



PROFESSIONAL LIABILITY APPLICATION
for
FITNESS CENTER / INSTRUCTION / HEALTH CLUB

INSTRUCTIONS: ANSWER ALL QUESTIONS; APPLICANT'S NAME MUST INCLUDE THE NAMES OF ALL BUSINESSES AND LOCATIONS FOR WHICH COVERAGE IS DESIRED.

If the answer is NONE, state NONE;

If the answer is NOT APPLICABLE, state NOT APPLICABLE (N/A).

If the space provided is insufficient to fully answer the question, PLEASE ATTACH A SEPARATE SHEET.

NOTE: APPLICATION MUST BE DATED AND SIGNED BY OWNER, PARTNER, OFFICER OR ADMINISTRATOR. PLEASE TYPE OR PRINT IN INK.

PART I. GENERAL INFORMATION

- 1.1 Applicant Name (Including dba's):
1.2 Mailing Address:
1.3 Location Address(es):
County (parish) of each location:
1.4 Telephone Number: Office / Fax
1.5 Person to contact for survey: Name Title
1.6 Entity is Individual Corporation Partnership Professional Association/Corporation Other. (Describe)
1.7 Entity is For Profit Non-Profit (if Non-Profit, advice source of funds).
1.8 Proposed effective date Year entity established :
1.9 Requested Limits of Liability (if available):
Professional Liability \$ Incident \$ Aggregate
General Liability \$ Occurrence \$ Aggregate
1.10 Annual Gross Receipts: Estimated next twelve months -\$ last twelve months - \$
1.11 Total Premises Square Footage Occupied by Applicant: If any services provided away from applicant's own premises, describe:
1.12 List all memberships in professional organizations:

PART II. EXPOSURES

2.1 Staff: Indicate numbers for each of the following categories of staff:

Table with 3 columns: Category, No. Employed (W-2), No. Contracted (1099). Rows include Self-Defense / Fitness Instructor, Massage / Physical Therapy, Nutritionalist / Counselor, and Others / describe.

\_\_\_\_\_

2.2 Total number of Members/Clients: \_\_\_\_\_ Maximum # on premises at one time? \_\_\_\_\_

2.3 Breakdown the number of members/clients by age group as follows:

_____	Under 5 years of age	_____	18 - 30 years old
_____	5 - 12 years old	_____	30 - 60 years old
_____	12 - 18 years old	_____	Over 60 years old

2.4 Indicate Martial Arts/Self-defense styles instructed and check the appropriate contact types and safety equipment required.

STYLE INSTRUCTED	CONTACT				SAFETY EQUIPMENT				
	FULL	TOUCH	HEAD	GROIN	MOUTH	HEAD	HAND	FOOT	GROIN

2.5 EQUIPMENT / FACILITIES : (a) Indicate the number of exposures & describe all exercise units now shown:

<i>Exposure</i>	<i>Number</i>	<i>Exposure</i>	<i>Number</i>
Free Weight Equipment (pounds)	_____	Swimming Pool	_____
Machine Weight Equipment (# units)	_____	Whirlpool / Hot Tub	_____
Cardio-Vascular Equipment (# units)	_____	Sauna / Steam bath	_____
Stretching Equipment (# units)	_____	Tennis/Racquetball Ct	_____
Kicking Bags	_____	_____	_____
Tanning Units *	_____	_____	_____

(\* Does UVB exceed 5% \_\_\_ Yes \_\_\_ No)

- (b) Are instructions & warnings posted concerning the proper use of all equipment & facilities? \_\_\_ Yes \_\_\_ No
- (c) Who inspects / maintains equipment ? \_\_\_\_\_ Is this by documented schedule ? \_\_\_ Yes \_\_\_ No
- (d) Are all wet areas protected with Non-Slip surfaces ? \_\_\_ Yes \_\_\_ No – Describe: \_\_\_\_\_
- (e) Do all heated elements have thermostats in place and tamperproof? \_\_\_ Yes \_\_\_ No
- (f) Do all heat elements have guard rails? \_\_\_ Yes \_\_\_ No
- (g) All wiring & electrical equipment FDA approved and UL Listed? \_\_\_ Yes \_\_\_ No
- (h) Is any equipment loaned or rented to clients? \_\_\_ Yes \_\_\_ No – Written Agreement signed? \_\_\_ Yes \_\_\_ No

2.6 Describe in detail any instruction which involves the use of any weapons (other than non-functional props).

2.7 Do you travel to tournaments? \_\_\_ Yes \_\_\_ No. If yes, indicate the number of tournaments (\_\_\_\_\_) and the number of applicants, members/clients participating (\_\_\_\_\_).

2.8 Do you sponsor or host any tournaments (**NOTE!** No coverage is afforded for this activity unless specifically endorsed on your policy) \_\_\_ Yes \_\_\_ No. If yes, describe in detail including, but not limited to, where held, number of attendees, number of participants, receipts received, the "style" involved and safety equipment required.

2.9 Do you conduct demonstrations away from your own premises?  Yes  No. If yes, indicate the number conducted ( \_\_\_\_\_ ), where conducted ( \_\_\_\_\_ ) and the number of your members/clients participating ( \_\_\_\_\_ ).

