

**EXERCISE, FITNESS, HEALTH AND
SELF DEFENSE STUDIOS SUPPLEMENTAL APPLICATION**

1. Applicant's Name: _____
2. 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 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

5. Please check each type of service provided: (cont'd)

Martial Arts If yes, explain: _____

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. _____

6. What is the square footage of the premises that you occupy? _____ Sq. ft.

7. Are childcare facilities provided? ____ Yes ____ No

If yes, provide complete details. _____

8. Provide a copy of any club membership contracts.

9. Describe any products sold on premises.

This application does not bind the applicant nor the company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

FRAUD STATEMENTS

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*.

*Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an 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 subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*.

*Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits.

*Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicant Name (Print)

Producer Name

Applicant Signature & Date

Producer Address