



## APPLICATION FORM FOR FITNESS CLUB

### PLEASE COMPLETE THIS SECTION FOR LIABILITY COVERAGE

1. Name of Insured.....  
.....
2. Is the Insured Incorporated Yes ( ) No ( )
3. Contact Name.....
4. Phone..... Fax.....
5. Address.....  
.....Postal code.....
6. Email.....  
Website.....
7. Activities Undertaken by the Insured.....  
.....
8. Number of Members:.....
9. Facility
 

Aerobic	Yes ( )	No ( )	Free Weight	Yes ( )	No ( )	Spinning	Yes ( )	No ( )
Yoga	Yes ( )	No ( )	Pilates	Yes ( )	No ( )	Squash	Yes ( )	No ( )
						Courts		
Boxing Ring	Yes ( )	No ( )	Tanning Beds	Yes ( )	No ( )	Racquetball	Yes ( )	No ( )
						Courts		
Tennis	Yes ( )	No ( )	Basketball	Yes ( )	No ( )	Fitness Test	Yes ( )	No ( )
Diet Plans	Yes ( )	No ( )	Blood Pressure		Yes ( )	No ( )		
			Checked					
- Do all members sign waivers? Yes ( ) No ( )
- Is there Supplement Sales? Yes ( ) No ( )
- Is there sales or distribution of Metabolic Supplements? Yes ( ) No ( )
- Is a Par-Q completed with each Member? Yes ( ) No ( )
- If there are concerns on the Par-Q, would staff have the Member and their Doctor complete a Med X form? Yes ( ) No ( )
- Is there child minding? Yes ( ) No ( )
- If Yes, what is the supervision ratio?.....
- Are Police checks completed for all staff? Yes ( ) No ( )

10. Showers  
# of Showers.....  
Is the Shower Surface Non Slip? (in shower) Yes ( ) No ( ) Outside Shower Yes ( ) No ( )
11. Fitness Equipment  
What is the average age of the fitness equipment?.....  
Type of Detachable Equipment Connections  
“S” Connections? Yes ( ) No ( )  
Spring Loaded Carabineer or Clip Connections? Yes ( ) No ( )  
Is the Equipment organized in an orderly layout? Yes ( ) No ( )  
Is the Equipment inspected daily? Yes ( ) No ( )  
Is a maintenance log recored and stored? Yes ( ) No ( )  
If yes – please provide details.....  
.....  
.....
12. Is there a qualified staff member present at all times during business hours Yes ( ) No ( )

PLEASE COMPLETE THIS SECTION FOR **LIABILITY COVERAGE**

13. Does the Insured:  
a) Own the premises Yes ( ) No ( ) *(If yes, please give full details)*  
.....  
If “Yes”, does the Insured have Building Liability Insurance? Yes ( ) No ( )  
b) Hire out those premises to others Yes ( ) No ( ).....  
(Provide details of hiring)  
.....  
If “Yes”, do you require third parties hiring out the premises to have their own Liability Insurance?  
Yes ( ) No ( )  
c) Own the equipment used Yes ( ) No ( ).....  
(Please list equipment Eg: Baseball Bats, Footballs etc)  
.....  
d) Hire out the equipment Yes ( ) No ( ).....  
(List equipment and details of hiring)  
.....  
e) Operate licensed premises Yes ( ) No ( ).....  
(Provide License type)..  
.....  
f) Sell goods to the public Yes ( ) No ( ).....  
(List Goods sold)  
.....

14. Do the participants sign a "Subrogation Waiver" or "Hold Harmless Agreement"?  
(If "Yes", please attach a copy) Yes ( ) No ( )
15. Does the Insured have a written policy for the following:
- |                 |         |        |
|-----------------|---------|--------|
| Risk Management | Yes ( ) | No ( ) |
| Alcohol Service | Yes ( ) | No ( ) |
| Blood Spillage  | Yes ( ) | No ( ) |
| Discrimination  | Yes ( ) | No ( ) |
16. Limit of Liability required by the Insured *(check one)*  
\$2,000,000 ( )      \$5,000,000 ( )      \$10,000,000 ( )
17. Policy Period required from ...../...../..... to ...../...../.....  
(dd/mm/yy) (dd/mm/yy)

PLEASE COMPLETE THIS SECTION FOR **LIABILITY COVERAGE**

**PREVIOUS and PENDING CLAIMS**

18. a) Have any claims for Liability or Indemnity been made against the Applicants or anyone associated with the Applicants in the last five (5) years Yes ( ) No ( )
- b) Have there been any incidents in the last five (5) years that may result in claims against the applicants? (whether the applicants were insured or not) Yes ( ) No ( )

*If you have answered yes to any of the above please complete the following*

Total Number of incidents .....

