

# 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

*Instant Quote is only available for accounts with no losses in the past three years. If there is loss history, please complete the entire application.*

Applicant's name (include DBA name): \_\_\_\_\_

Mailing address: \_\_\_\_\_

Location address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Web address: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance contact name: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Form of business:  Individual  Corporation  Partnership  LLC  Trust  Other \_\_\_\_\_

### Description of Operations:

1. What year did the business start? \_\_\_\_\_
  2. How many years has the applicant been at the current location? \_\_\_\_\_
  3. Do you own the building?  Yes  No
- (If "No," skip Building Owner questions under both the Property and Liability sections below)*

### Property Coverage

<b>Building Construction:</b>			
<input type="checkbox"/> Frame	<input type="checkbox"/> Joisted masonry	<input type="checkbox"/> Noncombustible	<input type="checkbox"/> Other _____
<input type="checkbox"/> Masonry NC	<input type="checkbox"/> Modified fire resistive	<input type="checkbox"/> Fire resistive	
Protection Class	Cause of Loss	Requested Validation	Deductible
_____	<input type="checkbox"/> Basic <input type="checkbox"/> Special	<input type="checkbox"/> Replacement cost <input type="checkbox"/> Actual cash value	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$ _____,000
Coinsurance <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100%			
<b>Business Personal Property Limit:</b> \$ _____			
<b>Business Income and Extra Expenses Limit:</b> \$ _____			
Building owner: Building Limit: \$ _____			
What year was the building constructed? _____			
What is the square footage of the entire structure? _____ sq. ft.			
Is the building fully protected by an operational sprinkler system covering 100% of the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No			

### General Liability Coverage

4. Occurrence/Aggregate limit  \$100,000/\$200,000  \$300,000/\$600,000  \$500,000/\$1,000,000  \$1,000,000/\$2,000,000
5. Abuse and molestation liability limit  \$100,000/\$300,000  \$300,000/\$300,000  \$500,000/\$500,000  \$1,000,000/\$1,000,000
6. Exposure basis:
  - Annual gross sales: \$ \_\_\_\_\_
  - Number of members: \$ \_\_\_\_\_
  - # Full-time employees: \_\_\_\_\_ # Part-time employees (<30 hrs/week): \_\_\_\_\_
7. Number of sports courts: \_\_\_\_\_