



CARRIER:

United States Liability Insurance Company

Fitness Center Product Application

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I - INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

I. INSTANT QUOTE INFORMATION

Applicant's name (include DBA name): _____

Location address: _____

City: _____ Province/Territory: _____ Postal code: _____

Mailing address: _____

City: _____ Province/Territory: _____ Postal code: _____

Web address: _____ E-mail address: _____ Phone: _____

Inspection contact name: _____ E-mail address: _____ Phone: _____

Description of Operations:

1. How many years has applicant been at the current location? _____

2. Do you own the building? (If "No," skip Building Owner Questions under both the property and liability sections below) Yes No

a. If "Yes," is any portion of the building leased to commercial tenants? Yes No

i. If "Yes," applicable sq. ft. _____

b. Does the applicant lease any apartments at this location? Yes No

i. If "Yes," number of units _____ applicable sq. ft. of apts. _____

Building Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Joisted masonry <input type="checkbox"/> Noncombustible <input type="checkbox"/> Masonry noncombustible <input type="checkbox"/> Modified fire resistive <input type="checkbox"/> Fire resistive					
FUS Grade _____	Cause of Loss <input type="checkbox"/> Basic (Named Perils) <input type="checkbox"/> Special (Broad)	Deductible <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	Number of Stories _____	Type of Burglar Alarm <input type="checkbox"/> Local <input type="checkbox"/> Central Station <input type="checkbox"/> None	
What year was the building constructed? _____			Is there a basement? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What type of plumbing is in the building? <input type="checkbox"/> PVC <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Lead <input type="checkbox"/> Other: _____					
What type of roof is on the building? <input type="checkbox"/> Flat <input type="checkbox"/> Wood shake <input type="checkbox"/> Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Tile <input type="checkbox"/> Slate <input type="checkbox"/> Other: _____					
What is the age of the roof? _____ years					
Is the building fully protected by an operational sprinkler system covering 100% of the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No					
What is the square footage of the entire structure? _____ sq. ft.					
Building Limit: \$ _____		Coinsurance (80% minimum) _____ %		<input type="checkbox"/> ACV <input type="checkbox"/> RC	
Business Personal Property Limit: \$ _____		Coinsurance (80% minimum) _____ %		<input type="checkbox"/> ACV <input type="checkbox"/> RC	
Business Income Limit: \$ _____		Coinsurance _____ <u>or</u> _____		Monthly Limit of Indemnity	
<input type="checkbox"/> With extra expense <input type="checkbox"/> Without extra expense		<input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 70% <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100%		<input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6	

Additional Property Coverages Requested (check all that apply)

<input type="checkbox"/> Equipment Breakdown	<input type="checkbox"/> Electronic Data	<input type="checkbox"/> Interruption of Computer Operations
<input type="checkbox"/> Glass _____ linear feet	<input type="checkbox"/> Garage \$ _____	<input type="checkbox"/> Outdoor Sign \$ _____
<input type="checkbox"/> Outdoor Equipment Limit \$ _____	<input type="checkbox"/> Canopy/Awning Limit \$ _____	
<input type="checkbox"/> Crime coverage Limit \$ _____ Number of employees: _____ Employee Dishonesty Limit \$ _____ Burglary and Robbery (standard form only) \$ _____ Money and Securities (special – broad perils only) \$ _____ inside \$ _____ outside		

General Liability Section

3. Occurrence/Aggregate limit \$1 million/\$2 million \$2 million/\$2 million \$2 million/\$5 million
 \$3 million/\$3 million \$4 million/\$4 million \$5 million/\$5 million
4. What is the exposure basis?
 Annual gross sales: \$ _____
 Number of members: _____
 Number of full-time employees: _____
 Number of part-time employees (Less than 30 hrs/week): _____
 Number of sports courts: _____
5. Does the facility have any treadmills? Yes No
 a. If "Yes," how many? _____
6. Any jacuzzis, hot tubs, sauna or steam rooms? Yes No
7. Are there any shower facilities? Yes No
8. Are there any swimming pools? Yes No
9. Is the facility open 24 hours? Yes No
 a. If "Yes", do you have a fitness staff certified in CPR on duty all hours of operation? Yes No
10. Do members have access outside of regular business hours? Yes No
11. Number of massage services units _____
12. Number of tanning units _____
13. Do you have exposure to child sitting services? Yes No

Additional Interests (AI = Additional insured, LP = Loss payee, M = Mortgagee)

Name	Relationship/Interest	Address	City, Province, Postal Code	AI	LP	M
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have there been any property or liability losses in the past three years? Yes No

If "Yes," please provide the following information; additional claims or information may be submitted on separate sheet.

