



Anytime Fitness Application

ID: _____

PO Box 440577
Kennesaw, GA 30160
866-873-5449

A Division of Thompson Insurance Enterprises, LLC

GENERAL INFORMATION

THOMCO ID _____

CSR

Legal Business Name: _____

Club Name (dba): _____

Business Entity: Corporation Partnership LLC Individual Joint Venture

Active Mailing Address: _____ County: _____

City: _____ State: _____ Zip: _____

Primary Contact Name: _____

Business Ph#: _____ Home : _____ Cell Ph# _____

*Email Address: _____

*Fax: _____

Website: www.anytimefitness.com

Location Address: _____

City: _____ State: _____ Zip: _____

Are you currently in Bankruptcy? Yes No Date business started under current ownership: _____

Current Insurance Company(s): _____ Proposed Effective Date: _____

Expiring Premium: \$ _____

Experience:	<input type="checkbox"/> Health Club Management	<input type="checkbox"/> Health / Fitness Degree or Certification	<input type="checkbox"/> Other...
	<input type="checkbox"/> Business Experience in the Health & Fitness Industry	<input type="checkbox"/> Other Business Experience	

Which coverage would you like included in your quote? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> General Liability (Including Professional Liability) | <input type="checkbox"/> Workers Compensation |
| <input type="checkbox"/> Property | <input type="checkbox"/> Employment Practices Liability |
| <input type="checkbox"/> Excess Liability Limit: | <input type="checkbox"/> Bond *Call for Application |

LIABILITY LIMITS

General Liability Limit / Professional Liability Limit (Choose One) \$1,000,000 / \$3,000,000 \$2,000,000 / \$4,000,000

Medical Payments? Yes No If Yes, What Limit? \$5,000 \$10,000

Liquor Liability? Yes No

If Yes, Do you have liquor license?: Yes No Annual liquor revenue?: _____

Non-Owned / Hired Auto coverage? Yes No

Employee Benefits Liability? Yes No

Stop Gap Coverage? Yes No (Available in ND, OH, WA, WY Only)

If Yes, What Limit? \$100,000 / \$500,000 / \$100,000 \$500,000 / \$500,000 / \$500,000 \$1,000,000 / \$1,000,000 / \$1,000,000

PROPERTY COVERAGE

If you are required to insure the "Building", what is the "Replacement Value"? \$ _____

What is the "Replacement Value" of your "Business Personal Property" (equipment, stock, inventory, etc and limits to include any contractual glass replacement.) \$ _____

What is the "Replacement Value" of Your Leasehold Improvements / Betterments? \$ _____

Loss of "Business Income" Coverage? Yes No If yes, Limit Requested \$ _____

Outdoor Sign Coverage? Yes No Replacement Value _____ Earthquake Coverage? Yes No

Sign 1 Attached to Building Free Standing _____

Sign 2 Attached to Building Free Standing _____

Sign 3 Attached to Building Free Standing _____

Flood Coverage? Yes No

Loc Address: _____

LIABILITY INFORMATION

Estimated Annual Gross Revenue: _____ Numbers of Members: _____

Total Square Foot Area of Club: _____ Number of Employees (to include owners) : Full Time _____ Part Time _____

Group Exercise Classes / Spinning Classes Any policy canceled, declined or nonrenewed in the past 3 years? Yes No

Free Weights / Selectorized Equipment Do you have a formal equipment maintenance schedule? Yes No

Yoga Do you conduct orientation for all new members? Yes No

Personal Training Is safety signage posted throughout the facility? Yes No

Tanning* Number of Units _____ Do you require signed Waivers from all clients? Yes No

Do you have non-slip surfaces in all wet areas? Yes No

Do you use independent contractors? Yes No Does your club have SHOWERS? Yes No

If Yes - Do you obtain Certificates of Insurance? Yes No

Do you offer any other services including outside activities? Yes No

(IF YES, Explain) _____

Do you have an Automated External Defibrillator on site? Yes No

Do you manufacture, formulate, private label your own products? (lotions, supplements, equipment, etc.) Yes No

** if you do answer yes, there is no coverage. You will need separate Product Liability policy for your manufacturing

PROPERTY INFORMATION

(Mandatory to be completed in detail - call your landlord if you do not know)

Walls-Int/Ext: Concrete Block Brick Steel Frame Wood Frame Butler Type _____

Roof-Int/Ext: Poured Concrete Steel Frame Wood Frame Other _____

Floor: Concrete Wood Frame Other _____ Number of Stories _____

Year building was constructed: _____ (what year was plumbing and wiring last updated, if any?) _____

