



Umbrella policy limit requested? Yes No If yes, what limit: \$  
 Employers Liability limits: \$ Employers Liability carrier:  
**Additional Insured(s)**  
 Lessor of leased equipment:  
 Lessor of premises:  
 Mortgagee:  
 Grantor of franchise:

**SECTION III – PROPERTY SECTION**

**Building(s)**

Loc. No.	Bldg. No.	ACV/RC	Limit of Insurance	Coinsurance	Address
			\$		
			\$		
			\$		
			\$		

**Contents (Includes Improvements & Betterments)**

Loc. No.	Bldg. No.	ACV/RC	Limit of Insurance	Coinsurance	Address
			\$		
			\$		
			\$		
			\$		

Deductible: \$500 \$1,000 Other: \$  
 Business Income: Limit of Insurance: \$ (Monthly Limit of Indemnity Form)  
 Monthly Limitation: 1/3 1/4 1/6

**Construction of building:**

Walls: Wood frame Brick / Brick Steel frame Other:  
 Roof: Wood frame Poured concrete Steel frame Other:  
 Floor: Wood frame Concrete Other:

Year built: Square footage: Age of roof:  
 Does the property have automatic fire sprinklers? Yes No  
 Distance to: Hydrant: Fire station:  
 Burglar Alarms: Local Central station only w/keys Central station w/o keys  
 Does the property have aluminum wiring? Yes No  
 If yes, has it been retrofitted with one of the PHLI approved connectors and by a licensed electrician? Yes No  
 (Indicate which one): COPALUM? Yes No AlumiConn? Yes No  
 Date updated? **Please supply retro-fit documentation or statement from installing contractor**  
 Does the Applicant own the building? Yes No  
 If no, who does:  
 Mortgagee: Loss Payee:

**Signs**

	Type	Value	Location
1.		\$	
2.		\$	

**Flood**

Does the Applicant have a current flood policy in force? Yes No  
**If yes, attach a copy of the declarations sheet.**  
 If no, would you like a flood quote with our proposal? Yes No

**Crime Coverage**

Theft, Disappearance & Destruction

Loss Inside the Premises: \$

Loss Outside the Premises: \$

Employee Dishonesty: \$

Number of officers and employees who have custody of the money:

By whom is financial audit completed:

Frequency of audits:

Is there a countersignature procedure in place?

Yes No

Frequency of bank deposits:

Are accounts reconciled by someone not authorized to deposit or withdraw monies?

Yes No

**SECTION IV – RISK SURVEY QUESTIONNAIRE**

- |                           |                       |                        |                         |  |
|---------------------------|-----------------------|------------------------|-------------------------|--|
| 1. Gross sales: \$        | Memberships: %        | Retail: %              |                         |  |
| 2. Payroll: \$            | Annual Member Fee: \$ | Monthly Member fee: \$ |                         |  |
| 3.                        | <b>Up to age 12</b>   | <b>Ages 13 -16</b>     | <b>Age 17 and older</b> |  |
| <b>Total Participants</b> |                       |                        |                         |  |
4. Number of employees: Management: Physical Therapy: Personal Trainers: Administrative: Other:
  5. Number of sub-contractors: Services sub-contracted:
  6. Are certificates of insurance obtained from Applicant's sub-contractors? Yes No  
If yes, provide a copy.
  7. Is the Applicant looking to provide coverage for any of the above under the policy? Yes No  
If yes, who:
  8. How many personal trainers are employed / sub-contracted at Applicant's facility:
  9. How many of the personal trainers are Crossfit certified:
  10. Any property leased to others? If yes, explain: Yes No
- Please provide square footage leased:
11. Any events held off premises by the Applicant? If yes, explain: Yes No
  12. Number of guests per month:
  13. Are guests required to sign waiver of liability forms? Yes No
  14. Do all members sign a waiver of liability form prior to receiving membership? Yes No
  15. Are medical disclosure forms requested of all members? Yes No
  16. Is an incident log kept of all injuries and accidents? Yes No
  17. Are all guests and members instructed on how to use equipment on a continuing basis? Yes No
  18. Is a pre-workout evaluation done by a fitness trainer for new members? Yes No
  19. Are exercise instructions and demonstrations given on each exercise and WOD? Yes No
  20. Are all workouts monitored? Yes No  
Are members permitted to train without supervision? N/A Yes No
  21. Are showers and locker rooms present? Yes No
  22. If yes, are there non-slip surfaces in shower areas? Yes No
  23. How many Automatic External Defibrillators (AED) does the Applicant have at each location?
  24. How many employees at each location are trained to operate an AED?
  25. Was full CPR training included with the AED training? Yes No
  26. What are the Applicant's hours of operation:
  27. Is staff present during all hours of operation? Yes No
  28. Is there a snack bar or restaurant on the premises? Yes No  
If yes, square footage occupied:
  29. Is there a bar serving liquor? Yes No  
If yes, square footage occupied:
  30. Is there any volunteer labor or "free membership / work exchange"? Yes No
  31. Is there a pro shop? Yes No  
If yes, square footage occupied:
  32. Are any products sold with the Applicant's name or label on them? Yes No

