



**EXERCISE AND HEALTH STUDIO AND PERSONAL TRAINER SUPPLEMENTAL APPLICATION**  
 (Complete in addition to the ACORD Application)

Applicant's Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 \_\_\_\_\_

Agency Name: \_\_\_\_\_  
 Agent: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_

**PROPOSED EFFECTIVE DATE: From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

**1. Description of operations: (Check all that apply.)**

- |   |   |                                       |   |
|---|---|---------------------------------------|---|
| <input type="checkbox"/> Aerobics                 | <input type="checkbox"/> Massage Parlor     | <input type="checkbox"/> Pilates      | <input type="checkbox"/> Swimming Instruction |
| <input type="checkbox"/> Cheerleading Instruction | <input type="checkbox"/> Masseuse           | <input type="checkbox"/> Racquet Club | <input type="checkbox"/> Tai Chi              |
| <input type="checkbox"/> Dance Instruction        | <input type="checkbox"/> Personal Trainer   | <input type="checkbox"/> Spa          | <input type="checkbox"/> Weight Lifting Gym   |
| <input type="checkbox"/> Exercise Equipment       | <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Swim Club    | <input type="checkbox"/> Yoga                 |
| <input type="checkbox"/> Gymnastics Instruction   | <input type="checkbox"/> Other: _____       |                                       |   |

**2. How long has applicant been in business?** \_\_\_\_\_

**3. Sexual and/or Physical Abuse Coverage limits:**

- \$25,000 Per Claim/\$50,000 Aggregate  
 \$50,000 Per Claim/\$100,000 Aggregate  
 \$100,000 Per Claim/\$300,000 Aggregate

**4. Annual gross receipts from all operations:** ..... \$ \_\_\_\_\_

**5. Number of Employees/Contractors:**

	Employed or Leased	Independent Contractors
Certified aerobic instructors		
Uncertified aerobic instructors		
Dieticians or nutritionists		
Masseuses		
Personal trainers		
Physical therapists		
Swim instructors		
Other (describe): _____		
Total number of employees/contractors		
Number of employees/contractors trained in CPR		

**6. For Independent Contractors:**

Are certificates of insurance required from all independent contractors? .....  Yes  No  
Is applicant included as an additional insured on independent contractors' policy? .....  Yes  No  
Limits the independent contractors are required to carry: ..... \_\_\_\_\_

**7. Members' ages range from \_\_\_\_ to \_\_\_\_.**

**8. Does membership agreement include a Hold Harmless clause (Liability Waiver) in favor of the applicant?** .....  Yes  No  
If yes, attach a copy.

**9. Other exposures: (Check all that apply.)**

- Altitude mimicking devices (i.e., CVAC)
- Climbing, Tread, or Boulder walls (Please complete Climbing Wall Questionnaire, GLS-APP-47s.)
- Day Care
- Electrode Machines  
Advise details: \_\_\_\_\_
- Foam pits
- Hydro-Massage Beds:..... Number: \_\_\_\_\_
- Internet or electronic media communication for exercise or health instruction or consulting
- Liquor sales:..... Receipts: \$ \_\_\_\_\_
- Parkour exercise
- Retail Sales
- Shower/sauna/steam or Jacuzzi facilities  
Do the floors for all these areas have non-skid surfaces? .....  Yes  No
- Snack Bar
- Swimming Pool  
Number of pools:..... \_\_\_\_\_  
Number of diving boards or platforms: \_\_\_\_\_ Height: \_\_\_\_\_  
Number of slides: \_\_\_\_\_ Height: \_\_\_\_\_  
Depth of pool markings clearly visible?.....  Yes  No  
Rules posted and life-safety equipment available at poolside? .....  Yes  No  
CPR-trained individual on duty at all times? .....  Yes  No  
Are all swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act? .....  Yes  No
- Tanning Beds, Booths and Spray-on Booths:..... Number: \_\_\_\_\_  
Goggles provided? .....  Yes  No  
Are all timers operated by an attendant? .....  Yes  No  
Are tanning units Underwriters Laboratory approved? .....  Yes  No  
Are all tanning units manufactured in the United States? .....  Yes  No  
Are all tanning units disinfected after each use? .....  Yes  No  
Do signs prohibit use of tanning units during pregnancy or if on medication? .....  Yes  No  
Are customers advised to remove contact lenses? .....  Yes  No  
Are waivers signed by each customer? .....  Yes  No  
If customer is under the legal age, is the parent required to also sign waiver? .....  Yes  No
- Tennis/Racquetball/Handball/Squash Courts: ..... Number of courts: \_\_\_\_\_
- Toning Beds: ..... Number: \_\_\_\_\_
- Trampolines  
Advise number, height and diameter: \_\_\_\_\_

**9. Other exposures (continued):** (Check all that apply.)

- Describe all off-site activities sponsored: \_\_\_\_\_
- None of the above

**10. Indicate any of the following the applicant provides:**

- Blood analysis
- Body wraps
- Medical stress testing
- Products manufactured by applicant (including, but not limited to, food and beverage supplements and vitamins)
- Products sold under applicants' name
- Protein diet plans
- Weight loss or diet clinics
- None of the above

If yes to any of the above, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 11. Is all equipment inspected regularly?** .....  Yes  No  
 Is inspection documentation maintained? .....  Yes  No  
 If yes, how long? ..... \_\_\_\_\_  
 Has any equipment been built by the applicant? .....  Yes  No  
 If yes, attach description.