Club is Located in: Shopping Center Free Standing Building Office Complex O _____

Does Your Club Have: Smoke Detectors Fire Alarm System Fire Sprinkler System Central Station Burglar Alarm System

Is your club within 600 ft. of a fire hydrant? Yes No Distance to Fire Department _____

BY SIGNATURE BELOW, I AM CONFIRMING THAT THE FOLLOWING 24 HOUR ACCESS CLUB GUIDELINES EXIST IN MY CLUB. FURTHER, I WILL HAVE MY CUSTOMER/CLIENTS SIGN THE "24 HOUR ACCESS CLUB WAIVER & RELEASE FORM" AS NOTIFICATION TO THEM OF THE RISK THEY ARE UNDERTAKING.

24 Hour Access Club - Underwriting Guidelines

- Digital surveillance is in place and operational at all time
- We have a panic system* installed as recommended by our vendor that is:
 - Hardwired wall mounted panic alarm which is monitored by an outside source
 - Emergency necklaces that are monitored by an outside source
- *PLEASE NOTE: a "panic system" is not an emergency exit
- All unauthorized areas locked off. Access is only allowed during normal business hours when an employee/staff member is present.
- Our club is location in a relatively low crime area.
- We physically inspect the club several times a day to verify unsafe conditions have not developed.
- We prohibit use of our facilities from any uninsured personal trainer for use with a client.
- We will send two sets of interior pictures which will include positioning of the digital surveillance system throughout the club within 15 days of my insurance effective date.
- We have no child sitting areas open unless an employee/staff member is present.

Loc Address: _____

ADDITIONAL INSUREDS, LOSS PAYEES, MORTGAGEES FOR THIS LOCATION

Name & Address of Company

Name & Address of Company

Loan / Lease number if applicable _____

Loan / Lease number if applicable _____

What Is Their Insurable Interest?

What Is Their Insurable Interest?

Landlord Additional Insured Loss Payee Mortgagee

Landlord Additional Insured Loss Payee Mortgagee

Name & Address of Company

Name & Address of Company

Loan / Lease number if applicable _____

Loan / Lease number if applicable _____

What Is Their Insurable Interest?

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Landlord Additional Insured Loss Payee Mortgagee

Landlord Additional Insured Loss Payee Mortgagee

EXCESS LIABILITY

Do You Need Additional "Excess Liability" Limits? Yes No If Yes, What Limit? _____

WORKERS COMPENSATION COVERAGE

Employer Liability Limits \$100,000 / \$500,000 / \$100,000 \$500,000 / \$500,000 / \$500,000 \$1,000,000 / \$1,000,000 / \$1,000,000

Effective Date: _____ Federal Tax ID# _____

Employees Annual Payroll \$ _____

Owners / Officers Annual Payroll (if to be included) \$ _____

1099 Contractors Annual Payroll \$ _____

Other Annual Payroll \$ _____

What is your current "Experience Modifier", if any? _____

EMPLOYMENT PRACTICES LIABILITY - Separate Application required to quote

Claim arising out of claims for employment related lawsuits - Wrongful Termination, Sexual Harassment, Discrimination

Liability Limit Options: \$100,000 \$250,000 \$500,000 \$1,000,000

Retention Deductible Options: \$2,500 \$5,000 \$10,000

LOSS HISTORY

You will need to submit the last 3 years "Loss Runs" with this application. These reports can be obtained from your insurance agent. We can also accept a no loss letter.

I HEREBY CERTIFY THAT THE INFORMATION AND VALUES OF PROPERTY LIMITS CONTAINED IN THIS APPLICATION ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND THAT NO MATERIAL FACTS HAVE BEEN MISREPRESENTED.

*I UNDERSTAND THAT BY PROVIDING MY FAX NUMBER OR ELECTRONIC MAIL ADDRESS, I CONSENT TO RECEIVE FAXES OR ELECTRONIC MAIL SENT BY OR ON BEHALF OF ASSOCIATION INSURANCE GROUP.

SIGNATURE _____ PLEASE PRINT NAME _____

TITLE _____ DATE _____

Send completed application to: 303-985-2025
PLEASE SEND PROPOSAL/QUOTE* VIA: EMAIL FAX REGULAR MAIL
**Please allow 3 business days to obtain quote*