



Dallas
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F: (972) 789-1967

Houston
P: (281) 759-4855
F: (281) 759-7245

hullandco-texas.com

Package (GL & Property) General Liability only
Please complete all sections of this application and have signed by the applicant.

General Information

1. If our renewal, provide the expiring policy number: _____
2. Name: _____ DBA: _____
3. Sole Proprietorship Partnership Corporation LLC Other
4. Mailing Address: _____ E-mail Address: _____
5. Location Address: _____
6. Applicant's website Address? _____
7. How long has current owner been in business at this location? _____
8. Has applicant ever operated this location under a different name or DBA (other than above)? Yes No
If yes, provide name or DBA used: _____
9. Any prior bankruptcy within the past five years? Yes No
Date of bankruptcy? _____
10. Prior Carrier: _____ Expiring Premium \$ _____
11. Within the past five years, has applicant's coverage been cancelled or non-renewed? Yes No
If yes, explain: _____
12. Hours of Operation: Mon - Thur _____ Fri _____ Sat _____ Sun _____
13. Loss History for **Property** and **General Liability** for past three years (if in business that long) If none, check here

Date	Type/Description	Paid	Reserved	Open/Closed
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

- | | Prohibited | Eligible |
|---|------------------------------|------------------------------|
| 14. Any locations in Alaska or Louisiana? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Any alleged or actual incidents regarding molestation or abuse involving your center(s)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. 24-hour facility or do any members have access keys to your center(s)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. Does Fitness Center Have a pool? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. Signed Release/Waiver of liability REQUIRED prior to using your center(s)? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 19. Signed PAR-Q (Physical Activity Readiness Questionnaire) REQUIRED prior to using your center(s)? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 20. Are minors allowed to use equipment <i>without</i> parent or guardian signing Release/Waiver & PAR-Q? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 21. Are all <i>Personal Trainers / Aerobic Instructors</i> required to be certified? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 22. Any chiropractic, physical therapy &/or rehabilitation services provided by your employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 23. Do any chiropractors, physical &/or rehabilitation therapists or registered dieticians rent space in your center(s) who do not carry their own insurance and name you as an additional insured on their policy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 24. Do you sell any diet aids, vitamins, or muscle supplements or similar products that you altered from its original packaging? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 25. Medical Services, blood analysis, stress testing or diet clinics provided by your center(s)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 26. Any alcohol sales in your center(s)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 27. Use of electricity to create muscle tone or other passive exercise services provided by your center(s)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 28. Any type of acupuncture services provided by your center(s)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 29. Electrolysis or hair removal services provided by your center(s)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 30. Body wrapping services or any type of body containers provided/used by your center(s)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 31. Ear or body piercing services provided by your center(s)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 32. Trampolines or gymnastic instruction or similar activity offered by your center(s)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 33. Contact martial arts, karate, kickboxing, regular boxing or similar activities offered at your center(s)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 34. Rock climbing, scaling or similar activities offered by your center(s) on or off premises? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 35. Appropriate warning signs posted near and in clear view of all tanning units, hot tubs, Jacuzzis, Sauna, steam rooms, and fitness equipment? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 36. Repair/service logs maintained on all equipment used in your center(s)? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 37. Do you have Fitness staff certified in CPR on duty during all hours of operation? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

General Liability Section

- 38. Limit Requested: 300/600 500/1,000 1,000/2,000
39. Molestation and Abuse Limit: 100/300 300/300 500/500 1,000/1,000
40. Hired/Non Owned Auto Coverage: 100/300 300/300 500/500 1,000/1,000
41. Stop Gap Coverage: 100/300 300/300 500/500 1,000/1,000
42. Jacuzzis, Hot Tubs, Sauna or Steam Rooms? Yes No
43. Does Facility have Treadmills? Yes No
44. Any shower facilities? Yes No
45. Number of sports courts _____
46. Any off-premise activities? Yes No
Detail & how often: _____
47. List any on-premise exhibitions, competitions, or special events: _____

