Member Companies of Western World Insurance Group

☐ Western World Insurance Company
☐ Tudor Insurance Company
☐ Stratford Insurance Company

Application
For
Health & Exercise Studios

1. Name of Applicant _____
Street address _____
City _____ State _____ Zip _____
Applicant's Web Site Address _____

2. ☐ Individual ☐ Corporation ☐ Partnership ☐ Other (Explain) _____

3. Date established: _____

4. Address of location to be insured (If same as above, please note)
Street address _____
City _____ State _____ Zip _____

5. Has applicant had previous insurance for this enterprise? ☐ Yes ☐ No
If yes, provide the following information:

Insurance Company	Policy Period	Limits of Liability	Premium	Occurrence Coverage	Type of Coverage
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	

6. Is applicant engaged in, owned by, associated with or involved in any other enterprise? If yes, provide details. ☐ Yes ☐ No
_____
_____
_____

7. Provide details of licensing or certification needed for this operation: _____
_____

8. Provide the number of the following personnel.

		Other and explain
_____ Partners, owners, officers	_____	_____
_____ Full-time staff	_____	_____
_____ Part-time staff	_____	_____
_____ Independent contractors	_____	_____

9. During the past (3) years, have any claims been presented to your current or prior insurance carrier? If yes, provide full details. ☐ Yes ☐ No
Include description of claim, amounts paid and reserves. _____
_____
_____

10. Is the applicant, or any other person for whom insurance is being requested, aware of any circumstance which may result in a claim? ☐ Yes ☐ No
If yes, provide details. _____
_____

11. Has applicant, or any other person for whom coverage is being requested, had any liability application denied, policy cancelled or policy not renewed in past three years? If yes, provide full details. _____ ☐ Yes ☐ No

_____

12. Please provide facilities information.
Number of tanning beds/booths _____ Percentage of UVA bulbs? _____% UVB bulbs?_____%
Are beds/booths controlled by timers? ☐ Yes ☐ No Who controls timers? _____
Are clients required to use goggles? ☐ Yes ☐ No Tanning receipts? $ _____

☐ Pool Height of diving board(s)? _____ Lifeguard on duty? ☐ Yes ☐ No
Maximum water depth? _____ Ft. Water depths marked on pool? ☐ Yes ☐ No

☐ Whirlpool ☐ Aerobics ☐ Free weights ☐ Treadmills ☐ Stairclimbers
☐ Nautilus/Universal or similar exercise machines ☐ Sauna/Steam Room ☐ Trampoline
☐ # of racquet ball/tennis/handball court(s) _____ ☐ Jogging Track ☐ Climbing Wall

☐ List other equipment or facilities _____
☐ Nutritional Counseling ☐ Snack/Juice Bar/Restaurant (Type of food?) _____

13. Do showers, pool, whirlpool area and steam room have non-skid floors? ☐ Yes ☐ No

14. Do you provide childcare for your clients? ☐ Yes ☐ No
If yes, please complete the following.

Number of children under care at any one time: _____ Number of child care attendants: _____
Age of youngest child you will accept: _____ Will you accept sick children? ☐ Yes ☐ No

15. Total number of members: _____ Average age: _____

16. Are medical examinations required for new members? ☐ Yes ☐ No

17. What is your procedure for handling accidents or injuries? _____

_____

18. Does your staff have training in CPR and First Aid? ☐ Yes ☐ No

19. List any products sold on premises: _____

_____

20. Annual receipts $ _____ Hours of operation: From _____ To _____

21. Name and phone number of person to contact for audit and inspection?
Name _____ Phone _____

22. Effective Dates Desired: From _____ To _____

23. LIMITS OF INSURANCE REQUESTED

General Aggregate Limit (Other than Products – Completed Operations)	$ _____
Products-Completed Operations Aggregate Limit	$ _____
Personal and Advertising Injury Limit	$ _____
Each Occurrence Limit	$ _____
Fire Damage Limit (up to $50,000 limit available)	$ _____any one (1) fire
Medical Expenses Limit (up to $5,000 limit available)	$ _____any one (1) person
Each Professional Incident Limit (if applicable)	$ _____

Applicant's Signature: _____ Name (Print): _____

Title: _____ Date: _____