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 CA# 0334819

FULL SERVICE HEALTH, SPORT, RACQUET, GYM CLUB INSURANCE PROGRAM INFORMATION FORM

BUSINESS INFORMATION

Name of Insured (as will appear on policy): _____

Doing business as: _____

Contact person: _____ Phone: (_____) _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Website: _____ Total Number Of Locations: _____

Address of each location, if more than three locations, attach list. (Include street, city, state, and zip code)

1. Address: _____

City: _____ State: _____ Zip: _____

2. Address: _____

City: _____ State: _____ Zip: _____

3. Address: _____

City: _____ State: _____ Zip: _____

1. Insured is: Corporation Partnership Joint venture Other: _____ FEIN Number: _____

2. Is the insured a non-profit organization? Yes No

Is the club a membership-based facility? Yes No

3. In what state is the organization headquartered/chartered? _____

4. Does the organization engage in any other business operations under the name of the insured as will appear on the policy? Yes No

If yes, explain: _____

5. Is club a member of IHRSA? Yes No

6. Policy period being requested: From ____/____/____ to ____/____/____

7. Number of YEARS in Business: _____

8. Are any of the insured's locations within 1/2 mile of a military base, defense contractor, major utility, known U.S. landmark, major sports stadium, or a major amusement park? Yes No

If yes, explain: _____

COVERAGE INFORMATION

ACORD application required:

Property General Liability Inland Marine Crime Auto Excess Workers Compensation

Liquor (complete Liquor Liability section)

Sexual Abuse & Molestation (complete Abuse & Molestation Supplemental Questionnaire 2082 Rec 6/20)

Nonowned & Hired Auto (complete Nonowned & Hired Auto section)

Employment Practices Liability

PRIOR CARRIER INFORMATION

YEAR	PREVIOUS AGENT	COMPANY	LIABILITY LIMITS	PREMIUMS
20____	_____	_____	_____	_____
20____	_____	_____	_____	_____
20____	_____	_____	_____	_____
20____	_____	_____	_____	_____
20____	_____	_____	_____	_____

- Has this type of insurance ever been cancelled, declined or non-renewed? (Not applicable in Missouri) Yes No
If yes, explain: _____
- As respects this operation, list the contracts entered into by this applicant, and whether the named insured assumes liability for the other party: _____

- List any Franchise Program where the insured is required to name another entity as an Additional Insured.(i.e.: Silver Sneakers, Cross Fit, Parisi Speed School, etc.) _____

INSURANCE INFORMATION

- | | |
|---|---------------------------|
| 1. Total gross annual revenue: \$ _____ | Tanning: \$ _____ |
| Membership fees: \$ _____ | Massage: \$ _____ |
| Personal training: \$ _____ | Snack/Juice bar: \$ _____ |
| Classes: \$ _____ | Restaurant: \$ _____ |
| Initiation/enrollment fees: \$ _____ | Liquor: \$ _____ |
| Salon/Spa services: \$ _____ | Other: _____ \$ _____ |
| Pro shop sales: \$ _____ | |

Number of employees eligible for employee benefits: _____

Number of employees for Employment Practices Liability: _____ (Full time) _____ (Part time)

(Note: EPLI Coverage may not be available in all states. Limits beyond \$250,000 will require a separate application)

EPLI Limits: _____

- What is the minimum age requirement to use club facilities? _____
- Are minors required to be accompanied by parent or guardian? Yes No
- Is a Waiver/Hold Harmless signed by member and guest and by the parent or guardian for minor participants? Yes No
- Is a new waiver signed upon membership renewal? Yes No
- Please indicate exposures below, and number of each exposure:

