E - Event Operator, F - Franchisor/Franchise Owner, G - Governmental Agency, IC - Independent Contractor (Cost: \$75)

Your Premium Rate Subtotal =

| | |
|---|--------------|
| Additional Insureds requiring Primary Non-Contributory Endorsements | x \$100.00 = |
|---|--------------|

| | |
|--|--------------|
| Additional Insureds requiring Waiver of Subrogation Endorsements | x \$100.00 = |
|--|--------------|

| | |
|-------------------------|-------------|
| Independent Contractors | x \$75.00 = |
|-------------------------|-------------|

Total Premium =

Excluded Activities

The ownership, operation, maintenance arising out of the use of inflatable recreational devices or inflatable amusement devices of any kind. Any use, event, or display arising out of fireworks, or any other use of pyrotechnics including any firework sales. Any use, handling, or storage of any firearms, ammunition, or explosives. Any operations involving bungee devices, carnival rides, corn cannons, organized equine racing contests, organized equine vaulting or jumping contests, leasing of horses, jumping pillows, knocker ball, bubble soccer, Zorb ball, mechanical bucking devices including multi-ride attachments, aerial activities above 12 feet, rock climbing activities, activities involving permanent or mobile rock wall climbing structures, zip lines, pumpkin launching devices, rope challenge courses, water skiing, surfing, white water rafting or kayaking, tackle football, ATV/UTV, tracked or trackless train rides, trampolines, bike related trick or stunt activities or contests, Zippy Pets, haunted houses, haunted trails or haunted boats or barges, demolition derbies of any kind, independent security services other than a contracted public law enforcement officer.

Payment

Enclosed is: my payment for the total premium 20% of my total premium

Payment method: ACH Credit Card

FLD Broker Fee =
Total Amount Due
 Including FLD Broker Fee

Acknowledgments and Signatures

- a. This summary of coverage and exclusions is no substitute for reading the entire policy. To receive an entire policy, contact the program administrator.
- b. **Waiver Requirement** Each school or studio must implement a Release and Waiver of Liability and Indemnity Agreement for all students and staff members. Unintentional error on your part in securing Waiver and Release forms shall not void your coverage in the event of an occurrence to a student or staff member. However, your failure to maintain an adequate system to regularly secure Waiver and Release forms shall void your coverage in the event of an occurrence to a student or staff member. A sample waiver and release form is available upon request.
- c. **Fraud Warning** Any person who knowingly and with intent to defraud any insurance company or other 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 there to, commits a fraudulent insurance act, which may be a crime.
- d. **Applicant's Acknowledgment** I, the applicant, declare, to the best of my knowledge and belief, that all statements and answers in this application are true and complete. I understand and agree that
 - (e) this application will form part of any policy issued,
 - (f) no information given to or acquired by any representative of the Company will bind it, unless it is in writing on this application,
 - (g) no waiver or modification will bind the Company unless it is in writing and is signed by an executive officer of the Company, and
 - (h) only those persons eligible under the terms of an issued policy will be insured.

Agency Name
 Agency License Number
 Agent Phone Number
 Agent Email Address
 Agency Mailing Address

.....
 Signed for the Proposed Policyholder

.....
 Signed by Licensed Agent

.....
 Date

.....
 Licensed Agent Name