



MARKEL INSURANCE COMPANY

PO Box 3870, Glen Allen, VA 23058-3870
(804) 527-2700 (800) 900-1155 Fax (804) 273-6144
www.markelinsurance.com

Health, Swim and Racquet Club Application

(Application required for each location)

Section I – General Information

Name, as it should appear on the policy: _____

Owner's Name: _____ E-mail: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____ Web site: _____

Section II – Business Information

Corporation Individual LLC Partnership Organization

Please indicate liability limit requested: \$500,000 \$1,000,000 Years in business: _____

years experience of current management: _____ Years at this location: _____

Please indicate the desired effective date: _____
month / day / year

Street Address: _____

City: _____ State: _____ Zip: _____

1. Do you own or rent facility? Own Rent

If renting, Landlord Name: _____

Landlord Mailing Address: _____

2. Do you sublease space? Yes No

If Yes: a) To whom do you sublease? _____

b) For what purpose? _____

c) Do you require a Hold Harmless or Certificate of Insurance? Yes No
(If Yes, please attach a copy.)

3. Is this your primary occupation? Yes No If not, what is? _____

4. Please describe other business activities you own, operate, or manage. _____

Section III – Insurance Information

5. Is facility currently insured? Yes No Annual Premium: \$ _____

Insurance Company Name (not agency): _____

6. Has a liability or medical claim been made in the last 4 years? Yes No

If Yes:	Type of Loss	Description of Loss	Amount of Loss
Date of Loss	(Acc. Med, Liability)		
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

7. Has similar insurance been canceled or declined in the last 5 years? Yes No

If Yes, explain: _____

Section IV – Operations/Employment Information

8. Square footage of the facility: _____ sq. ft.

9. Annual gross receipts: \$ _____

10. Number of Employees: Full-time: _____ Part-time: _____

11. Do you employ or contract with any of the following at your facility:

			# of Employees	# of Independent Contractors
a) Beauticians/aestheticians?	<input type="checkbox"/> Yes <input type="checkbox"/> No		_____	_____
b) Physical therapists?	<input type="checkbox"/> Yes <input type="checkbox"/> No		_____	_____
c) Massage therapists?	<input type="checkbox"/> Yes <input type="checkbox"/> No		_____	_____
d) Personal trainers?	<input type="checkbox"/> Yes <input type="checkbox"/> No		_____	_____

12. Do you offer Body Wrapping? Yes No

13. Do you have subcontractors (in addition to any listed above in #11)? Yes No

If Yes: Types: _____

14. Do you require a Certificate of Insurance from all independent contractors? Yes No N/A

15. Are all employees trained in CPR/First Aid? Yes No

If No, how many are trained? _____

16. Do you provide training for CPR/First Aid by a certified organization? Yes No

17. Is someone with CPR/AED/First aid training on duty at all times? Yes No

a) Do you have working and accessible Automatic External Defibrillator (AED) onsite? Yes No

18. Do you operate a Key Club? Yes No (A Key Club is a facility that is open 24 hours or a facility where members may gain entrance at leisure, with no supervising employees on premises.)

19. Are you open to members and their guests only? Yes No

If No, please explain: _____

20. What percentage of your membership is rehab? _____% (i.e. joined on a doctor's recommendation to exercise for rehab purposes)

21. Do you require Hold Harmless/Waivers to be signed by all members? Yes No

If Yes, please attach a copy.

22. How often do you inspect your premises? Daily Weekly Monthly Other _____

23. How often do you inspect your equipment? Daily Weekly Monthly Other _____

24. Is equipment inspected annually by a professional servicing company? Yes No

If Yes, company name: _____

25. How often do you inspect wet areas? Daily Weekly Monthly Other _____

26. Do you keep a maintenance log for inspections of all equipment and machinery in wet areas? (i.e. saunas, hot tubs, jacuzzis)
 Yes No

