

- ☐ Western World Insurance Company
☐ Tudor Insurance Company
☐ Stratford Insurance Company

Application
For
Health & Exercise Studios

1. Name of Applicant _____
Street address _____
City _____ State _____ Zip _____
Applicant's Web Site Address _____

2. ☐ Individual ☐ Corporation ☐ Partnership ☐ Other (Explain) _____

3. Date established: _____

4. Address of location to be insured (If same as above, please note)
Street address _____
City _____ State _____ Zip _____

5. Has applicant had previous insurance for this enterprise? ☐ Yes ☐ No
If yes, provide the following information:

Insurance Company	Policy Period	Limits of Liability	Premium	Occurrence Coverage	Type of Coverage
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

6. Is applicant engaged in, owned by, associated with or involved in any other enterprise? If yes, provide details. ☐ Yes ☐ No

7. Provide details of licensing or certification needed for this operation: _____

8. Provide the number of the following personnel. Other and explain
____ Partners, owners, officers _____
____ Full-time staff _____
____ Part-time staff _____
____ Independent contractors _____

9. During the past (3) years, have any claims been presented to your current or prior insurance carrier? If yes, provide full details. ☐ Yes ☐ No
Include description of claim, amounts paid and reserves. _____

10. Is the applicant, or any other person for whom insurance is being requested, aware of any circumstance which may result in a claim? ☐ Yes ☐ No
If yes, provide details. _____

11. Has applicant, or any other person for whom coverage is being requested, had any liability application denied, policy cancelled or policy not renewed in past three years? If yes, provide full details. ☐ Yes ☐ No
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12. Please provide facilities information.
 Number of tanning beds/booths _____ Percentage of UVA bulbs? _____% UVB bulbs? _____%
 Are beds/booths controlled by timers? ☐ Yes ☐ No Who controls timers? _____
 Are clients required to use goggles? ☐ Yes ☐ No Tanning receipts? \$ _____
- ☐ Pool Height of diving board(s)? _____ Lifeguard on duty? ☐ Yes ☐ No
 Maximum water depth? _____ Ft. Water depths marked on pool? ☐ Yes ☐ No
- ☐ Whirlpool ☐ Aerobics ☐ Free weights ☐ Treadmills ☐ Stairclimbers
☐ Nautilus/Universal or similar exercise machines ☐ Sauna/Steam Room ☐ Trampoline
☐ # of racquet ball/tennis/handball court(s) _____ ☐ Jogging Track ☐ Climbing Wall
- ☐ List other equipment or facilities _____
☐ Nutritional Counseling ☐ Snack/Juice Bar/Restaurant (Type of food?) _____
13. Do showers, pool, whirlpool area and steam room have non-skid floors? ☐ Yes ☐ No
14. Do you provide childcare for your clients? ☐ Yes ☐ No
 If yes, please complete the following.
 Number of children under care at any one time: _____ Number of child care attendants: _____
 Age of youngest child you will accept: _____ Will you accept sick children? ☐ Yes ☐ No
15. Total number of members: _____ Average age: _____
16. Are medical examinations required for new members? ☐ Yes ☐ No
17. What is your procedure for handling accidents or injuries? _____
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18. Does your staff have training in CPR and First Aid? ☐ Yes ☐ No
19. List any products sold on premises: _____
-
20. Annual receipts \$ _____ Hours of operation: From _____ To _____
21. Name and phone number of person to contact for audit and inspection?
 Name _____ Phone _____
22. Effective Dates Desired: From _____ To _____
23. LIMITS OF INSURANCE REQUESTED
 General Aggregate Limit (Other than Products – Completed Operations) \$ _____
 Products-Completed Operations Aggregate Limit \$ _____
 Personal and Advertising Injury Limit \$ _____
 Each Occurrence Limit \$ _____
 Fire Damage Limit (up to \$50,000 limit available) \$ _____ any one (1) fire
 Medical Expenses Limit (up to \$5,000 limit available) \$ _____ any one (1) person
 Each Professional Incident Limit (if applicable) \$ _____
- Applicant's Signature: _____ Name (Print): _____
 Title: _____ Date: _____