

**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:

<input type="checkbox"/> Whirlpool	<input type="checkbox"/> Racquetball, Tennis, Handball
<input type="checkbox"/> Aerobics	<input type="checkbox"/> Jogging track
<input type="checkbox"/> Free weights	<input type="checkbox"/> Sauna, Steam Room
<input type="checkbox"/> Nautilus-Universal weight machines	<input type="checkbox"/> Stationary bikes, Rowing machines
<input type="checkbox"/> Swimming pools (attach specifics)	<input type="checkbox"/> Tanning beds (attach supplemental application)
<input type="checkbox"/> Other (Be Specific) _____	
<input type="checkbox"/> 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

<u>Date</u>	<u>Losses (description and amounts paid and incurred)</u>
_____	_____
_____	_____
_____	_____

Applicant Signature & Date

Producer Name & Address



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.