

WHO NEEDS INSURANCE?

▶ **HEALTH CLUBS** ▶ **FITNESS CENTERS** ▶ **STUDIOS**

POLICY COVERAGES AND LIMITS:

Commercial General Liability	\$1,000,000	PER OCCURRENCE	\$3,000,000	AGGREGATE
Professional Liability				
Personal & Advertising Injury Liability				
Sexual Abuse Liability	100,000	PER OCCURRENCE	300,000	AGGREGATE
Damage To Premises Rented To You	100,000	ANY ONE PREMISES		
Medical Expense	2,500	ANY ONE PERSON		
No Deductible				

HIGHER LIMITS AVAILABLE. PLEASE CALL 800-395-8075 FOR QUOTE

TOP RATED RELIABILITY
ALL INSURANCE POLICIES
WRITTEN BY AN
"A" BEST RATED CARRIER

PROTECTION AGAINST GENERAL LIABILITY AND PROFESSIONAL LIABILITY CLAIMS:

- Protection against general liability and professional liability claims.
- Activities at your facility including weight-lifting, swimming, jacuzzi, whirlpool, suntan booths, courts, aerobics, and many others, can be included on the policy. Call for a quote.
- Claims service is the best in the industry. Covers premises liability exposures such as trip & fall. You receive a quick response and a thorough investigation on each claim.
- You get \$3,000,000 aggregate limit on the policy
- Coverages designed for the fitness business include Personal Injury and Advertising Liability, Damage to Premises Rented to You.
- You can also purchase separately Building and Business Personal Property Coverage, Workers' Compensation Bonds, Employment Practices Liability.
- If you are renting a facility, you and the landlord can be covered.
- If you teach water aerobics, juniors or seniors, the policy covers you against negligence claims.
- Baby-sitting claims will be paid under our policy if negligent.
- Businesses can cover all employees, including independent contractors, wherever they teach.
- Day Spas: Supplemental application required – Call for details.

Policy Exclusions include and are not limited to: Asbestos, Auto, Employee Termination, Liquor, Nuclear War, Recommending and/or Distributing Vitamin, Mineral and Diet Supplements.

IDEA'S value added insurance programs for health and fitness professionals: IDEA members are recognized in the health and fitness industry for their professionalism and education. Your association works hard to provide over 19,000 IDEA members access to affordably priced comprehensive insurance packages designed to save hundreds of dollars on your insurance needs.

***BELONGING SAVES YOU MONEY!** You benefit from stable rates.*

ATTENTION CANADA MEMBERS Please contact Sports-Can Insurance Consultants, Ltd at 800-993-6388

Fitness and Wellness Insurance Agency (formerly "Murria & Frick Insurance")

380 Stevens Avenue, #115 • Solana Beach, CA 92075

(800) 395-8075 • Fax (858) 519-0822 • License #OD28716

HEALTH CLUB & FITNESS CENTER INSURANCE APPLICATION

Multiple locations complete an application for each location separately

Legal Business Name: _____ Contact Person: _____

Location Address: _____

Mailing Address (if different): _____

Tel: _____ Fax: _____ Email: _____

Social Security/Federal Employer ID# _____ Requested Effective Date: _____

IDEA Membership # _____ Exp. _____ To upgrade to Business Membership
contact IDEA at 800-999-4332.

Business Entity: Corporation Partnership LLC Individual Other _____

Type of Facility: Personal Training Studio Aerobics/Dance Studio Fitness Club
 Other (Describe) _____

Does Business engage in any other operations as the name insured above: Yes No If yes, explain: _____

Years in Business: _____ Square Footage: _____ Annual Revenues\$ _____

Number of Active Members: _____ Average cost of membership \$ _____

Prior Insurance Carrier & Policy No.: _____ Expiration Date: _____

Have you been cancelled or non-renewed? NO YES: If yes, explain: _____

Any claims last 3 years? NO YES: (3 years loss history required to bind coverage.) If yes, explain: _____

Provide # of each:

Employees:

Independent Contractors:

Office Staff:

Personal Trainers:

Fitness/Group Instructors:

Yoga Instructors:

Physical Therapists:

Massage Therapists:

Spa/Manicurists:

Hair Stylists

Other:

Totals of above:

Full-time

Part-time

Full-time

Part-time

Are any products manufactured or sold under your label: NO YES If yes, explain: _____

*THIS POLICY DOES NOT COVER CLAIMS ARISING OUT OF THE RECOMMENDATION, PRODUCTION, PROMOTION, SOLICITATION, SELLING, MANUFACTURING, TESTING OF VITAMINS, HERBS, NUTRITIONAL AND DIET SUPPLEMENTS. (Separate policy available please call for application and details.)

HEALTH CLUB & FITNESS CENTER INSURANCE APPLICATION

PLEASE SPECIFY "YES" OR "NO" AND NUMBER OF EXPOSURES FOR FOLLOWING:

Pieces of Equipment (everything except individual free weights, steps and mats):

Jacuzzis:	<input type="checkbox"/> No	<input type="checkbox"/> Yes Number _____	Steam Rooms:	<input type="checkbox"/> No	<input type="checkbox"/> Yes Number _____
Saunas:	<input type="checkbox"/> No	<input type="checkbox"/> Yes Number _____	Tanning Booths:	<input type="checkbox"/> No	<input type="checkbox"/> Yes Number _____
All Courts/Tracks:	<input type="checkbox"/> No	<input type="checkbox"/> Yes Number _____	Any Diving Boards:	<input type="checkbox"/> No	<input type="checkbox"/> Yes Number _____
Swimming Pools:	<input type="checkbox"/> No	<input type="checkbox"/> Yes Number _____	(Cardio-kickboxing only, professional excluded)		
Boxing Rings:	<input type="checkbox"/> No	<input type="checkbox"/> Yes Number _____	("Rebounders" only, all others excluded)		
Trampolines:	<input type="checkbox"/> No	<input type="checkbox"/> Yes Number _____	<input type="checkbox"/> Indoor	<input type="checkbox"/> Outdoor	
Climbing Walls:	<input type="checkbox"/> No	<input type="checkbox"/> Yes Number _____			
Child Care:	<input type="checkbox"/> No	<input type="checkbox"/> Yes If yes, enter # of Staff per child ratio: _____			
Gymnastics:	<input type="checkbox"/> No	<input type="checkbox"/> Yes (Children's floor level only, all others excluded)			
Do you produce videos?	<input type="checkbox"/> No	<input type="checkbox"/> Yes Number _____			
Sports Medicine:	<input type="checkbox"/> No	<input type="checkbox"/> Yes (If yes explain: _____)			
Diet/Nutritionist:	<input type="checkbox"/> No	<input type="checkbox"/> Yes (All nutritionist must have own insurance, proof required)			
Medical Facilities with doctors employed/contracted:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, explain (must show proof they have their own insurance): _____		

Restaurant/Snack Bar: No Yes If yes explain including any type of cooking: _____

Do you serve liquor: No Yes (Liquor is excluded, if yes explain, separate policy available please call for application and details) _____

Are maintenance logs kept? No Yes Who repairs equipment: _____
If logs not currently kept are you willing to start? No Yes

Do you require signed waivers from all clients? No Yes

Is signage used throughout facility to prevent injury? No Yes

Do you have non-slip surfaces in all wet areas? No Yes

Do you sublease any space to others? No Yes _____

Name and address of landlord who requires inclusion as additional interest: _____

Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any fact thereto, commits a fraudulent insurance act, which is a crime.

Policy effective date received or future date entered here: _____

Signature: _____ Date: _____

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