



Blackmoor General Insurance Agency
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HEALTH & EXERCISE FACILITY APPLICATION

1. APPLICANT INFORMATION EFFECTIVE DATE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY, STATE, ZIP: _____
 TELEPHONE: _____ WEBSITE: _____

TERM: _____ YEARS IN BUSINESS: _____ NEW VENTURE: YES NO
 INDIVIDUAL CORPORATION PARTNERSHIP OTHER (EXPLAIN) _____

2. ADDRESS OF LOCATION TO BE INSURED
 STREET ADDRESS: _____
 CITY, STATE, ZIP: _____

3. LIMITS OF INSURANCE REQUESTED

GENERAL AGGREGATE LIMIT (OTHER THAN PRODUCTS – COMPLETED OPERATIONS)	\$ _____
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIES	\$ _____
PERSONAL AND ADVERTISING INJURY LIMIT	\$ _____
EACH OCCURRENCE LIMIT	\$ _____
FIRE DAMAGE LIMIT (UP TO \$50,000 LIMIT AVAILABLE)	\$ _____
MEDICAL EXPENSES LIMIT (UP TO \$5,000 LIMIT AVAILABLE)	\$ _____
EACH PROFESSIONAL INCIDENT LIMIT (IF APPLICABLE)	\$ _____

4. HAS APPLICANT HAD PREVIOUS INSURANCE FOR THIS ENTERPRISE? YES NO
 IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION:

INSURANCE COMPANY	POLICY PERIOD	LIMITS OF LIABILITY	PREMIUM	OCCURRENCE COVERAGE		TYPE OF COVERAGE
				YES	NO	

5. IS APPLICANT ENGAGED IN, OWNED BY, ASSOCIATED WITH OR INVOLVED IN ANY OTHER ENTERPRISE? YES NO
 IF YES, PROVIDE DETAILS: _____

6. PROVIDE DETAILS OF LICENSING OR CERTIFICATION NEEDED FOR THIS OPERATION: _____

7. PROVIDE THE NUMBER OF THE FOLLOWING PERSONNEL. OTHER AND EXPLAIN

PARTNERS, OWNERS, OFFICERS	_____	_____	_____
FULL TIME STAFF	_____	_____	_____
PART TIME STAFF	_____	_____	_____
INDEPENDENT CONTRACTORS	_____	_____	_____

8. DURING THE PAST 3 YEARS, HAVE ANY CLAIMS BEEN PRESENTED TO YOUR CURRENT OR PRIOR INSURANCE CARRIER? YES NO
 IF YES, PROVIDE DETAILS. INCLUDE DESCRIPTION OF CLAIM, AMOUNTS PAID AND RESERVES: _____

9. IS THE APPLICANT, OR ANY OTHER PERSON FOR WHOM INSURANCE IS BEING REQUESTED, AWARE OF ANY CIRCUMSTANCE WHICH MAY
 RESULT IN A CLAIM? YES NO
 IF YES, PROVIDE DETAILS: _____

10. HAS APPLICANT, OR ANY OTHER PERSON FOR WHOM COVERAGE IS BEING REQUESTED, HAD ANY LIABILITY APPLICATION DENIED,
 POLICY CANCELLED OR POLICY NOT RENEWED IN THE PAST THREE YEARS? YES NO
 IF YES, PROVIDE DETAILS: _____

11. PLEASE PROVIDE FACILITIES INFORMATION.

a. TANNING

- i. NUMBER OF TANNING BEDS/BOOTHES _____ FACE TANNERS _____
- ii. PERCENT OF UVA BULBS _____% PERCENT OF UVB BULBS _____%
- iii. ARE BEDS/BOOTHES CONTROLLED BY TIMERS? YES NO
- iv. WHO CONTROLS TIMERS? _____
- v. ARE CLIENTS REQUIRED TO USE GOGGLES? YES NO
- vi. TANNING RECEIPTS? _____

b. POOLS YES NO

- i. HEIGHT OF DIVING BOARDS? _____
- ii. LIFEGUARD ON DUTY? YES NO
- iii. MAXIMUM WATER DEPTH? _____
- iv. WATER DEPTHS MARKED ON POOL? YES NO

c. MARTIAL ARTS? YES NO

- i. # OF STUDENTS _____
- ii. TYPES OF WEAPONS TAUGHT? _____
- iii. LIGHT CONTACT YES NO
- iv. FULL CONTACT YES NO
- v. DO STUDENTS PARTICIPATE IN TOURNAMENTS? YES NO IF YES, EXPLAIN (# OF PARTICIPANTS,
 AGES, TYPE OF CONTACT) _____

12. CHECK SERVICES PROVIDED

- | | | |
|--|---|--|
| <input type="checkbox"/> AEROBICS | <input type="checkbox"/> NAUTILAUS, UNIVERSAL WEIGHT MACHINES | <input type="checkbox"/> SWIMMING |
| <input type="checkbox"/> CLIMBING WALL | <input type="checkbox"/> RAQUETBALL, TENNIS, HANDBALL # _____ | <input type="checkbox"/> TRAMPOLINE |
| <input type="checkbox"/> FREE WEIGHTS | <input type="checkbox"/> SAUNA/STEAM ROOM | <input type="checkbox"/> TREADMILLS |
| <input type="checkbox"/> JOGGING TRUCKS | <input type="checkbox"/> STAIRCLIMBERS | <input type="checkbox"/> WHIRLPOOL |
| <input type="checkbox"/> KARATE/MARTIAL ARTS | <input type="checkbox"/> STATIONARY BIKES, ROWING MACHINES | <input type="checkbox"/> CHIROPRACTIC OR MASSAGE |
| <input type="checkbox"/> NUTRITIONAL COUNSELING OR SUPPLEMENTS | <input type="checkbox"/> SNACK/JUICE BAR/RESTAURANT | |

TYPE: _____

TYPE: _____

13. DO SHOWERS, POOL, WHIRLPOOL AREA AND STEAM ROOM HAVE NON-SKID FLOORS? YES NO

14. DO YOU PROVIDE CHILDCARE FOR YOUR CLIENTS?

YES NO

a. IF YES, PLEASE COMPLETE THE FOLLOWING:

i. NUMBER OF CHILDREN UNDER CARE AT ANY ONE TIME: _____

ii. NUMBER OF CHILDCARE ATTENDANTS: _____

iii. AGE OF YOUNGEST CHILD YOU WILL ACCEPT: _____

iv. WILL YOU ACCEPT SICK CHILDREN? YES NO

15. TOTAL NUMBER OF MEMBERS: _____ AVERAGE AGE? _____ ANNUAL RECIEPTS \$ _____

16. HOURS OF OPERATION: FROM _____ TO _____

17. ARE MEDICAL EXAMINATIONS REQUIRED FOR NEW MEMBERS? YES NO

18. WHAT IS YOUR PROCEDURE FOR HANDLING ACCIDENTS OR INJURIES? _____

19. DOES YOUR STAFF HAVE TRAINING IN CPR AND FIRST AID? YES NO

20. ARE ALL INSTRUCTORS MEMBERS REQUIRED TO BE CERTIFIED YES NO

21. ARE SIGNED RELEASE/WAIVER OF LIABILITY REQUIRED PRIOR TO USING YOUR CENTER YES NO

22. LIST ANY PRODUCTS SOLD ON PREMISES: _____

23. APPLICANT SIGNATURE: _____ DATE: _____

24. PRODUCER NAME: _____

ADDRESS: _____