



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)

Bruce Kay/License # A137679

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

Table with 4 columns: Date of Loss, Type of Loss (Acc. Med, Liability), Description of Loss, Amount of Loss. Includes multiple rows for data entry.

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

If Yes, explain: \_\_\_\_\_

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### 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

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### 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: \_\_\_\_\_

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**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): \_\_\_\_\_

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**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

**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): \_\_\_\_\_
  - Web site/search engine: \_\_\_\_\_
  - Previously Insured with Markel
  - Referred by: \_\_\_\_\_
  - Other (specify): \_\_\_\_\_

**Agency Information**

AgencyName: \_\_\_\_\_ 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           | <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"/>       |



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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