2.10 Do you conduct special self-defense classes for social groups, public groups or similar organizations?  Yes  No If yes, indicate:

# Classes	# Students	Gross Receipts
_____	_____	_____
_____	_____	_____

and describe the groups involved, where held and type and style of instruction provided. \_\_\_\_\_

2.11 Do you sell or distribute any products or equipment?  Yes  No. If yes, indicate:

(a) PRODUCT / EQUIPMENT	YES	NO	RECEIPTS
Uniforms	_____	_____	_____
Food, Vitamins, Herbs	_____	_____	_____
Weapons (describe)	_____	_____	_____
Equipment (describe)	_____	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____

(b) Do you sell any products under your own label ?  Yes  No If Yes, give full details of description of products, receipts from sales, who manufacturers ( & their products liability coverage) \_\_\_\_\_

(c) Do you provide food service: Restaurant service?  Yes  No Vending machines?  Yes  No

2.12 Do you carry an "accident" policy to cover your members/clients for injuries sustained while participating in your instruction?  Yes  No. If yes, indicate:

Insurer	Policy #	Limit of Liability	Policy Term
_____			

**NOTE!** This coverage will be **required** in most circumstances.

### **PART III. RISK MANAGEMENT**

3.1 Describe any formal training/education requirements for employees. \_\_\_\_\_

3.2 Is the staff required to have CPR training?  Yes  No. First Aid?  Yes  No.  
Are instructors present during all sparring?  Yes  No.

3.3 Are Liability Release Forms\*\* signed by members / clients?  Yes  No

3.4 Are Liability Release Forms\*\* signed by the parents (both) or registered legal guardian of any minor (under 18 years of age) before being permitted to participate in any activity?  Yes  No

**\*\*ATTACH COPIES OF ALL OF LIABILITY RELEASE FORMS\*\***

3.5 Do you enter into any contractual agreements (other than lease of premises agreements) in which you hold others harmless?  Yes  No If yes, attach copies of all such contracts.

3.6 Do you advertise\*\* other than local telephone directory listing?  Yes  No

**\*\*ATTACH COPIES OF ALL ADVERTISING MATERIALS\*\***

3.7 Indicate which apply to property:  Sprinklered  Fire Alarm  Smoke Detectors  
 # Exits Clearly Marked  # Fire Extinguishers

3.8 Do you have a written incident/occurrence reporting policy and procedures?  Yes  No

3.9 Have you or any of your employees:

- a) Ever been the subject of disciplinary or investigatory proceedings or reprimanded by an administrative or governmental agency, hospital or professional association?  Yes  No
- b) Had any certification or license refused, suspended, revoked, renewal refused or accepted only with special terms or has applicant or any of its employees voluntarily surrendered any certification or license?  Yes  No
- c) Been convicted for an act committed in violation of any law or ordinance other than traffic offenses?  Yes  No

**IF THE ANSWER TO ANY OF 3.9 IS YES, PLEASE ATTACH A DETAILED EXPLANATION.**

3.10 Please describe in detail any additional operations, business pursuits, joint ventures in which your facility is currently engaged which would fall outside the scope of typical martial arts/self-defense instruction.  
None  Describe \_\_\_\_\_  
\_\_\_\_\_

**PART IV. HISTORY**

4.1 List prior liability insurers for the past five years, starting with the most recent year. If none, so state.

Insurer	Policy Number	Limits of Liability	Premium	Eff. Date	Claims-Made Form**	
					Yes	No
1. _____						
2. _____						
3. _____						
4. _____						

\*\* If Claims-Made Form, what is the most recent retroactive date? \_\_\_\_\_

4.2 Have any of your members/clients been injured on your property or while participating in any activities under your direction or instruction during the last six years which resulted in medical costs exceeding \$500.00 ?  
 Yes  No If yes describe injury and cost:  
\_\_\_\_\_  
\_\_\_\_\_

4.3 Have any claims been made or occurrences reported during the past six years against any of the proposed insureds or against any entity in which any proposed insured has or has had an interest?  Yes  No If

yes, please describe, indicate status of the claim or suit, and any amount(s) paid or reserved (attach an additional sheet if necessary). \_\_\_\_\_

\_\_\_\_\_

4.4 Does any proposed insured have any knowledge of an event, circumstance or occurrence (other than any listed in 4.3 above) prior to the effective date of the proposed policy, or does any proposed insured foresee that a claim may be brought as a result of said event, circumstance or occurrence?  Yes  No  
If yes, describe the event and indicate the reason for anticipation of a claim. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand and agree this Application and any and all supplements attached hereto may be made a part of any policy issued, and any such policy will be issued in reliance upon the representation made herein. I further understand and agree that failure to provide a true and accurate response to the foregoing questions may, at the option of the Company, result in the voiding of insurance issued in reliance on this Application and/or denial of claims under any policy issued.

I authorize and consent to investigations of information bearing upon moral character, professional reputation and fitness to engage in the activities of my business including authorization to every person or entity, public or private, to release to the company providing insurance coverage and Mid-Continent General Agency, Inc. any documents, records or other information bearing upon the foregoing.

I understand and agree these investigations shall not be confined to information submitted in this application, but shall include any other sources of information deemed relevant by the Company as may be authorized by law.

Applicant and all owners, employees, and contractors are licensed or duly authorized in all states or jurisdictions where professional services are provided. Applicant warrants the truth of all answers to the above questions, and that applicant has not withheld any information which is calculated to influence the judgment of the insurance company in considering this application.

**IMPORTANT: THIS APPLICATION MUST BE SIGNED BY THE APPLICANT. SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Title