



Construction of building:

Walls:	Wood Frame	Brick/Brick	Steel Frame	Other: _____
Roofs:	Wood Frame	Poured Concrete	Steel Frame	Other: _____
Floor:	Wood Frame	Concrete	Other: _____	_____

Year Built: \_\_\_\_\_ Square Footage: \_\_\_\_\_ Age of roof: \_\_\_\_\_

Does the property have automatic sprinklers? Yes No

Distant to: Hydrant: \_\_\_\_\_ Fire station: \_\_\_\_\_

Burglar Alarms: Local Central station only w/keys Central station w/out keys

Does the property have aluminum wiring? Yes No

Signs:

Type	Value	Location
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____

**Flood**

Does the applicant have a current floor policy in force? Yes No  
 If yes, attach a copy of the declaration sheet  
 If no, would you like a flood quote with out proposal? Yes No  
 (Flood quote will be secured through the Write Your Own Floor Program)

**Crime Coverage**

Theft, Disappearance & Destruction  
 Loss inside the premises:\$\_\_\_\_\_ Loss outside the premises:\$\_\_\_\_\_  
 Number of officers and employees who have custody of the money: \_\_\_\_\_  
 By whom is financial audit completed?\_\_\_\_\_ Frequency of audits? \_\_\_\_\_  
 Is there a countersignature procedure in place? Yes No  
 Frequency of bank deposits: \_\_\_\_\_  
 Are accounts reconciled by someone not authorized to deposit or withdraw monies? Yes No

**SECTION IV - RISK SURVEY QUESTIONNAIRE**

1. Gross sales: \$ \_\_\_\_\_ Memberships: \_\_\_\_\_ % Retail: \_\_\_\_\_ % Alcohol: \_\_\_\_\_ %
2. Payroll: \$ \_\_\_\_\_
3. Number of members at this location (both active & non-active): \_\_\_\_\_
4. Number of active members: \_\_\_\_\_
5. Number of employees: \_\_\_\_\_
6. How many personal trainers are employed/sub-contacted at applicants' facility? \_\_\_\_\_
7. Any property leased to others? Yes No  
 If yes, Explain \_\_\_\_\_
8. Please provide square footage leased: \_\_\_\_\_
9. Number of guests per month: \_\_\_\_\_
10. Are guests required to sign waiver of liability forms? Yes No
11. Is an incident log kept of all injuries and accidents Yes No
12. Is pre-workout evaluation done by a fitness trainer for new members? Yes No
13. Are written instructions of use on each piece of equipment? Yes No
14. Are there non-slip surfaces in shower areas? Yes No
15. What are the applicant's hours of operations? Yes No
16. Is staff present during all hours of operation? Yes No
17. Is there a snack bar or restaurant on the premises? Yes No  
 If yes, square footage occupied? \_\_\_\_\_
18. Is there a bar serving liquor? Yes No  
 If yes, square footage occupied? \_\_\_\_\_
19. Is there a pro shop? Yes No  
 If yes, square footage occupied? \_\_\_\_\_

## FACILITIES AND SERVICES

Free Weights: \_\_\_\_\_ lbs .  
Life cycles: # \_\_\_\_\_  
Rowing Machines: # \_\_\_\_\_  
Treadmills: # \_\_\_\_\_  
Racquetball Courts: # \_\_\_\_\_  
Locker Rooms: # \_\_\_\_\_  
Showers: # \_\_\_\_\_  
Steam Room: # \_\_\_\_\_  
Sauna: # \_\_\_\_\_  
Tennis Bubbles: # \_\_\_\_\_ Sq. Ft. \_\_\_\_\_  
Tennis Courts: Indoor: # \_\_\_\_\_ Sq. Ft. \_\_\_\_\_ Outdoor: # \_\_\_\_\_ Sq. Ft. \_\_\_\_\_  
Basketball Courts: # \_\_\_\_\_ Outdoor: # \_\_\_\_\_

