Member Companies of Western World Insurance Group

☐ Western World Insurance Company

☐ Tudor Insurance Company

Application For **Health and Exercise Studios**

1. Name of Applicant: ____________________
   Street Address: ____________________
   City: ____________________ State: __________ Zip: ______
   Applicant's Web Site Address: ____________________
2. Type of Organization: ☐ Individual ☐ Partnership ☐ Corporation ☐ Other
   (Please explain.) ____________________
3. Address of Location to be Insured (If same as above, write "same.")
   Street Address: ____________________
   City: ____________________ State: __________ Zip: ______
4. Date Established: ____________________
5. List full names of individuals or partners and their interests. ____________________

6. Please provide prior insurance information for this enterprise. If none, check here. ☐

Insurance Company	Policy Period	Limits of Liability	Premium	Type of Coverage	Occurrence or Claims Made

7. Is the applicant engaged in, owned by, associated with or involved in any other enterprise? ☐ Yes ☐ No
   If yes, please provide full details on Attachment to A52.
8. Provide full details of licensing or certification needed for this operation. ____________________

   Has your license ever been suspended or revoked? ☐ Yes ☐ No
   If YES, provide full details: ____________________

   Do you have any outstanding violations cited in an inspection that have not been corrected? ☐ Yes ☐ No
   If YES, provide full details: ____________________

   ☐ *Check here if continued on Attachment to A52.*
9. Please show number of

   ______ Partners, Owners, Officers ______ Other (Please explain.) ______
   ______ Full Time Staff ______ Other (Please explain.) ______
   ______ Part Time Staff ______ Other (Please explain.) ______
   ______ Independent Contractors ______ Other (Please explain.) ______

10. Hours of Operation: From: ________ To: ________

Are there any unstaffed hours of operation? ☐ Yes ☐ No

If YES, please explain: ________

If members can used the facility when it is unstaffed, are there security cameras or other monitoring devices on premises? ☐ Yes ☐ No

If YES, please describe: ________

If there are security cameras, is monitoring on a "real time" basis? ☐ Yes ☐ No

If YES, who monitors? ________

11. During the past **three (3) years**, have any claims been presented to your current or prior insurance carrier(s)? *If yes, please provide description of claim(s), date of loss, amount(s paid and reserved on Attachment to A52.)* ☐ Yes ☐ No

12. Is the applicant, or any other person for whom insurance is being requested, aware of any circumstances which may result in a claim? ☐ Yes ☐ No
If yes, please provide full details on Attachment to A52.

13. Has the applicant, or any other person for whom coverage is being requested, had any application for liability insurance denied, policy cancelled or non-renewed in the past **three (3) years**? ☐ Yes ☐ No
If yes, please provide full details on Attachment to A52.

14. Please provide the following facilities information.

TANNING:

Any spray tanning operations? ☐ Yes ☐ No Are beds/booths controlled by timers? ☐ Yes ☐ No

If spray tanning, is use of eye and hair protection required? ☐ Yes ☐ No Are FDA warning signs posted? ☐ Yes ☐ No

Number of beds/booths ________

Who controls the timers? ________ Location of timers? ________

Percentage of? UVA Bulbs ________ % UVB Bulbs ________ %

Are clients required to use goggles? ☐ Yes ☐ No List tanning sales. $ ________

Are all beds cleaned after each use? ☐ Yes ☐ No

POOLS:

Does the facility have a pool? ☐ Yes ☐ No Is a lifeguard on duty? ☐ Yes ☐ No

List the height of diving board(s) ________

Are water depths marked on the pool? ☐ Yes ☐ No List maximum water depth ________ Feet

Does pool comply with requirements of Federal Virginia Graeme Baker Pool & Spa Safety Act? ☐ Yes ☐ No

Drain covers meet the ANSI/ASME A112. 19.8-2007 standard on **EVERY** drain/grate? ☐ Yes ☐ No

Pool has an automatic shut-off system, gravity drainage system, Safety Vacuum Release System, suction limiting vent system or disabled drain? ☐ Yes ☐ No

Are dual or multiple drains at least three (3) feet apart? ☐ Yes ☐ No

COURTS:

Does the facility have racquet ball/tennis/handball court(s)? ☐ Yes ☐ No List # of courts. ________

Is eye protection mandatory for all racquetball players? ☐ Yes ☐ No

MARTIAL ARTS STUDIOS

List all styles and disciplines taught.