Coverage Type	Date of Loss	Description of loss	Paid	Reserved	Status
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

General Eligibility

14. Are there past, pending or planned foreclosures and/or bankruptcies or judgments for unpaid taxes against the named insured or any officer, partner, member or owner, individually within the past five years? Yes No
15. Has Insurance coverage been cancelled or non-renewed in the past five years? Yes No
16. Do all public areas, occupancies and/or habitational units have functioning and operational smoke and/or heat detectors? Yes No
17. Does any building built prior to 1978 have aluminum or knob-and-tube wiring? Yes No
17. For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers? Yes No
18. Are there functioning and operational fire extinguishers readily available? Yes No
19. Is the building a non-standard structure, such as a dome, bubble, etc.? Yes No
20. Is the applicant now, or will ever, act as a franchisor? (grantor of a franchise) Yes No
21. Are there any alcohol sales? Yes No
22. Are there any contact martial arts or boxing activities? Yes No
23. Are there any rock/wall climbing activities? Yes No
24. Are there any gymnastics activities/instruction? Yes No
25. Are all members and guests using the facility required to sign a release/waiver of liability? Yes No
26. Do all personal trainers and aerobic instructors maintain current registration/certification? Yes No
27. Are all fitness personnel required to be CPR certified? Yes No
28. Are service logs maintained on all equipment? Yes No
29. Does the facility have chiropractic, physical therapy, rehabilitation services or similar professional services by direct employees and are the professionals renting space required to carry their own insurance?
a. If "Yes," is the applicant named as an additional insured? Yes No
30. Does the applicant manufacture or alter packaging of any diet aids, vitamins, supplements or similar products? Yes No
31. Are warning signs posted in clear view of all tanning units, hot tubs, saunas, steam rooms and fitness equipment? Yes No
32. Has the applicant had any actual or alleged incidents regarding molestation or abuse? Yes No
33. Is any type of acupuncture services, electrolysis or hair removal services, body wrapping services or any type of body container services provided by your center? Yes No
34. Are any medical services, blood analysis, stress testing, weight loss or diet clinics available in your facility? Yes No
35. Is any formal instruction or classes available for children under the age of 12? Yes No
36. Do you have tanning units? Yes No
- If "Yes," please answer the following questions:
- a. Are there more than four units? Yes No
- b. Are all units Underwriters Laboratories (UL) approved? Yes No
- c. Are all minors required to have a parent or guardian sign a release prior to use? Yes No
- d. Are Individuals warned against using tanning units when pregnant or using photosensitive medication? Yes No
- e. Does the applicant has exclusive access to controls? Yes No
- f. Are all Individuals required to wear goggles? Yes No
- g. Does the applicant keep logs on each person's use and are maximum number of uses enforced? Yes No
37. Do you have child sitting services? Yes No
- If "Yes," please answer the following questions:
- a. Are criminal and background checks performed on all potential employees having exposure to or responsibility for children? Yes No
- b. Are there any children under six weeks old accepted? Yes No
- c. Are children required to be signed in and signed out? Yes No
- d. Does the member signing in a child have to remain on premises at all times? Yes No

FULL DISCLOSURE

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that if I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.

Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

PERSONAL INFORMATION CONSENT

I am providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following:

i) To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's and the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information.

ii) That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess, manage and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law.

I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on their behalf.

I may obtain a copy of or ask questions about my broker's, agent's or insurer's personal information policies by contacting their Chief Compliance Officer.

Applicant's Signature: _____ Title: _____
(Principal, Partner or Officer)

Print name: _____ Date: _____

If your province/territory requires a countersignature from your authorized retail agent or broker, please provide below.

Agency name: _____ Agent's signature: _____
(Required in Prince Edward Island and Saskatchewan)