SUPPLEMENTAL EXERCISE, FITNESS, HEALTH AND SELF DEFENSE STUDIOS APPLICATION

1.	Applicant's Name:					
Estimated gross receipts						
3.	Number of employees Full-time Part-time					
	Independent Contractors Other					
4.	Provide specific details on the licensing or certification requirements:					
5	Please check each type of sorvice provided:					
Э.	Please check each type of service provided:					
	☐ Tanning beds/booths How many?					
	UVA UVB UVB output					
	☐ Toning beds					
	□ Pools How many?					
	Diving board? Yes No					
	Depths marked? Yes No					
	Lifeguard on duty? Yes No					
	☐ Whirlpool					
	☐ Aerobics					
	☐ Free weights					
	☐ Nautilus – Universal weight machines					
	☐ Sauna, Steam room					
	☐ Racquetball, Tennis, Handball					
	☐ Jogging track					
	☐ Nutritional counseling					
	☐ Restaurant, Snack bar					

PA01-287(06/90) Page 1 of 2

Please check each type of service provided: (cont'd)						
☐ Martial Arts						
Number of students						
Light contact	Yes	No	Full contact	Yes	No	
Type of weapons taught						
What belt rank must a student obtain before learning weapons?						
Do students participate in tournaments? Yes No						
If yes, explain (number of participants, ages, type of contact, etc.						
What is the square fo	otage of the prem	nises tha	t you occupy?		Sq. ft.	
Are childcare facilities provided? Yes No						
If yes, provide complete details.						
Provide a copy of any club membership contracts.						
Describe any products sold on premises.						
COVERAGE IS NOT BINDING UNTIL APPROVED BY THE COMPANY.						
Applicant's Sic	nature			Date		
	Number of studen Light contact Type of weapons What belt rank mu Do students partic If yes, explain (num What is the square fo Are childcare facilities If yes, provide comple Provide a copy of any Describe any product COVERAGE	Number of students Light contact Type of weapons taught What belt rank must a student obta Do students participate in tourname If yes, explain (number of participar What is the square footage of the prem Are childcare facilities provided? If yes, provide complete details. Provide a copy of any club membershi Describe any products sold on premise	Number of students Light contact Yes No Type of weapons taught What belt rank must a student obtain before Do students participate in tournaments? If yes, explain (number of participants, ages What is the square footage of the premises that Are childcare facilities provided? Yes, provide complete details. Provide a copy of any club membership contract Describe any products sold on premises. COVERAGE IS NOT BINDING UNT	Martial Arts If yes, explain: PREMIER UNDERWRITERS, INC. Number of students Light contact Type of weapons taught What belt rank must a student obtain before learning weapons' Do students participate in tournaments? If yes, explain (number of participants, ages, type of contact, etc.) What is the square footage of the premises that you occupy? Are childcare facilities provided? Yes No If yes, provide complete details. Provide a copy of any club membership contracts. Describe any products sold on premises. COVERAGE IS NOT BINDING UNTIL APPROVED BY	Martial Arts Fyes, explain: PREMIER UNDERWRITERS, INC.	

PA01-287(06/90) Page 2 of 2