Provide list of Protective equipment used by students: ________

Are students or their parents/guardians (for minors) required to sign liability waivers and/or hold harmless agreements? ☐ Yes ☐ No

Any use or sale of Martial Arts weapons? ☐ Yes ☐ No

NUTRITIONAL COUNSELING/DIET CLINICS

Are any diets recommended under 1000 calories per day? ☐ Yes ☐ No

Are counselors trained/credentialed in nutritional counseling? ☐ Yes ☐ No

OTHER OPERATIONS

- [ ] Nutritional Counseling
- [ ] Snack/Juice Bar/Restaurant (List type of food.)
- [ ] Whirlpool
- [ ] Sauna/Steam Room
- [ ] Aerobics
- [ ] Jogging Track
- [ ] Treadmills
- [ ] Nautilus Type Equipment
- [ ] Trampoline
- [ ] Climbing Wall
- [ ] Free Weights
- [ ] Contact Kick Boxing
- [ ] Boxing or Wrestling Exposures
- [ ] Massage Therapy
- [ ] Blood analysis
- [ ] Sales of Martial Arts Weapons
- [ ] Stress Testing
- [ ] Climbing walls (complete Supplementary App A 82)
- [ ] Sales of Food Supplements including vitamins
- [ ] Spa Services
- [ ] Gymnastics – with gymnastic apparatus
- [ ] Floatation tanks/sensory deprivation chambers
- [ ] Dance Studio
- [ ] Medically Monitored Exercise programs
- [ ] Personal Trainer
- [ ] List other equipment or facilities ______________________________

15. Do showers, pool, whirlpool area and steam room have non-skid floors? ☐ Yes ☐ No
16. List any products sold on premises. ______________________________

____

☐ *Check here if continued on Attachment to A52.*

17. Is childcare provided for clients? ☐ Yes ☐ No
    Number of children under care at any one time. __________ Number of child care attendants. __________
    Age of youngest child accepted. __________ Are sick children accepted? ☐ Yes ☐ No
18. Total # of Members __________ Average Member Age __________
    Are all members required to sign a waiver of liability form? ☐ Yes ☐ No
    Are all new members trained in the proper use of the equipment? ☐ Yes ☐ No
19. Are medical examinations required for new members? ☐ Yes ☐ No
20. Do staff members have training in CPR and First Aid? ☐ Yes ☐ No
21. Is there a defibrillator on the premises? ☐ Yes ☐ No If YES, have employees been trained in its use? ☐ Yes ☐ No
    What is the procedure for handling accidents or injuries? ______________________________

____

☐ *Check here if continued on Attachment to A52.*

22. Annual Sales $ __________ Hours of Operation: From: __________ To: __________
23. Name and phone number of person to contact for inspection/audit.
    Name ______________________________ Phone __________
24. **Limits of Insurance Requested**:

General Aggregate Limit (Other Than Products – Completed Operations)	$ ________	
Products – Completed Operations Aggregate Limit	$ ________	
Personal and Advertising Injury Limit	$ ________	
Each Occurrence Limit	$ ________	
Damage to Premises Rented by You (Up To $100,000 Limit Available)	$ ________	Any One (1) Premises
Medical Expense Limit (Up To $5,000 Limit Available)	$ ________	Any One (1) Person
Each Professional Incident Limit (If Applicable)	$ ________	

25. Effective Dates Desired - From: __________ To: __________

FOR SEXUAL MOLESTATION COVERAGE , PLEASE COMPLETE QUESTIONS 26 THROUGH 30.

$25,000/50,000 limit is included at no additional charge. Higher limits are available for an additional premium charge (see below). If sexual molestation coverage is not desired, please check here ☐ Coverage is NOT requested.

26. Has your facility had any incidents or claims brought against it for sexual molestation? or any other allegation of misconduct? ☐ Yes ☐ No
    Please provide details: ______________________________

27. Has any facility that you have been associated with in the past ever had any incidents occur or claims brought against it while you were there? ☐ Yes ☐ No

Describe: ____

28. Does your facility do background checks on all employees and volunteers? ☐ Yes ☐ No

Describe type of checks performed (prior employer, police, etc.) ________________________

29. Are there written guidelines in place regarding sexual misconduct? ☐ Yes ☐ No

If NO, please explain: ________________________________

30. Please check the limits you are requesting:

☐ $25,000/50,000 – included ☐ $50,000/100,000 ☐ $100,000/300,000 ☐ Other

Applicant's Signature: ____________________ Date: ____________________

Title: ____________________ Producing Agent: ____________________

Application For **Health and Exercise Studios** *Attachment to A52*

Name of Applicant ______________________________

#	Description or Full Details