



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

HEALTH CLUB/FITNESS CENTER SUPPLEMENTAL APPLICATION

COMPLETE IN ADDITION TO ACORD APPLICATIONS.

ATTACH ADDITIONAL SHEETS AS NECESSARY.

ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

APPLICANT'S INFORMATION

- 1) DATE: _____
- 2) APPLICANT NAME: _____
- 3) MAILING ADDRESS: _____
- 4) STREET ADDRESS (If Different): _____
- 5) CITY, STATE, ZIP CODE: _____
- 6) Description of Operations: _____
- 7) Website Address: www. _____

GENERAL INFORMATION

- 1) Receipt information: Total: \$ _____

Membership Sales: \$

Initiation Fees: \$

Pro Shop: \$

Classes: \$

Court Rental: \$

Tanning: \$

Snack Bar: \$

Alcohol: \$

Other: \$

Please describe other sales. _____

- 2) Total area of the club: _____
- 3) Is the building completely sprinklered? Yes No
- 4) Age of Building: _____
- 5) Number of years under current management: _____
- 6) Number of year experience in the health club industry: _____
- 7) Number of members: _____
- 8) Do non-members have access to the facility? Yes No
- 9) Are release forms signed by all members and guests? Yes No
- 10) Are general health questionnaires completed and signed by all members and guests? Yes No

- 11) Who is responsible for the review and maintenance of the questionnaires? _____

- 12) How many employees are on staff? _____
- 13) Are all employees required to have CPR and First Aid certifications? Yes No
- 14) Does the insured subcontract instruction or other activities? Yes No
 If yes, please describe: _____

EQUIPMENT INFORMATION

- 1) Please describe the insured's machines and free weight facilities: _____

- 2) Are spotters available? Yes No
- 3) Is the insured's equipment inspected regularly? Yes No
 If yes, how often and are records maintained? _____

- 4) Who is responsible for maintenance and repair of the insured's equipment? _____

OTHER INFORMATION (IF APPLICABLE)

Equipment/Facility Information					
Racquetball Courts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tanning Beds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Handball Courts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Contact Sports	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Swimming Pool	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Trampolines	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tanning Beds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Physical Therapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sauna/Steam Room	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Nursery	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Pool Information (if applicable)					
Is a lifeguard on duty?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is proper lifesaving equipment available (shepherd's hook, rope, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are rules posted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is there a diving board or slide?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Tanning Facilities (if applicable)					
Are attendants on duty?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is eye protection mandatory?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all units equipped with timers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are units disinfected after each use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are waivers signed by each customer/member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are parents required to sign waivers for children under 18?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are units inspected regularly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is all equipment owned by you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Nursery Information (if applicable)

Maximum # of children	Number of attendants
Are attendants trained in child care? CPR? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are children allowed to stay if parents leave center? <input type="checkbox"/> Yes <input type="checkbox"/> No

Loss Information

Policy Period	# of Claims	Paid	Reserved	Total Incurred
2009-10				
2008-09				
2007-08				
2006-07				
2005-06				

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO 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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO 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.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO 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.

NOTICE TO 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.

NOTICE TO 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 denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO 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.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an 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 \$5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 subjects the person to criminal and civil penalties.

NOTICE TO 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.

NOTICE TO 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 include imprisonment, fines and denial of insurance benefits.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____

FEIN #: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____