48. Tanning Information

Not Applicable

Number of units: _____

- 49. Are all units U.L. Approved? No Yes
50. Are only employees allowed to adjust the controls of the tanning units?. No Yes
51. Are there limits regarding duration or number of visits? No Yes
52. Patrons/Members are allowed to use tanning units WITHOUT goggles? Yes No
53. Patrons warned against using tanning units while on photosensitive medication or pregnant? No Yes

54. Child Sitting Information

Not Applicable

- 55. Do you accept a child under 6 weeks of age? Yes No
56. Criminal and background checks required for child sitting employees prior to employment? No Yes
57. Are children allowed to be dropped off or picked up WITHOUT a Sign In/out sheet? Yes No
58. Are members allowed to leave the premises while children are in the center? Yes No
59. Are children allowed to be in the center for an unlimited amount of time? Yes No
60. Any food allowed in the child sitting room? Yes No

61. Property Information

Not Applicable

- 62. Age of Building: _____ Number of Stories: _____
63. Total Sq Ft _____ Applicant's Sq Ft _____ Apartment Sq Ft _____
64. List all other occupancies: _____ None
If any, list Sq Ft _____
65. Building limit _____ Contents limit _____ Coinsurance 80% 90% 100%
66. Business Income limit _____ Coinsurance 50% 60% 70% 80% 90% 100% or
Monthly limit 1/3 1/4 1/6
67. Optional coverages: Value plus endorsement Yes No Glass _____ liner ft. Sign _____
68. Money & Securities \$1,000 \$2,000 \$5,000 Employee Dishonesty: \$5,000 \$10,000
69. Equipment breakdown coverage Yes No
70. Cause of loss: Basic Special Special excluding theft
71. Property deductible: \$1,000 \$2,500 \$5,000
72. Age of roof _____ Electrical update _____ Plumbing update _____ Heating update _____
73. Protective devices: Smoke detectors Sprinkler system covering 100% of premise
(check all that apply) Central station burglar alarm Central station fire alarm

- 74. Any location in Hawaii? Yes No
75. Is the electrical system connected to circuit breakers? No Yes
76. Does the electrical system have aluminum wiring or knob & tube wiring? Yes No

Mortgagees/Additional Insureds/Loss Payees

- List name, address and interest of each: _____ Indicate applicable section:
Name: _____ Property GL
Address _____
Interest _____
Name: _____ Property GL
Address _____
Interest _____
Name: _____ Property GL
Address _____
Interest _____

Inspection and Audit Contacts

- Inspection Contact Name: _____ Telephone Number: _____ E-mail Address: _____
Audit Contact Name: _____ Telephone Number: _____ E-mail Address: _____

Fraud Statement: Any person who knowingly and with the intent to defraud any insurance company or other person, files and application for insurance or statement of claim containing any materially false information. or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject such person to criminal and/or civil penalties and other sanctions.

Applicant's Warranty Statement: The undersigned represents to the best of his/her knowledge and belief the particulars and statements set forth are true and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company. The undersigned further declares that any claim, incident or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The signing of the Application does not bind the undersigned to purchase the insurance, nor does the review of the Application bind the Company to issue a policy. It is understood the Company is relying on the Application in the event th Policy is issued. It is agreed that this Application, including any material submitted therewith, shall be the basis of the contract should a policy be issued, and may be attached dot and become part of the policy.

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement mad e in the Application or in any affidavit made before or after a loss under the policy will l be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance" is replaced with "authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for the may render inaccurate, untrue or incomplete any statement made with the minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for non payment of premium."

Applicant's Signature _____ Date _____
(Owner or Officer)

Broker's Signature _____

Some states require that we have the Name and Address of your (Insured's) authorized Agent or Broker.

Name of Authorized agent or Broker _____

Address: _____

Mail complete application through local Agent or Broker to: _____
