

HEALTH CLUB PAK PROGRAM APPLICATION

General and Professional Liability (11/05)

NOTE: To add Commercial Property, Crime or Inland Marine, attach appropriate ACORD applications or equivalent.

APPLICANT INFORMATION

Name _____
 Address _____
 City, State, Zip _____ Policy Term _____
 Telephone _____ Professional License Type and Number (if required) _____

Business Organization: ☐ Individual ☐ Partnership ☐ Corporation ☐ Other _____

GL & Prof. Limits Requested: Occurrence _____ Personal Injury/Advertising _____

General Aggregate _____ Medical Payments _____

Prods/Comp Ops Aggregate _____ Fire Legal _____

Estimated annual payroll \$ _____ Estimated annual receipts \$ _____ Years in business _____

Number of Full-time employees _____ Part-time _____ Independent Contractors _____ Other _____

List licensing certification requirements (For instructor only, teaching certification achieved) _____

Check services provided:

- | | |
|---|--|
| <input type="checkbox"/> Whirlpool
<input type="checkbox"/> Aerobics
<input type="checkbox"/> Free weights
<input type="checkbox"/> Nautilus-Universal weight machines
<input type="checkbox"/> Swimming pools (attach specifics)
<input type="checkbox"/> Other (Be Specific) _____
<input type="checkbox"/> Martial Arts (Describe) _____ | <input type="checkbox"/> Racquetball, Tennis, Handball
<input type="checkbox"/> Jogging track
<input type="checkbox"/> Sauna, Steam Room
<input type="checkbox"/> Stationary bikes, Rowing machines
<input type="checkbox"/> Tanning beds (attach supplemental application)

Number of students _____ Type of weapons taught _____
If students participate in tournaments, explain number, ages, type of contact, etc.) _____ |
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Provide a copy of membership contract.

Describe any products sold on premises _____

THREE YEAR LOSS EXPERIENCE

Date

Losses (description and amounts paid and incurred)

Applicant Signature

Producer Name & Address

COVERAGE IS NOT BOUND UNTIL APPROVED BY THE COMPANY