

FITNESS AND WELLNESS PROPERTY INSURANCE PROGRAM

HOW WILL THIS PROPERTY PROGRAM PROTECT YOU ?

This policy was created to meet the needs of you the Fitness & Health Center Owner. The special property enhancement was designed specifically to fit your business. We can also quote additional options to meet your individual specifications and needs.

FITNESS AND WELLNESS PROPERTY POLICY PROTECTS:

- **Replacement Cost Coverage for Buildings and Business Personal Property**
- **Business Income with Extra Expense Coverage**
- **Tenant Improvements and Betterments**
- **Trade Show & Convention Coverage for Business Personal Property**
- **Glass (building glass as tenant)**
- **Boiler & Machinery and Employee Dishonesty Included**
- **Earthquake Sprinkler Leakage is available for an additional premium**

SPECIAL COVERAGES INCLUDED AT NO ADDITIONAL CHARGE TO YOU:

- **Accounts Receivable: \$250,000**
- **Computer Equipment & Media included as Business Personal Property**
- **Money & Securities: \$5,000**
- **Sewer Back-up Water Damage**
- **Property of Others: \$500 Jewelry**
- **Fine Arts: \$50,000 (not art for sale)**
- **Exhibitions & Conventions: \$10,000**
- **Stock Damage \$10,000:
Due to breakdown of heating, cooling, or humidity control equipment:**

**Fitness and Wellness Insurance Agency
380 Stevens Avenue, Solana Beach, CA 92075
(800) 395-8075 • FAX: (858) 519-0822 • CA License #0D28716
www.fitnessandwellness.com - email: dgrady@fitnessandwellness.com**

PROPERTY APPLICATION					DATE:		
Fitness and Wellness Insurance Agency. 380 Stevens Avenue #115 Solana Beach, CA 92075 Fax: 858-519-0822 • CA Lic# OD28716		Business Name					
		Proposed Effective Date:		Proposed Expiration Date:		Billing Plan: <input checked="" type="checkbox"/> Agency Billed	
		Describe Business Operations:					
YOU MUST COMPLETE ALL OF THE FOLLOWING SECTIONS – ENTER ZERO IF NONE APPLIES							
SUBJECT OF INSURANCE	AMOUNT	DEDUCT	COINS	ACV/RC	PERILS, FORMS & CONDITIONS TO APPLY		
Building Coverage	\$	\$1000	90%	RC	Special Form		
Contents and Stock	\$	\$1000	90%	RC			
Tenant Improvements	\$	\$1000	90%	RC			
Sign Coverage	\$	\$1000	90%	RC			
Business Income	\$				12 Months - 72 Hour Wait		
Telephone #:				Fax #:			
Property Address:							
Construction Type	Protection Class	# Stories	Basement?	Yr Built *	Total Area/Sq. Ft.	Square Footage you occupy:	
Other Occupancies in Building:							
*If building over 25 years old, give year of update for: Roof: Wiring: Plumbing: Heating:					DO NOT USE: FOR COMPANY USE ONLY Premium quoted: \$		
Right Exposure & Distance:		Left Exposure & Distance:			Rear Exposure & Distance:		
Burglar Alarm: <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Central Station <input type="checkbox"/> With Keys	Alarm Installed & Serviced By:			# Guards/ Watchmen	<input type="checkbox"/> Clock Hourly <input type="checkbox"/> Other:	
Fire Protection: <input type="checkbox"/> Sprinklers <input type="checkbox"/> Standpipes <input type="checkbox"/> CO2/Halon				Fire Alarm: <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Central Station <input type="checkbox"/> Local Gong	
Additional Interest Name/Address:			Interest: Landlord		Certificate of Insurance Required? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Additional Interest Name/Address:			Interest: Lease Company		Certificate of Insurance Required? <input type="checkbox"/> YES <input type="checkbox"/> NO		
GENERAL INFORMATION							
EXPLAIN ALL "YES" RESPONSES		YES	NO	EXPLAIN ALL "YES" RESPONSES		YES	NO
Is applicant a subsidiary of another entity or does the applicant have any subsidiaries?		<input type="checkbox"/>	<input type="checkbox"/>	Has any policy or coverage been declined, canceled or nonrenewed during prior 3 years?		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other (describe):					# Years in Business:		
Name of Contact Person (Tel # if different):							
Enter all losses for prior 5 years, annual aggregates for each line of insurance may be entered in the description if preferable (if aggregates provided, indicate # of claims); explain all claims exceeding \$5,000.							
Date of Loss	Type of Loss	Description (describe what corrective measures if applicable)			Amount Paid \$	Amount of Reserves \$	
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 material thereto., commits a fraudulent insurance act which is a crime.							
Applicant's Signature:				Producer's Signature:			