



Swett & Crawford

HEALTH & EXERCISE CLUBS AND TANNING SALONS APPLICATION

1. APPLICANT _____

2. ADDRESS _____

3. INDIVIDUAL CORPORATION PARTNERSHIP OTHER (EXPLAIN) _____

4. DATE ESTABLISHED _____

5. ADDRESS OF LOCATION TO BE INSURED (IF SAME AS (3) NOTE) ADDITIONAL LOCATION(S) _____

6. HAS APPLICANT HAD PREVIOUS INSURANCE FOR THIS ENTERPRISE? Yes No

(IF YES, PROVIDE THE FOLLOWING INFORMATION)

INSURANCE COMPANY	POLICY PERIOD	LIMITS OF LIABILITY	PREMIUM	OCCURANCE OR CLAIMS MADE	TYPE OF COVERAGE

7. IS APPLICANT ENGAGED IN, OWNED BY, ASSOCIATED WITH OR INVOLVED IN ANY OTHER ENTERPRISE? Yes No

(IF YES, PROVIDE FULL DETAILS) _____

8. PROVIDE DETAILS OF LICENSING OR CERTIFICATION NEEDED FOR THIS OPERATION: _____

9. PROVIDE THE NUMBER OF THE FOLLOWING PERSONNEL (OTHER AND EXPLAIN)

_____ PARTNERS, OWNERS, OFFICERS _____ PART TIME STAFF _____

_____ FULL TIME STAFF _____ INDEPENDENT CONTRACTORS _____

10. DURING THE PAST (3) THREE YEARS, HAVE ANY CLAIMS BEEN PRESENTED TO YOUR CURRENT OR PRIOR INSURANCE CARRIER?

(IF YES, GIVE FULL DETAILS BELOW)

Yes No

(INCLUDE DESCRIPTION OF CLAIM, AMOUNTS PAID AND RESERVES)

11. IS THE APPLICANT, OR ANY OTHER PERSON FOR WHOM INSURANCE IS BEING REQUESTED, AWARE OF ANY CIRCUMSTANCE WHICH

MAY RESULT IN A CLAIM? (IF YES, PROVIDE FULL DETAILS BELOW)

Yes No

12. HAS APPLICANT, OR ANY OTHER PERSON FOR WHOM COVERAGE IS BEING REQUESTED HAD ANY LIABILITY APPLICATION DENIED,

POLICY CANCELLED OR POLICY NOT RENEWED IN PAST (3) THREE YEARS? (IF YES, GIVE FULL DETAILS BELOW)

Yes No

13. PLEASE CHECK FOR FACILITIES AVAILABLE

TANNING BEDS/BOOTHES (ATTACH COPY OF CLIENT QUESTIONAIRE) RECEIPTS



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13. BULBS: UVA UVB, MFG. BY _____ PROTECTIVE COVERING? Yes No
(cont.)

NO. BEDS/BOOTHES, _____ MFG. BY, INSTALLED BY _____

GOGGLES WORN Yes No LOCATION OF TIMERS _____

HAVE ALL EMPLOYEES RECEIVED TRAINING IN THE USE OF TIMERS? Yes No

POOL DIVING BOARD (DEPTH AT DEEPEST END? FT. DEPTH MARKERS?) Yes No

IS THERE A LIFE GUARD ON DUTY? Yes No

WHIRLPOOL AEROBICS FREE WEIGHTS NAUTILUS/UNIVERSAL OR SIMILAR WEIGHT MACHINES

SAUNA/STEAM ROOM RACQUET BALL/TENNIS/HANDBALL COURT NUTRITIONAL COUNSELING

JOGGING TRACK SNACK/JUICE BAR, RESTAURANT (TYPE OF FOOD SERVED?) _____

14. DO SHOWERS, POOL AND WHIRLPOOL AREA AND STEAM ROOM HAVE NON-SKID FLOORS? Yes No

15. DO YOU PROVIDE FACILITIES FOR CHILD CARE FOR YOUR CLIENTS? Yes No
(IF YES, PLEASE COMPLETE THE FOLLOWING)

(a) NUMBER OF CHILDREN CARED FOR AT ANY ONE TIME # _____
(b) NUMBER OF CHILD CARE ATTENDANTS # _____
(c) AGE OF YOUNGEST YOU WILL ACCEPT _____ AGE

16. TOTAL NUMBER OF MEMBERS? _____

17. AVERAGE AGE? _____

18. ARE MEDICAL EXAMINATIONS REQUIRED FOR NEW MEMBERS? Yes No

19. WHAT IS YOUR PROCEDURE FOR HANDLING ACCIDENTS OR INJURIES? _____

20. DOES YOUR STAFF HAVE TRAINING IN CPR AND FIRST AID? Yes No

21. LIST ANY PRODUCTS SOLD ON PREMISES: _____

22. HOURS OF OPERATION: FROM _____ TO _____

23. ANNUAL RECEIPTS: \$ _____

24. NAME AND PHONE NUMBER OF PERSON TO CONTACT FOR AUDIT?

NAME _____ PHONE _____

OTHER DETAILS

	TYPE OF COVERAGE DESIRED	LIMITS OF LIABILITY DESIRED	PROPOSED EFF. DATE
PROFESSIONAL			
OLT			
PRODUCTS			

APPLICANT'S SIGNATURE: _____

TITLE: _____