## ABUSE AND MOLESTATION

- |  |     |    |
|--|-----|----|
| 1. Is Applicant seeking a quote for Abuse & Molestation coverage?  | Yes | No |
| 2. Does the Applicant's employment process (for employees and volunteers) including verification of whether the individual has ever been convicted of any crime, including sex related or child abuse offenses, before an offer of employment is made? | Yes | No |
| 3. Does the Applicant's state permit criminal background investigations?   | Yes | No |
| 4. Does the Applicant verify employment-related references?  | Yes | No |
| 5. Does the Applicant conduct a persona: interview?  | Yes | No |
| 6. Does the Applicant have written procedures for dealing with sexual abuse? If yes, attach a copy   | Yes | No |
| 7. Does the Applicant have a plan of supervision that monitors the staff in a day-to-day relationship with clients, both on and off premises?  | Yes | No |
| 8. a. Has the Applicant ever had an incident which resulted in an allegation of sexual abuse? If yes, describe: _____  | Yes | No |
| b. Was a claim made against the Applicant?   | Yes | No |

## SWIMMING POOLS

- |  |     |    |
|--|-----|----|
| 1. Is the pool a lap pool?<br>If yes, how deep? _____  | Yes | No |
| 2. Depth markings are located at what intervals? _____   |     |    |
| 3. How often is the water tested? _____  |     |    |
| 4. Is there a diving board?  | Yes | No |
| 5. Is there a slide?   | Yes | No |
| 6. Is there a lifeguard present?<br>If yes, are they certified?                                  | Yes | No |
| 7. Are SWIM AT YOUR OWN RISK signs posted with pool rules?                                       | Yes | No |
| 8. Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? | Yes | No |
| 9. Hours of operations:  |     |    |
| 10. Is the pool rented out for parties?<br>If yes, explain: _____                                | Yes | No |

## CHILD CARE

- |  |     |    |
|--|-----|----|
| 1. What are the ages of children under care? _____ |     |    |
| 2. Maximum length of stay? _____                   |     |    |
| 3. Are Waivers signed by parents?                  | Yes | No |
| 4. Maximum number of children at one time? _____   |     |    |

5. Ratio of staff to children: \_\_\_\_\_

6. Qualifications of staff: \_\_\_\_\_

7. Activities occurring: \_\_\_\_\_

No application will be accepted unless signed by the applicant. The applicant warrants that all answers to the questions on this application are true and correct. Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any facts thereto, commits a fraudulent insurance act, which is a crime.

Application Addendum

Altus Specialty Group or its authorized representatives is hereby authorized to conduct such inquiries as necessary to verify all information contained in this application. Authorization is also given to obtain a personal credit report on the principal of the company.

#### FRAUD NOTICE STATEMENTS

NOTICE TO APPLICANTS: "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 MAY SUBJECT SUCH A PERSON TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF ALASKA APPLICANTS: "A PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURANCE COMPANY FILES A CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW."

RESIDENTS OF ARKANSAS APPLICANTS: "ANY PERSONS WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

RESIDENTS OF ARIZONA APPLICANTS: "FOR YOUR PROTECTION ARIZONA LAW REQUIRES THE FOLLOWING STATEMENT TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF COLORADO APPLICANTS: "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."

RESIDENTS OF DISTRICT OF COLUMBIA APPLICANTS: "WARNING; IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

RESIDENTS OF FLORIDA APPLICANTS: "ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE."

RESIDENTS OF KANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO, OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF KENTUCKY APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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."

RESIDENTS OF LOUISIANA APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

RESIDENTS OF MAINE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF MARYLAND APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

RESIDENTS OF MINNESOTA APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

RESIDENTS OF NEW MEXICO APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

RESIDENTS OF NEW YORK APPLICANTS: "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 SUBECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

RESIDENTS OF OHIO APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

RESIDENTS OF OKLAHOMA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANYH CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY."

RESIDENTS OF OREGON APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRUAD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW."

RESIDENTS OF PENNSYLVANIA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PE RSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIAL FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLDEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF TENNESSEE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY, PENALTIES INCLUDE IMPRISONMENT , FINES AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF TEXAS APLICANTS: "IF A LIFE, HEALTH AND ACCIDENT INSURER PROVIDES A CLAIM FORM FOR A PERSON TO USE TO MAKE A CLAIM, THAT FORM MUST CONTAIN THE FOLLOWING STATEMENT OR A SUBSTANTIALLY SIMILAR STATEMENT: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

RESIDENT OF VERMONT APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW."

RESIDENTS OF VIRGINIA APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY, PENALTIES MAY INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF WASHINGTON APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSES OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF WEST VIRGINIA APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR A PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

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Name (Please Print/Type)

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Title (MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN OR CEO)

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Signature

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Date

**Produced by (section to be completed by Producer/Broker)**

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Producer

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Agency

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