**12. Premises:**

Hours of operation from \_\_\_\_\_ to \_\_\_\_\_.  
 Are staff members always present when clients are on the premises? .....  Yes  No  
 If no, advise monitoring and security requirements when staff is not present: \_\_\_\_\_

Is access to any operations limited or restricted (i.e., pool, sauna, tanning units, etc.)? .....  Yes  No  
 If yes, explain in detail: \_\_\_\_\_

Is parking lot well lit? .....  Yes  No  
 Armed Security Guard on premises? .....  Yes  No  
 Unarmed Security Guard on premises? .....  Yes  No

- 13. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?** .....  Yes  No  
 If yes, describe: \_\_\_\_\_

- 14. Does applicant have other business ventures for which coverage is not requested?** .....  Yes  No  
 If yes, explain and advise where insured: \_\_\_\_\_

**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 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 payable 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 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 under 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 AUTOMOBILE FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance

company, 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 value of the subject motor vehicle or stated claim for each violation.

**NEW YORK OTHER THAN AUTOMOBILE 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 stated value of the claim for each such violation.

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_



**CREATIVE UNDERWRITERS CORPORATION**  
 140 EAST MAIN STREET, CARMEL, IN 46032  
 1-800-769-4321 • Fax (317) 571-5767  
 E-mail: P&C@CreativeUnderwriters.com

## Commercial Package Application

Applicant's Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Agent Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

**PROPOSED EFFECTIVE/EXPIRATION DATES:**

From \_\_\_\_\_ To \_\_\_\_\_  
 12:01 A.M., Standard Time, at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

1. **Applicant is:**  Individual  Corporation  Partnership  Joint Venture  Other (Specify): \_\_\_\_\_
2. **Number of years in business:** \_\_\_\_\_
3. **Describe all business operations conducted by applicant:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### PROPERTY SECTION

**4. Premises information:**

Loc. No.	Street, City, County, State, Zip Code					Interest	Part Occupied
Premises No.	Exposure	Amount Requested	Coins. %	ACV/Repl. Cost	Cause of Loss	Deductible	Special Conditions
	Building	\$				\$	
	Contents	\$				\$	
	Business Interruption	\$				\$	
	Other	\$				\$	
Bldg. No.	Mortgagee or loss payee:						
	Additional coverages, restrictions and endorsement information:				Other carriers participating on risk:		
				1. _____ %			
				2. _____ %			

- **Construction type:** \_\_\_\_\_
- **Protection class:** \_\_\_\_\_
- **Number of stories:** \_\_\_\_\_
- **Total square foot area:** \_\_\_\_\_
- **Total number of units:** \_\_\_\_\_
- **Sprinklered?**  Yes  No
- **Operable smoke detectors?**  Yes  No
- **Year built:** \_\_\_\_\_

- **Building remodeling (include year):**
- Wiring?  Yes  No Year: \_\_\_\_\_
- Heating?  Yes  No Year: \_\_\_\_\_
- Plumbing?  Yes  No Year: \_\_\_\_\_
- Roof?  Yes  No Year: \_\_\_\_\_
- **Burglar alarm type:**  Local  Central Station
- **Fire alarm type:**  Local  Central Station

**GENERAL LIABILITY SECTION**

5.

Limits of Liability Requested		Premiums
General Aggregate	\$	Premises/Operations \$
Products & Completed Operations Aggregate	\$	
Personal & Advertising Injury	\$	Products/Completed Operations \$
Each Occurrence	\$	
Fire Damage (any one fire)	\$	Other \$
Medical Expenses (any one person)	\$	
Other Coverages, Restrictions and/or Endorsements	\$	Total \$
<b>Deductible</b>	\$	

**Schedule of Hazards**

Loc. No.	Classification	Class. Code	Premium Bases: (s) Gross Sales; (p) Payroll; (a) Area; (c) Total Cost; (t) Others	Terr.	Rate		Premium	
					Prem./Ops.	Products/ Comp. Ops.	Prem./Ops.	Products/ Comp. Ops.

6. Previous carrier and loss information (last three years):

Check if no losses last three years

Year	Company	Policy No.	Premium	Date of Loss	Losses Paid/Reserved	Description of Loss
Any other insurance with this company or being submitted? (Please list name[s] and/or policy number[s]):				Any policy or coverage declined, cancelled or non-renewed during the prior three years? Why? (Not Applicable in Missouri)		

This application does not bind YOU nor US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**APPLICABLE IN THE STATE OF NEW YORK:**

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 stated value of the claim for each such violation.

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APPLICANT'S SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

Agent Name: \_\_\_\_\_ Agent License Number: \_\_\_\_\_

**(Applicable to Florida Agents only.)**

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain 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.