Member Companies of Western World Insurance Group

Western World Insurance Company

Tudor Insurance Company

Application

For

Health and Exercise Studios

1. Name of Applicant: ______
   Street Address: ______
   City: ______ State: ______ Zip: ______
   Applicant's Web Site Address: ______
2. Type of Organization: ☐ Individual ☐ Partnership ☐ Corporation ☐ Other
   (Please explain.) ______
3. Address of Location to be Insured (If same as above, write "same.")
   Street Address: ______
   City: ______ State: ______ Zip: ______
4. Date Established: ______
5. List full names of individuals or partners and their interests. ______
6. Please provide prior insurance information for this enterprise. If none, check here. ☐

Insurance Company	Policy Period	Limits of Liability	Premium	Type of Coverage	Occurrence or Claims Made

7. Is the applicant engaged in, owned by, associated with or involved in any other enterprise? ☐ Yes ☐ No
   If yes, please provide full details on Attachment to A52.
8. Provide full details of licensing or certification needed for this operation. ______

   Has your license ever been suspended or revoked? ☐ Yes ☐ No
   If YES, provide full details: ______

   Do you have any outstanding violations cited in an inspection that have not been corrected? ☐ Yes ☐ No
   If YES, provide full details: ______

   ☐ *Check here if continued on Attachment to A52*.
9. Please show number of

______ Partners, Owners, Officers ______ Other (Please explain.) ______

______ Full Time Staff ______ Other (Please explain.) ______

______ Part Time Staff ______ Other (Please explain.) ______

______ Independent Contractors ______ Other (Please explain.) ______

10. Hours of Operation: From: ____________ To: ____________

Are there any unstaffed hours of operation? ☐ Yes ☐ No

If YES, please explain: ____________

If members can used the facility when it is unstaffed, are there security cameras or other monitoring devices on premises? ☐ Yes ☐ No

If YES, please describe: ____________

If there are security cameras, is monitoring on a "real time" basis? ☐ Yes ☐ No

If YES, who monitors? ____________

11. During the past **three (3) years**, have any claims been presented to your current or prior insurance carrier(s)? *If yes, please provide description of claim(s), date of loss, amount(s paid and reserved on Attachment to A52.)* ☐ Yes ☐ No

12. Is the applicant, or any other person for whom insurance is being requested, aware of any circumstances which may result in a claim? ☐ Yes ☐ No
If yes, please provide full details on Attachment to A52.

13. Has the applicant, or any other person for whom coverage is being requested, had any application for liability insurance denied, policy cancelled or non-renewed in the past **three (3) years**? ☐ Yes ☐ No
If yes, please provide full details on Attachment to A52.

14. Please provide the following facilities information.

TANNING:

Any spray tanning operations? ☐ Yes ☐ No Are beds/booths controlled by timers? ☐ Yes ☐ No

If spray tanning, is use of eye and hair protection required? ☐ Yes ☐ No Are FDA warning signs posted? ☐ Yes ☐ No

Number of beds/booths ____________

Who controls the timers? ____________ Location of timers? ____________

Percentage of? UVA Bulbs ________ % UVB Bulbs ________ %

Are clients required to use goggles? ☐ Yes ☐ No List tanning sales. $ ________

Are all beds cleaned after each use? ☐ Yes ☐ No

POOLS:

Does the facility have a pool? ☐ Yes ☐ No Is a lifeguard on duty? ☐ Yes ☐ No

List the height of diving board(s) ____________

Are water depths marked on the pool? ☐ Yes ☐ No List maximum water depth ________ Feet

Does pool comply with requirements of Federal Virginia Graeme Baker Pool & Spa Safety Act? ☐ Yes ☐ No

Drain covers meet the ANSI/ASME A112. 19.8-2007 standard on **EVERY** drain/grate? ☐ Yes ☐ No

Pool has an automatic shut-off system, gravity drainage system, Safety Vacuum Release System, suction limiting vent system or disabled drain? ☐ Yes ☐ No

Are dual or multiple drains at least three (3) feet apart? ☐ Yes ☐ No

COURTS:

Does the facility have racquet ball/tennis/handball court(s)? ☐ Yes ☐ No List # of courts. ________

Is eye protection mandatory for all racquetball players? ☐ Yes ☐ No

MARTIAL ARTS STUDIOS

List all styles and disciplines taught.

