

ANDREA PUGLIESE INSURANCE SERVICES

A DIV. OF ASSOCIATION INSURANCE GROUP, INC.

P.O. Box 720 - 2258 Garden Avenue

Warrington, PA 18976

Toll Free: (800) 664-5489

Fax: (215) 491-3858

HEALTH CLUB INSURANCE APPLICATION

Exact Legal Business Name: _____

Club Trade Name: _____

Business Entity: Corporation Partnership LLC Individual Other

Location Address: _____ County: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Person(s): _____

Telephone: (_____) _____ *Fax: (_____) _____ Other: (_____) _____

Current Insurance Carriers: _____ Expiration Date: _____

Loss History: Have You Had Any Liability or Property Claims In The Last 3 Years? Yes No

A 3 Year "Loss Run" Must Be Submitted With This Application. Please Obtain This From Your Current Agent.

CLUB INFORMATION

Number of Members: _____

Number of Employees: Full Time _____ Part Time _____

Total Square Foot _____

Estimated Annual Gross Revenue \$ _____

Area of Club: _____

Years in Business: _____

Is An Employee Present During All Hours of Operation? Yes ___ No ___ (If No, You Do Not Qualify For This Program)

Services Offered:

How Many?

Sauna _____

Steam Room _____

Jacuzzi/Whirlpool _____

Tanning Devices _____

Racquetball Courts _____

Tennis Courts _____

Basketball Courts _____

Swimming Pool(s) _____

Diving Board / Height _____

Showers _____

Free Weights / Selectorized Equipment

Group Exercise / Spinning Classes

Child Sitting (Unsupervised Does Not Qualify For This Program)

Full Independent Climbing Wall

Martial Arts

Contact Boxing

Day Spa Hair Salon

Other Services (Including Off Premises Activities)

Physical Therapy

Massage Therapy

Alcohol Served

Number of Independent Contractors: _____ Aerobic Instructors/Personal Trainers _____ Martial Arts

_____ Massage Therapists _____ Physical Therapists Other _____

Do You Sub-Contract Any Services to Others? Yes No If Yes, to Whom? _____

Do You Lease Any of Your Rental Space to Others? Yes No If Yes, to Whom and Square Foot Area: _____

Do You Obtain Certificates of Insurance From People You Sub-Lease or Sub-Contract To? Yes No

..... Over Please

PROPERTY INFORMATION

Construction/Security:

Walls-Int/Ext: Concrete Block Brick Steel Frame Wood Frame Butler Type Other _____

Roof-Int/Ext: Poured Concrete Steel Frame Wood Frame Other _____

Floor: Concrete Wood Frame Other _____

Age of Building: _____ If Over 15 Years, What Year Was Plumbing & Wiring Last Updated? _____

Club is Located In: Shopping Center Free Standing Building Office Complex Other _____

Does Club Have: Smoke Detectors Fire Alarm System Fire Sprinkler System
 Central Station Burglar Alarm System

Do You Have Air Structures / Bubbles? Yes No

Is Club Located Within 600 Feet of a Fire Hydrant? Yes No Distance to Fire Department _____

If Located in a Coastal State, Distance to Ocean / Bay _____

PROPERTY COVERAGE REQUESTED

What is the "Replacement Value" of Your Contents? (Equipment, Fixtures, Inventory, Etc.) \$ _____

What is the "Replacement Value" of Your Leasehold Improvements / Betterments? \$ _____

If You Must Insure the "Building", What is the "Replacement Value"? \$ _____

Loss of Business Income Coverage? Yes No If Yes, Limit Requested \$ _____

Outdoor Sign Coverage? Yes No "Replacement Value" of Sign(s) \$ _____

Exterior Glass Coverage? Yes No Number of Panes _____ Dimensions _____ W x _____ H
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LIABILITY LIMIT AND OPTIONS

(Liability Limit: \$1,000,000 Per Occurrence / \$3,000,000 General Aggregate Included In Program)

Hired and Non-Owned Auto Coverage? Yes No

Do You Need Additional Umbrella Liability? Yes No If Yes, What Limit? _____

Employee Benefits Liability? Yes No

Employment Practices Liability? Yes No (Separate Application Required)

Workers Compensation? Yes No (Separate Application Required)

Flood Coverage? Yes No Earthquake Coverage? Yes No

ADDITIONAL INSUREDS, LOSS PAYEES, MORTGAGEES

Please List and Include Interest, Loan or Lease Number: _____

*I Hereby Certify That The Information and Values of Property Limits Contained In This Application Are True and Accurate To The Best of My Knowledge and That No Material Facts Have Been Misrepresented. *I Understand That By Providing My Fax Number, I Consent To Receive Faxes Sent By Or On Behalf Of Andrea Pugliese Insurance Services.*

SIGNATURE _____

AUTHORIZED AIG REPRESENTATIVE _____

PRINT NAME _____

TITLE _____ DATE _____

DATE _____