



HEALTH CLUB PAK PROGRAM APPLICATION General and Professional Liability

NOTE: To add Commercial Property, Crime or Inland Marine, attach appropriate ACORD applications or equivalent.

APPLICANT INFORMATION

Name _____

Address _____

City, State, Zip _____ Policy Term _____

Telephone _____ Professional License Type and Number (if required) _____

Business Organization: Individual Partnership Corporation Other _____

GL & Prof. Limits Requested: Occurrence _____ Personal Injury/Advertising _____

General Aggregate _____ Medical Payments _____

Prods/Comp Ops Aggregate _____ Fire Legal _____

Estimated annual payroll \$ _____ Estimated annual receipts \$ _____ Years in business _____

Number of Full-time employees _____ Part-time _____ Independent Contractors _____ Other _____

List licensing certification requirements (For instructor only, teaching certification achieved) _____

Check services provided:

- Whirlpool
 - Racquetball, Tennis, Handball
 - Aerobics
 - Jogging track
 - Free weights
 - Sauna, Steam Room
 - Nautilus-Universal weight machines
 - Stationary bikes, Rowing machines
 - Swimming pools (attach specifics)
 - Tanning beds (attach supplemental application)
 - Other (Be Specific) _____
 - Martial Arts (Describe) _____
- Number of students _____ Type of weapons taught _____
- If students participate in tournaments, explain number, ages, type of contact, etc.) _____

Provide a copy of membership contract.

Describe any products sold on premises _____

For Instructors Only:

Type of instruction (e.g. weights, swimming, yoga, etc.) _____

Degrees, certificates _____

Years experience _____ Status: Employee _____ Contractor _____ Other _____

List additional insureds _____

THREE YEAR LOSS EXPERIENCE

Date

Losses (description and amounts paid and incurred)

Applicant Signature & Date

Producer Name & Address



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

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

COVERAGE NOT BOUND UNTIL APPROVED BY THE COMPANY.