



# Yoga Studio Insurance Application

Contact: \_\_\_\_\_ **Need Coverage By:** \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Corporation Name: \_\_\_\_\_ **Federal Employer/Social Security ID #:** \_\_\_\_\_

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

Business Entity:  Corporation  Partnership  LLC  Individual  Other: \_\_\_\_\_

Association:  IKYTA  IYNAUS  IYTA  KYTA  NAMASTA  
 T'ai Chi Chih  TCHC  Universal Force Yoga  Yoga Alliance

Check here to certify your membership is active/current   
 Years in Business \_\_\_\_\_ Year Built: \_\_\_\_\_ Square Footage: \_\_\_\_\_ Annual Revenues: \$ \_\_\_\_\_  
 Building Construction Type: \_\_\_\_\_ Is the building space you lease sprinklered? Yes  No   
 Number of stories in your building: \_\_\_\_\_ Basement: Yes  No   
 Burglar Alarm: Yes  No  If yes,  Central Station  With Keys Installed and serviced by: \_\_\_\_\_  
 Fire Alarm: Yes  No  If yes,  Central Station  Local Gong  
 Distance to Fire-hydrant: \_\_\_\_\_ Distance to Fire Station: \_\_\_\_\_  
 Number of Active Members \_\_\_\_\_ Monthly Membership Dues \$ \_\_\_\_\_  
 Prior Insurance Carrier & Policy No \_\_\_\_\_  
 Have you been cancelled or non-renewed? Yes  No   
 Any claims in the last 3 years? Yes  No  If yes, explain: \_\_\_\_\_

### Limits:

Business Personal Property/Contents/Equipment Limit (value of everything w/in your walls): \$ \_\_\_\_\_  
 Tenant Build Out \$ \_\_\_\_\_  
 Business Income \$ \_\_\_\_\_  
 Is your outside sign **more than** \$8,000? Yes  No  If yes, value: \$ \_\_\_\_\_  
 Do you require higher general liability limits: Yes  No  If yes, limits: \$ \_\_\_\_\_  
 Do you need Employee Dishonesty Coverage: Yes  No   
 Boiler & Machinery Coverage: Yes  No

**Provide # of Each:**  
*(Excludes Owner)*

**Employees:**  
*(Part-time is less than 6 hrs/wk)*

**Independent Contractors:**

|                     | Full-time | Part-time | Full-time | Part-time |
|---------------------|-----------|-----------|-----------|-----------|
| Office Staff:       | _____     | _____     | _____     | _____     |
| Yoga Instructors:   | _____     | _____     | _____     | _____     |
| Massage Therapists: | _____     | _____     | _____     | _____     |
| Other:              | _____     | _____     | _____     | _____     |
| Totals of above:    | _____     | _____     | _____     | _____     |





**Please Specify "YES" or "NO" and number of exposures for following:**

Jacuzzis: Yes  No  Number \_\_\_\_\_ Steam Rooms: Yes  No  Number \_\_\_\_\_

Saunas: Yes  No  Number \_\_\_\_\_ Tanning Beds: Yes  No  Number \_\_\_\_\_

Swimming Pools: Yes  No  Number \_\_\_\_\_ Diving Boards: Yes  No  Number \_\_\_\_\_

\*If yes, are all swimming pools and spas compliant with Virginia Baker Pool and Spa Safe Act?

Yes  No . If not compliant, please provide time table and action plan: \_\_\_\_\_

Do you produce videos: Yes  No  Number \_\_\_\_\_

Child Care: Yes  No  If yes, enter # of Staff per child ratio: \_\_\_\_\_

Gymnastics: Yes  No  (*Children's floor level only, all others excluded*)

Diet/Nutritionist: Yes  No  (*Must have own insurance, proof required*) Explain: \_\_\_\_\_

Restaurant/Snack Bar: Yes  No  If yes, explain including any type of cooking: \_\_\_\_\_

Medical Facilities with doctors employed/contracted: Yes  No  (*Must have own insurance*)

Any products manufactured or sold under your label: Yes  No  If yes, explain: \_\_\_\_\_

Do you require signed waivers from all clients: Yes  No

Please describe in detail if you plan any off-premises events: \_\_\_\_\_

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. \_\_\_\_\_

Please list all available amenities within your studio including Wellness Facilities and Massage Therapy not listed above:

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: \$ \_\_\_\_\_

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied) IN FLORIDA, 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 OF THE THIRD DEGREE

Applicant's Signature

Date

