

# McClelland and Hine, Inc. \*\*\* McClelland and Hine of Houston, LLP

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 <i>REQUIRED</i> prior to using your center(s)?   | <input type="checkbox"/> No  | <input type="checkbox"/> Yes |
| 19. Signed PAR-Q (Physical Activity Readiness Questionnaire) <i>REQUIRED</i> 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: \_\_\_\_\_

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

**54. Child Sitting Information** **Not Applicable**

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

75. Is the electrical system connected to circuit breakers? **Eligible**  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: \_\_\_\_\_