- | | |
|--|---|
| <input type="checkbox"/> Aerobic mini trampoline | <input type="checkbox"/> Pro shop |
| <input type="checkbox"/> Aerobics/step aerobics | <input type="checkbox"/> Racquet courts _____ |
| <input type="checkbox"/> Boxes | <input type="checkbox"/> Rock climbing walls (STATIONARY) _____ |
| <input type="checkbox"/> Boxing: <input type="checkbox"/> Contact <input type="checkbox"/> Non-contact | <input type="checkbox"/> Rock climbing walls (PORTABLE) _____ |
| <input type="checkbox"/> Camp programs: <input type="checkbox"/> Day <input type="checkbox"/> Overnight | <input type="checkbox"/> Rings |
| <input type="checkbox"/> Chains | <input type="checkbox"/> Ropes |
| <input type="checkbox"/> Circuit training/cardio equip/freeweights | <input type="checkbox"/> Running track |
| <input type="checkbox"/> Cold plunge _____ | <input type="checkbox"/> Sauna/steamrooms _____ |
| <input type="checkbox"/> Cryotherapy: <input type="checkbox"/> Contractor <input type="checkbox"/> Club operated | <input type="checkbox"/> Snack/juice bar |
| <input type="checkbox"/> Diet center/weight control services | <input type="checkbox"/> Spa or salon: <input type="checkbox"/> Contractor <input type="checkbox"/> Club operated |
| <input type="checkbox"/> Gymnastics: <input type="checkbox"/> Contractor <input type="checkbox"/> Club operated | <input type="checkbox"/> Spinning |
| <input type="checkbox"/> Handball courts _____ | <input type="checkbox"/> Sports med/rehab/physical therapy: |
| <input type="checkbox"/> Ice/roller skating/blading | <input type="checkbox"/> Contracted <input type="checkbox"/> Club operated |
| <input type="checkbox"/> Jacuzzis _____ | <input type="checkbox"/> Straps from the ceiling |
| <input type="checkbox"/> Martial Arts <input type="checkbox"/> Contractor <input type="checkbox"/> Club operated | <input type="checkbox"/> Swimming pools (INDOOR) _____ |
| <input type="checkbox"/> Massage: <input type="checkbox"/> Contractor <input type="checkbox"/> Club operated | <input type="checkbox"/> Swimming pools (OUTDOOR) _____ |
| <input type="checkbox"/> Nursery/babysitting | <input type="checkbox"/> Tanning units |
| <input type="checkbox"/> Parkour | <input type="checkbox"/> Tennis courts (INDOOR) _____ |
| <input type="checkbox"/> Personally constructed or manufactured exercise equipment | <input type="checkbox"/> Tennis courts (OUTDOOR) _____ |
| <input type="checkbox"/> Physicals/stress testing | <input type="checkbox"/> Tires |
| | <input type="checkbox"/> Trampoline |
| | <input type="checkbox"/> Whirlpools _____ |

7. List and describe any exposures and/or activities held off premises by insured: _____

8. Any space leased to others? Yes No

If yes, provide name of entity(s), type of operation, and square footage: _____

9. Is club staffed at all times during open hours? Yes No

10. Does your facility host or sponsor such events as: mud runs, Urbanathlon, Warrior Dash extreme challenge, or anything similar in exposure? Yes No

11. Does your facility lease out/contract their property for events such as: mud runs, Urbanathlon, Warrior Dash, extreme challenge, or anything similar in exposure? Yes No

If yes, do you require a Certificate of Insurance naming you as an Additional Insured? Yes No

Minimum Liability Limits required? Yes No

Do you require coverage to be shown for both General Liability and for Participant Legal Liability? Yes No

12. Does the event or course involve any man-made challenges/obstacles such as: vehicle vaults, stair climbs, wall climbs, cargo nets, tire runs, drainage pipe crawl throughs or fires/flames of any sort? Yes No

13. Does the event or course encounter or encompass any water obstacles such as ponds or water pits requiring the participant to submerge under water at any point? Yes No

14. Does the course involve any mud obstacles? Yes No

15. Is the facility CrossFit Affiliated? Yes No

If yes, provide the annual revenue generated from the Cross Fit operations: \$ _____

16. Do you participate in CrossFit competition events or activities? Yes No

If yes, explain: _____

A. MANAGEMENT/PERSONNEL/SAFETY/SECURITY

1. List management experience and qualifications: _____

2. Are all personnel (including instructors and trainers) your employees? Yes No

If no, please list those who are not and whether they carry their own insurance:

