



P.O. Box 2009, Glen Allen, VA 23058-2009
 800-900-1155 Fax: 804-273-6144
 healthandfitness@markelcorp.com

24 HOUR HEALTH 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: \$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/Waiver or Certificate of Insurance? Yes No
 (If Yes, please attach a copy.)

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

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

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

Section III – Insurance Information

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

Insurance Company Name (*not agency*): _____

7. 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)		
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

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

If Yes, explain: _____

Section IV – Operations/Employment Information

9. What is your membership policy? Annual Monthly Daily Access

If daily access, how are payments made _____

10. Do you state in your membership contract that members must wear a panic button when employees are not present? Yes No

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

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

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

13. Do you offer Body Wrapping? Yes No

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

If Yes: Types: _____

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

16. What days and hours do you have employees within the gym? _____

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

If No, how many are trained? _____

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

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

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

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? (i.e. saunas, hot tubs, jacuzzis) Daily Weekly Monthly Other _____

26. Do you keep a maintenance log for inspections of all equipment and machinery? Yes No

Section V – Monitoring

27. Is the health club monitored 24 hrs per day/ 7 days a week? Yes No

28. How many days are the monitoring tapes kept? _____

29. Do you have cameras that monitor the entrance? Yes No

30. Do you have cameras that monitor the parking lot? Yes No

Is your parking lot well lit? Yes No

Is your parking lot maintained, free of trip hazards? Yes No

31. Do you have cameras that monitor the bathroom entrance ways? Yes No
32. Who is notified if there is a problem while monitoring the 24 hour surveillance system? _____
33. Do you inventory your equipment weekly prior to destroying monitoring tapes? Yes No

Section VI – Procedures

34. Do you have Emergency procedures and telephone numbers posted in numerous places, including next to a telephone?
 Yes No
35. Do you take pictures of members and/or guests at registration Yes No
36. Are members and guests shown how to use the equipment? Yes No
37. Are instructions posted outlining the proper usage of exercise equipment? Yes No
38. Do you have signs indicating users must wear panic button, and work out at your own risk? Yes No
39. Do you have signs outlining potential workout hazards and warnings? (i.e. heart attack warning signs, no working out under the influence of alcohol or drugs?) Yes No

Section VII – Census Information

40. Number of members projected this year: Adults: _____ Children under 18 years: _____
41. Number of active members at this location? _____

Section VIII – Financial Information

42. Annual gross receipts from membership fees: \$ _____
43. 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are they sold under the manufacturer's label(s)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you named as additional insured/vendor under the manufacturer's insurance policy? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
- d) Are products secured when employees are not in attendance? Yes No
44. Do you have any of the following: Annual Receipts (\$)
- | | | |
|--------------------------|----------------------------------------------------------|----------------------------------------------------------------------------|
| a) Snack Bar/Restaurant? | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ |
| b) Liquor/Wine/Beer? | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ <i>(Note: Markel does not provide liquor liability coverage.)</i> |
| c) Physical Therapy? | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ |
| d) Tanning? | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ |
| e) Nursery/Babysitting? | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ |
| f) Other income? | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ |
- If Yes, describe sources (including other businesses or activities): _____

Section IX – Safety/Activities Information

45. Do you have any of the following:

- | | | | | |
|------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|----------------------|----------------------------------------------------------|
| a) Standard Health Club equipment? (i.e. free weights, circuit machines, cardiovascular, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| b) Aerobics? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | h) Whirlpool?* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) Handball? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | i) Steam Room?* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d) Tennis? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | j) Sauna?* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e) Basketball? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | k) Hot Tub?* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f) Racquetball? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | l) Swimming Pool?* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g) Shower Room? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | m) Climbing Wall?* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | n) Tanning Devices?* | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If Yes: How many beds? _____

* Are activities **h through n** only available when an employee is onsite? Yes No46. Do you have non-slip surfaces in all wet areas? Yes No47. Do you allow children within the club when not attended by employee? Yes No48. Do you have any other indoor recreational facilities/soft play equipment? Yes No49. Do you have a restaurant/snack bar? Yes No

If Yes: Do you have the following:

- | | | | | | |
|------------------|------------------------------|-----------------------------|---------------------------------------------------------|------------------------------|-----------------------------|
| a) Deep Fryer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If Yes, is it equipped with an automatic fuel shut-off? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Grill? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| c) Ansul System? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |

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

50. Square footage of nursery area: _____ Sq. Feet

51. What is the ratio of children to attendants? _____ children per attendant

52. What is the age range of the children? _____

53. Are parents/guardians required to be on premises while the child is in your care? Yes No54. Do you have written sign-in and sign-out procedures? Yes No55. Is there a smoke alarm in the day nursery? Yes No56. Is this a licensed daycare center? Yes No57. Is the nursery in a stand alone/separate building? Yes No

Coverage shall not be bound until the Company approves the applicant's completed application and premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is also approved. In the event the Company does not approve your application, your premium payment will be refunded.

Fair Credit Report Act Notice: Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or another 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 subjects the person to criminal and (NY substantial) civil penalties. (NOT APPLICABLE IN: CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA) (INSURANCE BENEFITS MAY ALSO BE DENIED IN LA, ME, TN, and VA.) For additional warnings, please visit:

<http://www.markelinsurance.com/Applications/Pages/FraudWarnings.aspx>

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

Applicant's Signature: _____ Date: _____

Producer Signature: _____ Date: _____

Agency Name: _____

Agency Address: _____ City/State/Zip _____

How did you hear about us? (*Check one*)

<input type="checkbox"/> Previously Insured with Markel	<input type="checkbox"/> Conference: _____
<input type="checkbox"/> <i>Dance Teacher</i> magazine	<input type="checkbox"/> Web site/search engine: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Referred by: _____

Additional coverage is 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	<input type="checkbox"/>
Contents/Equipment	<input type="checkbox"/>
Sign	<input type="checkbox"/>
Crime	<input type="checkbox"/>
Business Income	<input type="checkbox"/>
Umbrella Liability	<input type="checkbox"/>

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