Section V – Census Information

27. Number of members projected this year: Adults: _____ Children under 18 years: _____

28. Number of active members: _____

29. Number of members at this location: _____

Section VI – Financial Information

30. Annual gross receipts from membership fees: \$ _____

31. Do you sell products? Yes No

If Yes: a) Annual Receipts from: Clothing: \$ _____
Equipment – Retail: \$ _____
Dietary Supplements: \$ _____
Other Products: \$ _____ Describe: _____

b) Do you manufacture or re-label any as your own product? Yes No

If Yes, which products? _____

c) Do sales for any product exceed 10% of total gross receipts? Yes No

If Yes: Who manufactures the product(s)? _____

Are they sold under your label? Yes No

Are they sold under the manufacturer's label(s)? Yes No

Are you named as additional insured/vendor under the manufacturer's insurance policy? Yes No

32. Do you have any of the following: Annual Receipts (\$)

a) Snack Bar/Restaurant? Yes No \$ _____

b) Liquor/Wine/Beer? Yes No \$ _____ *(Note: Market does not provide liquor liability coverage.)*

c) Physical Therapy? Yes No \$ _____

d) Tanning? Yes No \$ _____

e) Nursery/Babysitting? Yes No \$ _____

f) Other income? Yes No \$ _____

If Yes, describe sources (including other businesses or activities): _____

Section VII – Safety/Activities Information

33. Do you have any of the following:

a) Standard Health Club equipment? *(i.e. free weights, circuit machines, cardiovascular, etc.)* Yes No

b) Aerobics? Yes No

c) Handball? Yes No

d) Tennis? Yes No

e) Basketball? Yes No

f) Racquetball? Yes No

g) Whirlpool? Yes No

h) Shower Room? Yes No

i) Steam Room? Yes No

j) Sauna? Yes No

k) Hot Tub? Yes No

34. Do you have non-slip surfaces in all wet areas? Yes No

35. Do you have tanning devices? Yes No If Yes: How many beds? _____
(If Yes, please complete our Tanning Bed Supplement.)

36. Do you have swimming pools? Yes No **(If Yes, please complete our Aquatics Supplement.)**

37. Do you have a climbing wall? Yes No **(If Yes, please complete our Climbing Wall Supplement.)**

38. Do you have any other indoor recreational facilities/soft play equipment? Yes No
(If Yes, please provide a list of equipment.)

39. Do you have a summer camp offsite? Yes No
(If Yes, please complete our Travel, Tournaments, Camps & Competitions Supplement.)

40. Do you have a restaurant/snack bar? Yes No

If Yes: Do you have the following:

- a) Deep Fryer? Yes No If Yes, is it equipped with an automatic fuel shut-off? Yes No
b) Grill? Yes No
c) Ansul System? Yes No

Section VIII – Day Nursery/Babysitting (Complete if applicable)

41. Square footage of nursery area: _____ Sq. Feet
42. What is the ratio of children to attendants? _____ children per attendant
43. What is the age range of the children? _____
44. Are parents/guardians required to be on premises while the child is in your care? Yes No
45. Do you have written sign-in and sign-out procedures? Yes No
46. Is there a smoke alarm in the day nursery? Yes No
47. Is this a licensed daycare center? Yes No
48. Is the nursery in a stand alone/separate building? Yes No
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Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which materially affects this insurance has been withheld:

Applicant's Signature: _____ Date: _____

Producer's Signature: _____ Date: _____

How did you hear about us? (Check one)

- Magazine Ad (specify): _____ Previously Insured with Markel
 Web site/search engine: _____ Referred by: _____
 Other (specify): _____

Agency Information

Agency Name: _____ Contact: _____
Agency Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ E-mail: _____

Additional coverages are available. If you would like a quote on any of the following, please check the appropriate box(es), and applications will be mailed to you. Insurance agents may submit ACORD applications for these coverages.

Coverage Please send me an application:

- Property:
Building
Contents/Equipment
Sign
Crime
Business Income
Umbrella Liability



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Please include the following with your application:

- Hold Harmless Agreements or Certificates of Insurance (if you lease or sublease space)
- Resumes of Directors and Instructors (if business has been in operation less than 3 years)
- Claims experience ("loss runs") from current insurer
- List of products sold
- List of indoor soft play equipment and photos of equipment
- Supplements where required, as stated throughout this application