



## Fitness and Health Club Quick Insurance Application

Contact: \_\_\_\_\_ Need Coverage By: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Corporation Name: \_\_\_\_\_ **Federal ID #:** \_\_\_\_\_  
 Member Names: \_\_\_\_\_

Location Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Will you have a presale? Yes  No  What is your club open date? \_\_\_\_\_  
 Do you require a bond? Yes  No  What is your insurance renewal date, if not new? \_\_\_\_\_

Year Built: \_\_\_\_\_ Square Footage: \_\_\_\_\_ Building Construction Type: \_\_\_\_\_  
 Is the building space you lease sprinklered? Yes  No

Business Personal Property/Contents/Equipment Limit (value of everything w/in your walls): \$ \_\_\_\_\_  
 Tenant Build Out \$ \_\_\_\_\_  
 Estimated Gross Receipts for Next 12-month Period: \$ \_\_\_\_\_  
 Business Income \$ \_\_\_\_\_  
 Is your outside sign **more than** \$8,000? Yes  No  Value: \$ \_\_\_\_\_  
 Do you require higher general liability limits: Yes  No  \_\_\_\_\_  
 Number of Tanning Beds: \_\_\_\_\_

Additional Insureds (landlord: include name and address if known):  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

Lienholders - lessor of leased equipment/bank loans: (include name and address if known)  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

Outside of tanning, please list all available amenities at your club (includes swimming and/or classes):  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

Will you be open 24 Hours? Yes  No  If yes, will you have 24 Hour staff? Yes  No

### WORKERS COMPENSATION

If you need Workers' Compensation insurance, please provide the following information:

# Employees (FT & PT): \_\_\_\_\_ Estimated Annual Payroll: \$ \_\_\_\_\_