Total Number of Claims made .....

Total Amount Settled \$.....

Total Amounts Outstanding \$.....

Description of Incident	Year	Amount Settled \$	Amount Outstanding \$

PLEASE COMPLETE THIS SECTION FOR **ERRORS & OMISSIONS COVERAGE**

19. Do you require Errors & Omissions Cover Yes ( ) No ( ) If yes Please complete the following:
- a) Are the Instructors to be covered qualified Yes ( ) No ( )  
*If yes please outline qualifications of all Instructors* .....
- b) number of Instructors to be Insured.....
- c) please attach a list (names and addresses) of all Instructors (note cover not limited to those listed).....
20. Has any Insurer ever declined, refused to renew or has imposed special terms and conditions to any application, renewal or policy held by the applicants Yes ( ) No ( )  
*If yes please supply details* .....
21. (a) Have any claims for Indemnity been made against the Applicants or anyone associated with the Applicants in the last five (5) years Yes ( ) No ( )
- (b) Have there been any incidents in the last five (5) years that may result in claims against the Insured or any of its members (whether the applicants were insured or not) Yes ( ) No ( )  
*If you have answered yes to either of the above please complete the following:*  
 No. of incidents..... Year/s..... No of Claims made..... Amount/s Settled \$.....  
 Amounts Outstanding \$..... Description of the Incident/s .....
- (c) Are you or any member of the Insured aware of any incident that has occurred which could give rise to a claim Yes ( ) No ( )
22. Limit of Errors & Omissions cover required by the Insured (*tick one*)  
 \$1,000,000 ( ) \$2,000,000 ( )

PLEASE COMPLETE THIS SECTION FOR **ACCIDENT COVERAGE**

23. Do you require player accident coverage? Yes ( ) No ( )

24. Who is your Current Insurer (Name and address).....  
.....

25. Describe accident coverage currently in force:

Accidental Death \$..... Medical \$.....

**PREVIOUS and PENDING CLAIMS**

26. a) Have any claims for accidents been made by the Insured in the last five (5) years

Yes ( ) No ( )

*If you have answered yes to the above please complete the following for each of the last 5 years*

Number of Claims	Year	Amount Settled \$	Amount Outstanding \$

b) Have there been any incidents in the last five (5) years that may result in claims against the applicants?

Yes ( ) No ( )

*If yes please supply details.....*  
.....

# THIS DECLARATION MUST BE COMPLETED IN ALL CASES

## DECLARATION

For and on behalf of the Applicant I represent that the above statements and facts are true and that no material facts have been suppressed or mis-stated. I understand that completion of this form does not bind coverage. The Applicant's acceptance of the company's quotation and the company's acceptance of the applicant's proposal is required before cover may be bound and the policy issued.

I further declare that on behalf of the Insured I:

- have either completed all the questions on this form personally or they have been completed by somebody else on my behalf and the answers have been checked for fullness and accuracy by me.
- am a duly authorized officer of the Insured applying for insurance for the purpose of completing this application.
- have read and understood the information concerning the disclosure of material fact and understand that this is a contract of utmost good faith.

### **IMPORTANT – Proposal Information**

1. **Disclosure of Material Fact** – Any material facts known to you must be disclosed. A material fact is one which could influence an underwriter in the assessment and acceptance of this proposal. Should you have any doubt as to whether a fact is material, it should be disclosed for your own protection as failure to disclose such fact may invalidate the policy. You are recommended to keep your own records (including copies of letters) of all information supplied to us in arranging this insurance. A copy of your completed proposal form is available on request.
2. **Utmost Good Faith** – The insurance is a contract based on the utmost good faith requiring Underwriters and the proposer/insured(s) to act towards each other with the utmost good faith in respect of any matter relating to this insurance.

Full Name .....

Position held.....

Signature .....

Date ...../...../.....  
(dd/mm/yy)

**Please return this form to    paul.holman@holmanins.com**