



Insurance Application

Effective Date: _____ Contact Name: _____
 Phone Number: _____ E-mail Address: _____
 Legal Business Name: _____
 Year Business Started: _____ Experience in Industry: _____
 Location Address: _____
 Mailing Address: _____
 Current Insurance Carrier: _____ Current Premium: _____

Estimated Annual Sales: _____
 Number of Members: _____
 Full-time Employees: _____ Part-time Employees _____
 Club Hours: _____
 Number of Tanning Beds: _____ Childcare: Y N
 Boxing: Y N Martial Arts: Y N Massage: Y N
 AED: Y N Camera System: Y N CrossFit: Y N
 Silver Sneakers: Y N
 # of Pools: _____ # of Whirlpools: _____
 # of Saunas: _____ # of Steam Rooms: _____
 Additional Amenities: _____
 Leased Space: _____

Rent Own Square Footage: _____
 Number of Stories: _____ Year Built: _____
 Building Updates (complete for property older than 20 years):
 Electrical: _____ Plumbing: _____ Roof: _____
 Other Building Occupants:
 Left: _____
 Right: _____
 Rear: _____
 Central Alarm System: Y N Sprinklers: Y N
 Club Located in: Free standing building
 Office complex Shopping center
 Construction: Brick/Cinderblock Concrete
 Metal Steel Frame Wood Frame
 Roof: Concrete/Encased Steel Steel Joisted
 Wood Joisted Other
Property Coverage – Replacement Cost Limits:
 Building: _____
 HVAC System: _____
 Tenant Improvements: _____
 Business Personal Property: _____
 Business Interruption: _____

Estimated Annual Payroll: _____
 FEIN: _____
 Percentage of Ownership:
 Name _____ %
 Name _____ %
 Name _____ %
 Name _____ %
 Name _____ %

Excess Liability Limit: \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000
 Employment Practices Liability Limit: \$500,000 \$1,000,000

Please return application to Fitness Insurance:
 info@fitnessinsurance.com - 720-279-8321 fax - 800-881-7130 phone
 10333 East Dry Creek Road, Suite 250 - Englewood, Colorado 80112
 dba Fitness Insurance Agency in MI, TX, NY, NC. CA License Number 0G00756.