Name: _____ Yes No Limit: _____

Name: _____ Yes No Limit: _____

3. Total number of full time employees: _____; Part time employees: _____; Volunteers: _____

Are volunteers covered under your Workers Compensation policy? Yes No

4. Are employees certified in CPR or first aid? Yes No

5. What certifications do your trainers/instructors have? _____

6. Does the facility have an automated external defibrillator (AED)? Yes No

7. Does your state require you to have available an AED? Yes No

8. Is the AED easily accessible for those who have been trained in the use of the AED? Yes No

9. Do you have AED trained staff on duty during open hours? Yes No

10. Are there written medical emergency and evacuation procedures in place? Yes No

11. Are employees, instructors, trainers available in each area of the facility for supervision, spotting and emergencies? Yes No

12. Do any of your employed instructors provide outside services operating on your clubs behalf? Yes No

Please explain: _____

13. What security features are installed? Sprinkler system Burglar alarm Fire alarm
 Central station alarm Smoke detectors Fire extinguishers

14. Is security lighting provided in your parking lot? Yes No
15. If you own or lease your facility and we are to consider property coverage for you;
- a. Do you wish to insure the security lighting (light standards) in your parking lot? Yes No
If yes, please include this coverage request on the property ACORD application. Include number of light standards, cost per lighting standard, and total value. Advise whether cost or ACV is required.
- b. Do you wish to insure the structural or non structural glass in your building? Yes No
If yes, please include this coverage request on the property ACORD application. Include description of glass and total value. Advise whether replacement cost or ACV is required.

B. FACILITY

1. Do you follow manufacturer’s guidelines regarding equipment maintenance? Yes No
2. How often is equipment inspected, maintained? _____
3. Are maintenance logs maintained? Yes No
4. Who inspects the equipment? _____
5. Is signage used throughout facility to indicate proper use of equipment, club features, and off-limits areas? Yes No
6. Do you follow manufacturer’s guidelines for equipment spacing within the facility? Yes No
7. Are there GFI protectors on all outlets in the locker/shower/wet areas? Yes No
8. Does your facility have air-supported structures (bubble/dome)? Yes No
If yes, how many and identify which location(s) _____
9. Does your pool, spa, or hot tub currently meet the requirements of the Title XIV of public law 110-140, known as the “Virginia Graeme Baker Pool and Spa Safety Act” as enacted on 12-18-08? Yes No
If no, explain: _____
10. How often are swimming pool/whirlpool drain covers inspected, removed or replaced? _____
11. Does inspection of the drain covers require draining of the pool/whirlpool? Yes No

C. MAINTENANCE

1. Does your facility ever use a scissor lift? Yes No
If yes, is it owned or rented? _____
What is the scissor lift used for? _____
Who operates the scissor lift (i.e.: employee, volunteer, entity from which scissor lift is rented/leased, independent contractor, etc.)? _____
Who is responsible for the maintenance of the scissor lift? _____
If the named insured is responsible for the maintenance, describe maintenance schedule: _____
Is a maintenance log maintained on the scissor lift? Yes No
Describe the controls and safety procedures in place for the use of the scissor lift: _____

D. NURSERY/BABYSITTING Yes No

- If yes, please provide:
1. Is your nursery service required to be state licensed? Yes No
2. Age of children in the nursery? Minimum: _____ Maximum: _____
3. Maximum length of stay: _____
4. Ratio of adult staff/attendants to children at any given time: _____
5. What system do you use for checking children in and out of the nursery? _____
6. Are there any meals or snacks provided for children in the nursery? Yes No
7. Are any of the nursery attendants CPR and/or first aid trained? Yes No
8. Are parents allowed to leave the facility while children are in your care? Yes No
9. Are prospective employees required to complete an employment application? Yes No
10. Do you have a formal set of policies/procedures for screening the character and criminal history of your nursery staff? Yes No
If yes, is it before or after you have hired the employment prospect? Before After

- 11. Is the nursery staff trained in policies applicable to the prevention of child sexual abuse? Yes No
- 12. Is the policy provided to each nursery staff individual? Yes No
- 13. Do you have procedures in place for investigating an allegation of child sexual abuse? Yes No

E. RESTAURANT/SNACK OR JUICE BAR/VENDING Yes No

If yes, please provide:

- 1. Indicate exposure: Restaurant Snack/Juice Bar Vending
- 2. Are deep fryers/grills protected by an automatic extinguishing system? N/A Yes No

F. PRO-SHOP Yes No

If yes, please provide:

- 1. Describe products sold: _____
- 2. Are any of the products manufactured under your own label? Yes No

G. GYMNASTICS Yes No

If yes, please provide:

- 1. List gymnastic activities and any apparatuses used (i.e., trampoline, parallel bars, vault, etc.) _____
- 2. Are participants constantly supervised and spotted? Yes No

H. TANNING Yes No

If yes, please provide:

- 1. Is a tanning card being used? Yes No
- 2. Are warnings and photosensitizing medications posted in and around the tanning area? Yes No
- 3. How is timing controlled and by whom? _____
- 4. Are the timing controllers automated with no override available? Yes No
- 5. Are protective eye goggles required to be worn? Yes No
- 6. Who cleans/disinfects the tanning shields and how often each day? _____
- 7. Is tanning available to non-members? Yes No

I. SEXUAL ABUSE/MOLESTATION (If coverage is desired)

(complete Abuse & Molestation Supplemental Questionnaire 2082 Rec 6/20)

J. SWIMMING POOLS, SLIDES AND DIVING BOARDS Yes No

If yes, please provide:

- 1. Depth of pool(s): _____
- 2. Square footage of pool(s): _____ (required for accurate property evaluation)
- 3. Are certified lifeguards on duty? Yes No
- 4. Describe safety precautions and life saving equipment available: _____
- 5. Are there any diving boards? Yes No
If yes, height of board: _____
- 6. Does facility have waterslides? Yes No
If yes, how many? _____
What is the height of each slide? _____
- Are there attendants at the top and bottom of the slide(s) to monitor and space participants? Yes No
- Is head first or double rider sliding allowed? Yes No
- Are there signs posted to instruct patrons on proper use and riding techniques? Yes No
If yes, where? _____

K. SAUNA/STEAMROOM Yes No

If yes, please provide:

- 1. Is the sauna(s)/steamroom(s) monitored for usage during open hours? Yes No
 If so, how frequently: _____
 Are written logs kept when checked? Yes No
- 2. Are rules posted regarding the proper use and safety precautions? Yes No
- 3. Does the sauna(s)/steamroom(s) heating element have a protective cover to prevent burns? Yes No
- 4. Are all manufacturer recommendations followed for sauna(s)/steamroom(s) usage? Yes No

L. CLIMBING WALLS Yes No

If yes, please provide:

- 1. Club location(s) of climbing walls: _____
- 2. Height of wall(s): _____
- 3. Provide minimum age allowed to use climbing walls: _____
- 4. Belay system used? Yes No
- 5. Describe landing surface and thickness: _____
- 6. Describe how climbing wall is monitored: _____
- 7. Are waivers signed by all adult climbers and by parent/guardian of minor climbers? Yes No If yes, provide copy.

M. INFLATABLES/BOUNCE EQUIPMENT Yes No

- 1. If yes, how many? _____
- 2. Is the inflatable and/or bounce house rented or owned by the insured? _____
- 3. If rented, who is responsible for installation to ensure properly anchored? _____
- 4. If owned, what guidelines are followed to ensure properly anchored? _____
- 5. How is it monitored for use and by whom? _____
- 6. Are waivers signed by participant and parent/legal guardian of minors? Yes No
 Provide copy of waiver signed for our file.

N. MARTIAL ARTS Yes No

If yes, please provide:

- 1. What activities are instructed? _____
- 2. Are classes contact or non-contact? _____
- 3. What are the instructor's qualifications? _____
- 4. What safety equipment is used? _____

O. CRYOTHERAPY CHAMBER Yes No

If yes, provide:

- 1. How many chambers: _____
- 2. Name of the chamber manufacturer: _____
- 3. What type of Cryotherapy chamber is provided? Whole Body Partial Body
- 4. Is there a formal training program in place for staff members? Yes No
- 5. How is the chamber operated? (i.e. controlled by member/guest or staff) _____
- 6. How is timing controlled and by whom? _____
- 7. What is the maximum time allowed inside the chamber? _____
- 8. Are the timing controllers automated with no override available? Yes No
- 9. Is a waiver form being used for the chamber? Yes No
- 10. Is any protective clothing offered/provided (ie; socks, shorts, gloves, hats, etc.) Yes No
- 11. Is the chamber used for medical rehab or for on-demand type voluntary use? Yes No

