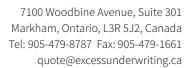




GameDay Fitness Club Application Form

General Information			
BrokerName:			
Name of Insured:			
Mailing Address:			
Risk Address:			
Contact Name:		Title:	
Website:			
Telephone Number:	Email Address		
Effective Date:	Ex	piry Date:	
Number of years in operation	:		
Annual Gross Receipts:			
Number of Members:			
What is the minimum age req	uirement for facility use?		
Are minors required to be acc	companied by a parent/guardian?		
' 			
Business Operations			
	s of your business:		
r tease explain the operations	or your business.		
Is a waiver or hold harmless a	agreement signed by each member and gu	est? Yes No	
	to your facility, operations and services offe		
Training Units	Swimming Pools	Whirlpools/Jacuzzi/Cold Plunge	
Steam rooms	Aerobics/Step Aerobics	Running Tracks	
Gymnastics	/ ' Ice/Roller Skating/Blading	Boxing/Kick Boxing	
Martial Arts	Sports Med/Rehab/Therapy	Physicals/Stress Testing	
Pro Shop	Restaurant	Blood	
Analysis	Vitamin Injections	Camp Programs	
Snack/Juice Bar	vitariiii irijections	Campinograms	
	sing events Please Evaluin?		
DO YOU HOSE SOCIAL OF IUHUFAIS	sing events, Please Explain?		
	V N-		
Is there any liquor exposure	Yes No		







Employee Information				
List management experience and qualifications:				
Number of Employees:				
Are all personnel (Including instructors & Trainers) your employees? Yes No				
If no, are they required to carry their own Insurance? Yes No				
What certifications are your trainers/instructors required to have?				
Are your employee's first aid or certified in CPR? Yes No				
Are employees, instructors, trainers available in each area of the facility for supervision, spotting and emergencies? Yes No				
Facility				
How often is equipment inspected/maintained?				
Are maintenance logs maintained? Yes No				
Who is responsible for repairs to the equipment?				
What safety features are installed in the facility?				
Sprinkler Alarms Smoke Detectors Fire Extinguishers				
Are there showers in the facility? Yes No				
If yes, please advise the number of showers and type of flooring:				
Nursery & Day Care				
Does your facility offer nursery or day care services? Yes No				
boes your facility offer flursery of day care services: Tes No				
Restaurant/Snack or Juice Bar				
Please select all that apply:				
Restaurant Snack Juice bar Vending Machines				
Are Deep Fryers/Grilled protected by an automatic extinguishing system Yes No				







Gymnastics				
Is Gymnastics offered? Yes No				
Are participants always supervised and spotted Yes No				
Please list all apparatuses applicable to gymnastics in your facility:				
Swimming Pools				
What is the height of each driving board?				
Are certified lifeguards on duty at all times? Yes No				
Describe safety precautions around the pool area and what life-saving equipment available?				
Martial Arts				
What types of martial arts are instructed?				
Are classes: Contact Non-Contact				
What are the instructor's qualifications?				
What safety equipment is used?				
what safety equipment is used:				
Liability				
Are waivers, release or consent forms signed by participants? Yes No				
If no, please explain why:				
Current Insurer: Policy Number:				
Limit of liability required: \$1,000,000 \$2,000,000 \$3,000,000 \$5,000,000				
Are there any losses in the last 5 years? Yes No				
If yes, please provide full details including date, loss description, amounts paid out/reserves and status of claim:				
Has any company previously declined or cancelled any insurance coverage? Yes No				
If yes, please explain?				







Directors' and Officers'/Errors and Omissions						
Do you require Directors' and Officers' Insurance? Yes No						
Do you require Errors and Omissions insurance? Yes No						
Limit of coverage required: \$1,000,000 \$2,000,000 \$3,000,000 \$5,000,000						
How often is an audit completed?						
Has the organization filed a federal income tax return in the last 5 years? Yes No						
Do you have by-laws? Yes No						
If yes, when were your by-laws last updated?						
Has any company previously declined or cancelled any insurance coverage? Yes No						
If yes, Please provide details:						
Current Insurer: Policy Number:						
Are there any losses in the last 5 Years? Yes No						
If yes, please provide details:						
Sport Accident De veu require portigioent accident severege? No. No.						
Do you require participant accident coverage? Yes No						
Current Insurer: Policy Number:						
Has any company previously declined or cancelled any insurance coverage? Yes No						
If yes, Please provide details:						
Are there any losses in the last 5 Years? Yes No If yes, please provide details:						
If yes, please provide details.						
Property Coverage						
Do you require property coverage? Yes No						
If yes, please complete a property supplement form						
I certify that all information is truthful and accurate to the best of my knowledge.						
Authorized Signature:	Date:					
Please Print Name:						



The signing of this application does not bind insurance.