FITNESS 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)	
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		on \ddot{Y} Other
GL & Prof. Limits Requested: Occurrence	ce	Personal Injury/Advertising
General A	ggregate	Medical Payments
Prods/Cor	mp Ops Aggregate	Fire Legal
Estimated annual payroll \$	Estimated annual receipts \$	Years in business
Number of Full-time employees	Part-time Independe	ent Contractors Other
List licensing certification requirements (For instructor only, teaching certification achieved)		
Check services provided: ☐ Whirlpool ☐ Aerobics ☐ Free weights ☐ Nautilus-Universal weight machines ☐ Swimming pools (attach specifics) ☐ Racquetball, Tennis, Handball ☐ Jogging track ☐ Sauna, Steam Room ☐ Stationary bikes, Rowing machines ☐ 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.)		
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Provide a copy of membership contract.		
Describe any products sold on premises		
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THREE YEAR LOSS EXPERIENCE		
Date Losses (description and amounts paid and incurred)		
		
Comments		

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COVERAGE IS NOT BOUND UNTIL APPROVED BY THE COMPANY

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