

EXERCISE AND HEALTH STUDIO SUPPLEMENTAL APPLICATION

Applicant's Name:	Agency Name: Agency Location:
Applicant Mailing Address:	Agent Name:
Location Address:	Applicant's E-mail Address:
Applicant Website Address:	Applicant's Phone:
PROPOSED EFFECTIVE DATE: FROM _____ TO _____ 12:01 A.M., Standard Time at the address of the applicant	

Applicant is:	<input type="checkbox"/> Individual <input type="checkbox"/> Joint Venture	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Other (Specify)
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1. CLASSIFICATION OF RISK: (check all that apply)		
<input type="checkbox"/> Boxing Gym <input type="checkbox"/> Cheerleading Instruction <input type="checkbox"/> Dance Studio <input type="checkbox"/> Exercise Studio - Club <input type="checkbox"/> Exercise Studio – Commercially Operated	<input type="checkbox"/> Gymnastics Studio <input type="checkbox"/> Health or Exercise Facility - Club <input type="checkbox"/> Health or Exercise Facility – Commercially Operated <input type="checkbox"/> Karate Studio <input type="checkbox"/> Martial Arts	<input type="checkbox"/> Massage <input type="checkbox"/> Personal Trainer <input type="checkbox"/> Tai Chi <input type="checkbox"/> Other (Describe)

2. APPLICANT INFORMATION	
How many years has the applicant been in business? Years at this location? Does applicant own the building?	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. PREMISES INFORMATION	
a. Security – Hours of Operation Hours of operation: open: close: Is facility open 24 hours a day? If yes, are key card access, video surveillance, and/or panic buttons present? Is parking lot well lit, if provided Security Guard on premises	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

	<input type="checkbox"/> Tanning beds, If checked: Number of beds Goggles required? Signs posted warning pregnant women of dangers of use? Are beds UL approved? <input type="checkbox"/> Yes <input type="checkbox"/> No Are beds cleaned after each use <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Toning tables, If checked: Number of tables Signs posted warning pregnant women of dangers of use? <input type="checkbox"/> Trampoline if checked, describe <input type="checkbox"/> Yoga <input type="checkbox"/> Other equipment, please describe <input type="checkbox"/> Other classes, please describe	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
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4.	ADDITIONAL SERVICES OR PRODUCTS PROVIDED		
	<input type="checkbox"/> Blood Analysis PROHIBITED	<input type="checkbox"/> Products manufactured by or sold under your name If yes, describe	
	<input type="checkbox"/> Body Wraps		
	<input type="checkbox"/> Diet or weight loss clinics - PROHIBITED	<input type="checkbox"/> Protein diet plans PROHIBITED	
	<input type="checkbox"/> Electrode Machines	<input type="checkbox"/> Stress testing PROHIBITED	

5.	EMPLOYEE/EMPLOYMENT DETAILS	
a.	Total number of employees	
b.	Are background checks run on employees? Any previous or pending allegations of sexual or physical abuse? If yes, describe	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
c.	Do independent contractors provide certificates of insurance? Are you named as additional insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

6.	EMPLOYEE DETAILS	NUMBER:	EMPLOYED	LEASED	INDEPENDENT
	Aerobic instructors -certified				
	Aerobic instructors -un-certified				
	Masseuses – Massage Therapists				
	Personal Trainers				
	Other – Describe:				
	Total number of Employees				
	Number of employees CPR certified				

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files 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 AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award pay-able from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties un-der state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NEW YORK 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the

APPLICANT’S STATEMENT:

I/We hereby declare that the above statements and particulars are true and I/We agree that his application shall be the basis of the contract with the insurance company.

APPLICANT NAME:	APPLICANT TITLE:
APPLICANT’S SIGNATURE _____ (must be signed by an active owner, partner or executive officer)	DATE:
PRODUCER’S SIGNATURE: _____	DATE:

IMPORTANT NOTICE

As part of the underwriting procedure, a routine inquiry may be made which will provide 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.