Provide list of Protective equipment used by students: ____________

____

Are students or their parents/guardians (for minors) required to sign liability waivers and/or hold harmless agreements? ☐ Yes ☐ No

Any use or sale of Martial Arts weapons? ☐ Yes ☐ No

NUTRITIONAL COUNSELING/DIET CLINICS

Are any diets recommended under 1000 calories per day? ☐ Yes ☐ No

Are counselors trained/credentialed in nutritional counseling? ☐ Yes ☐ No

OTHER OPERATIONS

- ☐ Nutritional Counseling
- ☐ Snack/Juice Bar/Restaurant (List type of food.)
- ☐ Whirlpool
- ☐ Sauna/Steam Room
- ☐ Aerobics
- ☐ Jogging Track
- ☐ Treadmills
- ☐ Nautilus Type Equipment
- ☐ Trampoline
- ☐ Climbing Wall
- ☐ Free Weights
- ☐ Contact Kick Boxing
- ☐ Boxing or Wrestling Exposures
- ☐ Massage Therapy
- ☐ Blood analysis
- ☐ Sales of Martial Arts Weapons
- ☐ Stress Testing
- ☐ Climbing walls (complete Supplementary App A 82)
- ☐ Sales of Food Supplements including vitamins
- ☐ Spa Services
- ☐ Gymnastics – with gymnastic apparatus
- ☐ Floatation tanks/sensory deprivation chambers
- ☐ Dance Studio
- ☐ Medically Monitored Exercise programs
- ☐ Personal Trainer
- ☐ List other equipment or facilities ______________________________

15. Do showers, pool, whirlpool area and steam room have non-skid floors? ☐ Yes ☐ No
16. List any products sold on premises. ______________________________

____

☐ *Check here if continued on Attachment to A52.*

17. Is childcare provided for clients? ☐ Yes ☐ No

    Number of children under care at any one time. ____________ Number of child care attendants. ____________

    Age of youngest child accepted. ____________ Are sick children accepted? ☐ Yes ☐ No
18. Total # of Members ____________ Average Member Age ____________

    Are all members required to sign a waiver of liability form? ☐ Yes ☐ No

    Are all new members trained in the proper use of the equipment? ☐ Yes ☐ No
19. Are medical examinations required for new members? ☐ Yes ☐ No
20. Do staff members have training in CPR and First Aid? ☐ Yes ☐ No
21. Is there a defibrillator on the premises? ☐ Yes ☐ No If YES, have employees been trained in its use? Yes No

    What is the procedure for handling accidents or injuries? ______________________________

____

☐ *Check here if continued on Attachment to A52.*

22. Annual Sales $ ____________ Hours of Operation: From: ____________ To: ____________
23. Name and phone number of person to contact for inspection/audit.

    Name ______________________________ Phone ____________
24. **Limits of Insurance Requested**:

    General Aggregate Limit (Other Than Products – Completed Operations) $ __________

    Products – Completed Operations Aggregate Limit $ __________

    Personal and Advertising Injury Limit $ __________

    Each Occurrence Limit $ __________

    Damage to Premises Rented by You (Up To $100,000 Limit Available) $ __________ Any One (1) Premises

    Medical Expense Limit (Up To $5,000 Limit Available) $ __________ Any One (1) Person

    Each Professional Incident Limit (If Applicable) $ __________
25. Effective Dates Desired - From: ____________ To: ____________

    FOR SEXUAL MOLESTATION COVERAGE , PLEASE COMPLETE QUESTIONS 26 THROUGH 30.

    $25,000/50,000 limit is included at no additional charge. Higher limits are available for an additional premium charge (see below). If sexual molestation coverage is not desired, please check here ☐ Coverage is NOT requested.
26. Has your facility had any incidents or claims brought against it for sexual molestation? or any other allegation of misconduct? ☐ Yes ☐ No

    Please provide details: ______________________________

27. Has any facility that you have been associated with in the past ever had any incidents occur or claims brought against it while you were there? ☐ Yes ☐ No

Describe: ______________________________

28. Does your facility do background checks on all employees and volunteers? ☐ Yes ☐ No

Describe type of checks performed (prior employer, police, etc.) ______________________________

____

29. Are there written guidelines in place regarding sexual misconduct? ☐ Yes ☐ No

If NO, please explain: ______________________________

30. Please check the limits you are requesting:

☐ $25,000/50,000 – included ☐ $50,000/100,000 ☐ $100,000/300,000 ☐ Other

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____

Applicant's Signature: ______________________ Date: ______________________

Title: ______________________ Producing Agent: ______________________

Application For **Health and Exercise Studios** *Attachment to A52*

Name of Applicant ______________________________

#	Description or Full Details