33. Are dietary supplements sold? If yes, what brand names:	Yes	No
34. Are Crossfit Kids programs run at this facility?	Yes	No
35. Who is responsible for equipment installation (ropes, pull up bars, etc)?		
36. Does the Applicant have a concussion awareness and management program in place?	Yes	No
37. If a concussion is suspected, does the Applicant comply with state requirements to leave a game or practice immediately and return only after at least 24 hours and with permission of a healthcare professional?	Yes	No

**SECTION V - FACILITIES AND SERVICES**

**(Supply an inventory list with values where applicable)**

Free weights:	lbs.	Masseuse / Masseur	Yes	No
Lifecycles: #		Is this sub-contracted?	Yes	No
Rowing machines: #		Aerobics	Yes	No
Step machines: #		Is this sub-contracted? (please attach a schedule)	Yes	No
Tires: #		Martial Arts	Yes	No
Treadmills: #		Is this sub-contracted?	Yes	No
Rock climbing apparatus: #		Running program off premises?	Yes	No
Sledgehammers: #		Physical therapists	Yes	No
Rings: #		Is this sub-contracted?	Yes	No
Climbing ropes: #		Number of therapists:		
Box Platforms: #				
Steam room/Sauna: #				
Sleds: #				
Tennis Bubbles: #	sq. ft =			
Circuit equipment (balls, bars, kettlebells): # of pieces:		sq. ft.=		

**SECTION VI - ABUSE AND MOLESTATION**

**N/A**

1. Does the Applicant's employment process include verification or whether the individual has ever been convicted of any crime, including sex related or child-abuse related offenses, before an offer of employment is made?	Yes	No
2. Does Applicant's state permit criminal background investigations? If yes, does the Applicant routinely request and receive such background investigations?	Yes	No
3. Does the Applicant verify employment-related references?	Yes	No
4. Does the Applicant conduct a personal interview?	Yes	No
5. Does the Applicant have written procedures for dealing with sexual abuse? <b>If yes, attach a copy.</b>	Yes	No
6. Does the Applicant have a plan of supervision that monitors staff in day-to-day relationships with clients, both on and off premises?	Yes	No
7. a. Has the Applicant ever had an incident which resulted in an allegation of sexual abuse? <b>If yes, describe:</b>	Yes	No
b. Was a claim made against the Applicant?	Yes	No
c. Was the case settled?	Yes	No
d. Was the case taken to trial?	Yes	No
e. How much money was paid as damages to the victim: \$		
8. Regarding coverage for Abuse & Molestation, does the Applicant's current policy: Exclude coverage Limit coverage (please indicate limit): \$ Neither exclude or limit coverage		
9. Please indicate age range of clients: From: To:		

**FRAUD NOTICE STATEMENTS**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). **(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).**

**APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV:** ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

**APPLICABLE IN COLORADO:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

**APPLICABLE IN FLORIDA AND OKLAHOMA:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

**APPLICABLE IN KANSAS:** ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

**APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

Name (Please Print/Type)

Title

**(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)**

\_\_\_\_\_  
Signature

Date

The above signed warrants that he/she is authorized and has the power to complete and execute this Application, including the Warranty Statement on behalf of the **Applicant** and their respective Directors, Officers or other insured persons.

**Produced By: (Section to be completed by Producer/Broker)**

Producer

Agency

Producer License Number

Agency Taxpayer ID or SS Number

Address (Street, City, State, Zip)