P. FLOAT TANKS Yes No

If yes, provide:

1. How many float tanks: _____
2. Name of the float tank manufacturer: _____
3. Is there a formal training program in place for staff members? Yes No
4. How is the flat tank operated? (i.e.; controlled by member/guest or staff) _____
5. How is timing controlled and by whom? _____
6. What is the maximum time allowed inside the chamber? _____
7. Are the timing controllers automated with no override available? Yes No
8. Is a waiver form being used for the tank? Yes No
9. Is the tank used for medical rehab or for on-demand type voluntary use? Yes No

Q. LIQUOR LIABILITY (If coverage is desired)

1. Name liquor license is in: _____
2. Liquor license number: _____ Class of license: _____
3. Opening and closing hours of alcoholic beverage sales: _____
4. Has applicants' alcohol beverage license ever been revoked, suspended or fined? Yes No
If yes, please explain: _____
5. Has applicant incurred claims for liquor liability during the last four years? Yes No
If yes, please explain: _____
6. Has any insurer cancelled or non-renewed coverage during the last four years? Yes No
If yes, please explain: _____
7. Type of alcoholic beverages sold: Beer Wine Liquor
8. Annual gross sales of alcoholic beverages: \$ _____
9. Are patrons allowed to carry alcoholic beverages onto the premises? Yes No
If yes, what type? _____
10. Name the formal awareness training program that the servers receive: _____
11. At what point of sale are I.D.s checked? _____
12. If there any other Liquor Liability coverage being provided? Yes No
If yes, explain and attach a copy of the certificate of insurance: _____
13. Liability limits requested: \$ _____ (per occurrence) \$ _____ aggregate

R. NONOWNED AND HIRED AUTO LIABILITY (If coverage is desired)

1. Do you have a Business Auto Policy for business-owned autos? Yes No
(If yes, you will need to add hired/nonowned auto to that policy)
2. Does your operation require employees to drive their personal vehicles for company business on a regular basis? Yes No
If yes, describe the reasons why they would be using their personal vehicles for company business: _____
3. Do you verify that their personal auto insurance is in place with limits of a least \$300,000 before employees can use their autos for company business? Yes No
4. During the last three years have you leased, borrowed, or hired any vehicles for your business? Yes No
5. If you anticipate some usage this year:
 - A. What type of vehicle (trucks, cars, buses)? _____
 - B. What is the estimated cost to lease or hire the vehicles? _____
 - C. Number per month _____ Number per year _____

6. If you own, lease, borrow or hire vehicles for your business, do all drivers and operators of vehicles with seating capacities of 15 or more including vans, buses and mini-buses, or those vehicles exceeding 10,000 pounds of gross vehicle weight, hold the appropriate driver license required by the state(s)? Yes No

If no, all drivers and operators will be required to hold the appropriate driver's license required by your state. Those states that do not have requirements for these types of vehicles, will be required to successfully complete some form of driver training course(s) subject to these vehicles. Acceptable drivers training courses are available at:

- *Alert Driving: www.alertdriving.com*
- *National Safety Council: www.nsc.org*
- *Smith System Training: www.smith-system.com*

Note - If you have a required state specific drivers training course website, please provide to underwriting for review.

LIST OF DRIVERS - Please provide the following information for each driver.

Name	Birth Date	Driver's License Number	State Licensed

QUOTING REQUIREMENTS

1. Fully completed applications:
 - ACORD Applications (property, inland marine, crime, auto)
 - Club Insurance Program Information Form
2. Five years currently valued company loss runs
3. Waiver, Release/Hold Harmless form: Club members Guests Parent/guardian for minors Tanning
4. **Risks in business 3 years or less require a resume and pro forma financial (12 months income, expense statement, and balance sheet including assets and liabilities.)**

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YY)

Date (MM/DD/YY)