

Roush Insurance Services, Inc.
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Applications available at www.roushins.com

Agency _____ Code _____
 Producer _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____

Fitness Center/Health Club Application

Proposed Dates: From _____ to _____

(Please Note: Quotation may not conform to limits and coverages requested on application.)

Applicant Name _____ Inspection Contact _____

DBA _____ Inspection Contact Phone Number _____

Mailing Address _____ Location Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Phone: Day _____ Evening _____ Website _____

Individual Partnership Joint Venture Trust LLC Corp or Other Organization: _____

Business Description _____

Length of Time in Business/Experience _____ yrs _____ mos New Venture? Yes No Non-Profit? Yes No

Prior Carrier _____ Expiring Premium \$ _____ Lapse in Coverage? Yes No,

Reason for Lapse _____

Any Claims in Last Three Years? Yes No, Describe and Attach Loss Runs _____

Has any Company Cancelled or Refused Coverage to the Applicant? Yes No, Reason _____

Is applicant in Bankruptcy? Yes No, Describe _____

Property Limits

1. Property Locations: (Street Address, City, County, State and Zip Code)

Premises ____ **Building** ____: _____

Occupancy: _____

Premises ____ **Building** ____: _____

Occupancy: _____

2. Values: (Blanket Coverage Not Available)

Provide Value Per Location	Prem ____ Bldg ____ <input type="checkbox"/> ACV <input type="checkbox"/> RC	Prem ____ Bldg ____ <input type="checkbox"/> ACV <input type="checkbox"/> RC
Valuations	<input type="checkbox"/> ACV <input type="checkbox"/> RC	<input type="checkbox"/> ACV <input type="checkbox"/> RC
Building	\$	\$
Business Personal Property	\$	\$
Loss of Income	\$	\$
Sign	\$	\$
Equipment Breakdown	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Deductible: \$1,000 \$2,500 \$5,000

Coverage: Basic Broad Special

General Liability Limits

LIABILITY LIMITS \$ _____ Per Occurrence / \$ _____ Aggregate

1. Annual gross receipts from all operations: \$ _____

2. Description Of Premises:

Provide Detail Per Location	Prem ____ Bldg ____	Prem ____ Bldg ____
Construction		
Protection Class		
Total square feet		
No. Stories		
Year Built		

Provide Detail Per Location	Prem ___ Bldg ___	Prem ___ Bldg ___
Years Owned		
Over 100 Amp Service?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fuses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Interior aluminum wiring?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sprinklered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire extinguishers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does building have a central alarm system?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fire <input type="checkbox"/> Brg	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fire <input type="checkbox"/> Brg
Roof composition & type?		
Building(s) scheduled for demolition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Year Of Updates:

Provide Year & Indicate Full or Partial Update Per Location	Prem ___ Bldg ___	Prem ___ Bldg ___
Heating/Air Conditioning	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update
Parking Areas	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update
Plumbing	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update
Roof	Year: _____ <input type="checkbox"/> Roof Excl. <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Roof Excl. <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update
Wiring & Electrical	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update

4. Description of operations: (Check all that apply.)

- | | | | |
|---|---|---------------------------------------|---|
| <input type="checkbox"/> Aerobics | <input type="checkbox"/> Massage Parlor | <input type="checkbox"/> Pilates | <input type="checkbox"/> Swimming Instruction |
| <input type="checkbox"/> Cheerleading Instruction | <input type="checkbox"/> Masseur | <input type="checkbox"/> Racquet Club | <input type="checkbox"/> Tai Chi |
| <input type="checkbox"/> Dance Instruction | <input type="checkbox"/> Personal Trainer | <input type="checkbox"/> Spa | <input type="checkbox"/> Weight Lifting Gym |
| <input type="checkbox"/> Exercise Equipment | <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Swim Club | <input type="checkbox"/> Yoga |
| <input type="checkbox"/> Gymnastics Instruction | <input type="checkbox"/> Other: _____ | | |

5. Number of Employees/Contractors:

	Employed or Leased	Independent Contractors
Certified aerobic instructors		
Uncertified aerobic instructors		
Dieticians or nutritionists		
Masseuses		
Personal trainers		
Physical therapists		
Swim instructors		
Other (describe): _____		
Total number of employees/contractors		
Number of employees/contractors trained in CPR		

6. For Independent Contractors:

- Are certificates of insurance required from all independent contractors? Yes No
 Is applicant included as an additional insured on independent contractors' policy? Yes No
 Limits the independent contractors are required to carry:

7. Members' ages range from _____ to _____.

8. Does membership agreement include a Hold Harmless Liability Waiver in favor of the applicant? Yes No

9. Other exposures: (Check all that apply.)

- Altitude mimicking devices (i.e., CVAC)
- Climbing, Tread, or Boulder walls (Please complete Climbing Wall Questionnaire, GLS-APP-47s.)
- Day Care
- Electrode Machines, Details: _____
- Foam pits
- Hydro-Massage Beds
- Internet or electronic media communication for exercise or health instruction or consulting
- Liquor sales
- Off-site activities sponsored: _____
- Parkour exercise
- Shower/sauna/steam or Jacuzzi facilities: Do the floors for all these areas have non-skid surfaces? Yes No
- Snack Bar
- Swimming Pool
 - Number of pools: _____
 - Number of diving boards or platforms: _____ Height: _____
 - Number of slides: _____ Height: _____
 - Depth of pool markings clearly visible? Yes No
 - Rules posted and life-safety equipment available at poolside? Yes No
 - CPR-trained individual on duty at all times? Yes No
 - Are all swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act? Yes No
- Tanning Beds, Booths and Spray-on Booths: Number: _____
 - Goggles provided? Yes No
 - Are all timers operated by an attendant? Yes No
 - Are tanning units Underwriters Laboratory approved? Yes No
 - Are all tanning units manufactured in the United States? Yes No
 - Are all tanning units disinfected after each use? Yes No
 - Do signs prohibit use of tanning units during pregnancy or if on medication? Yes No
 - Are customers advised to remove contact lenses? Yes No
 - Are waivers signed by each customer? Yes No
 - If customer is under the legal age, is the parent required to also sign waiver? Yes No
- Tennis/Racquetball/Handball/Squash Courts: Number of courts: _____
- Toning Beds: Number: _____
- Trampolines: Advise number, height and diameter: _____

10. Indicate any of the following the applicant provides:

- Blood analysis
- Body wraps
- Medical stress testing
- Products manufactured by applicant (including, but not limited to, food and beverage supplements and vitamins)
- Products sold under applicants' name
- Protein diet plans
- Weight loss or diet clinics

If yes to any of the above, please describe: _____

11. Is all equipment inspected regularly? Yes No

Is inspection documentation maintained? Yes No

If yes, how long?

Has any equipment been built by the applicant? Yes No

If yes, attach description.

12. Premises:

Hours of operation from _____ to _____.

Are staff members always present when clients are on the premises? Yes No

If no, advise monitoring and security requirements when staff is not present:

Is access to any operations limited or restricted (i.e., pool, sauna, tanning units, etc.)? Yes No

If yes, explain in detail: _____

Is parking lot well lit? Yes No

Armed Security Guard on premises? Yes No

Unarmed Security Guard on premises? Yes No

13. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? Yes No

If yes, describe: _____

14. Does applicant have other business ventures for which coverage is not requested? Yes No

If yes, explain and advise where insured: _____

15. Additional Insured Information:

Name	Address	Interest

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

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 thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in OH)

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

APPLICANT'S STATEMENT: I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.