

## GameDay Fitness Club Application Form

### General Information

BrokerName: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Risk Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Website: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Number of years in operation: \_\_\_\_\_

Annual Gross Receipts: \_\_\_\_\_

Number of Members: \_\_\_\_\_

What is the minimum age requirement for facility use? \_\_\_\_\_

Are minors required to be accompanied by a parent/guardian? \_\_\_\_\_

### Business Operations

Please explain the operations of your business: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is a waiver or hold harmless agreement signed by each member and guest?    Yes    No

Please check all that applies to your facility, operations and services offered:

Training Units	Swimming Pools	Whirlpools/Jacuzzi/Cold Plunge
Steam rooms	Aerobics/Step Aerobics	Running Tracks
Gymnastics	Ice/Roller Skating/Blading	Boxing/Kick Boxing
Martial Arts	Sports Med/Rehab/Therapy	Physicals/Stress Testing
Pro Shop	Restaurant	Blood
Analysis	Vitamin Injections	Camp Programs
Snack/Juice Bar		

Do you host social or fundraising events, Please Explain? \_\_\_\_\_

\_\_\_\_\_

Is there any liquor exposure    Yes    No

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### Employee Information

List management experience and qualifications: \_\_\_\_\_

\_\_\_\_\_

Number of Employees: \_\_\_\_\_

Are all personnel (Including instructors & Trainers) your employees?    Yes        No

If no, are they required to carry their own Insurance?    Yes        No

What certifications are your trainers/instructors required to have? \_\_\_\_\_

\_\_\_\_\_

Are your employee's first aid or certified in CPR?    Yes        No

Are employees, instructors, trainers available in each area of the facility for supervision, spotting and emergencies?    Yes        No

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### Facility

How often is equipment inspected/maintained? \_\_\_\_\_

Are maintenance logs maintained?    Yes        No

Who is responsible for repairs to the equipment? \_\_\_\_\_

\_\_\_\_\_

What safety features are installed in the facility?

    Sprinkler        Alarms        Smoke Detectors        Fire Extinguishers

Are there showers in the facility?    Yes        No

If yes, please advise the number of showers and type of flooring: \_\_\_\_\_

\_\_\_\_\_

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### Nursery & Day Care

Does your facility offer nursery or day care services?    Yes        No

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### Restaurant/Snack or Juice Bar

Please select all that apply:

    Restaurant Snack        Juice bar        Vending Machines

Are Deep Fryers/Grilled protected by an automatic extinguishing system    Yes        No

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### Gymnastics

Is Gymnastics offered?    Yes        No

Are participants always supervised and spotted    Yes        No

Please list all apparatuses applicable to gymnastics in your facility: \_\_\_\_\_  
\_\_\_\_\_

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### Swimming Pools

What is the height of each diving board? \_\_\_\_\_  
\_\_\_\_\_

Are certified lifeguards on duty at all times?    Yes        No

Describe safety precautions around the pool area and what life-saving equipment available? \_\_\_\_\_  
\_\_\_\_\_

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### Martial Arts

What types of martial arts are instructed? \_\_\_\_\_  
\_\_\_\_\_

Are classes:    Contact        Non-Contact

What are the instructor's qualifications? \_\_\_\_\_  
\_\_\_\_\_

What safety equipment is used? \_\_\_\_\_  
\_\_\_\_\_

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### Liability

Are waivers, release or consent forms signed by participants?    Yes        No

If no, please explain why: \_\_\_\_\_

Current Insurer: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Limit of liability required:    \$1,000,000        \$2,000,000        \$3,000,000        \$5,000,000

Are there any losses in the last 5 years?    Yes        No

If yes, please provide full details including date, loss description, amounts paid out/reserves and status of claim: \_\_\_\_\_  
\_\_\_\_\_

Has any company previously declined or cancelled any insurance coverage?    Yes        No

If yes, please explain? \_\_\_\_\_  
\_\_\_\_\_

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**Directors' and Officers'/Errors and Omissions**

Do you require Directors' and Officers' Insurance?    Yes        No

Do you require Errors and Omissions insurance?    Yes        No

Limit of coverage required:    \$1,000,000        \$2,000,000        \$3,000,000        \$5,000,000

How often is an audit completed? \_\_\_\_\_

Has the organization filed a federal income tax return in the last 5 years?    Yes        No

Do you have by-laws?    Yes        No

If yes, when were your by-laws last updated? \_\_\_\_\_

Has any company previously declined or cancelled any insurance coverage?    Yes        No

If yes, Please provide details: \_\_\_\_\_

Current Insurer: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Are there any losses in the last 5 Years?    Yes        No

If yes, please provide details: \_\_\_\_\_

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**Sport Accident**

Do you require participant accident coverage?    Yes        No

Current Insurer: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Has any company previously declined or cancelled any insurance coverage?    Yes        No

If yes, Please provide details: \_\_\_\_\_

Are there any losses in the last 5 Years?    Yes        No

If yes, please provide details: \_\_\_\_\_

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**Property Coverage**

Do you require property coverage?    Yes        No

*\*\*\*If yes, please complete a property supplement form\*\*\**

I certify that all information is truthful and accurate to the best of my knowledge.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

**The signing of this application does not bind insurance.**