



Sierra Specialty Insurance Inc.
 234 Clovis Ave.
 Clovis, CA 93612
 Toll Free: 844-874-3772
www.SierraSpecialty.com

SierraSpecialty

Health and Exercise Studios

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

2. Type of Organization Individual Partnership Corporation
 Other (Please explain.) _____

3. Address of Location to be Insured (If same as above, write "same.")
 Street Address _____
 City _____ State _____ Zip _____

4. Date Established _____

5. List full names of individuals or partners and their interests. _____

6. Please provide prior insurance information for this enterprise. If none, check here.

Insurance Company	Policy Period	Limits of Liability	Premium	Type of Coverage	Occurrence or Claims Made

7. Is the applicant engaged in, owned by, associated with or involved in any other enterprise. Yes No
If yes, please provide full details on Attachment to A52.

8. Provide full details of licensing or certification needed for this operation. _____

Check here if continued on Attachment to A52.

9. Please show number of
 _____ Partners, Owners, Officers _____ Other (Please explain.) _____
 _____ Full Time Staff _____ Other (Please explain.) _____
 _____ Part Time Staff _____ Other (Please explain.) _____
 _____ Independent Contractors _____ Other (Please explain.) _____

Yes No Unstaffed Hours – If yes, please explain. _____

10. During the past **three (3) years**, have any claims been presented to your current or prior insurance carrier(s)? *If yes, please provide description of claim(s), date of loss, amount(s) paid and reserved on Attachment to A52.* Yes No

11. Is the applicant, or any other person for whom insurance is being requested, aware of any circumstances which may result in a claim? *If yes, please provide full details on Attachment to A52.* Yes No

12. Has the applicant, or any other person for whom coverage is being requested, had any application for liability insurance denied, policy cancelled or non-renewed in the past **three (3) years**? *If yes, please provide full details on Attachment to A52.* Yes No

13. Please provide the following facilities information.

Any spray tanning operations? Yes No Are beds/booths controlled by timers? Yes No
Who controls the timers? _____ Location of timers? _____
Percentage of? UVA Bulbs _____ % UVB Bulbs _____ %
Are clients required to use goggles? Yes No List tanning sales. \$ _____
Does the facility have a pool? Yes No Is a lifeguard on duty? Yes No
List the height of diving board(s) _____
Are water depths marked on the pool? Yes No List maximum water depth? _____ Feet
Does the facility have racquet ball/tennis/handball court(s)? Yes No List # of courts. _____
 Nutritional Counseling Snack/Juice Bar/Restaurant (List type of food.) _____
 Whirlpool Sauna/Steam Room Aerobics Jogging Track
 Treadmills Stairclimbers Trampoline Climbing Wall
 Free Weights Contact Kick Boxing Boxing or Wrestling Exposures
 List other equipment or facilities _____

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

15. List any products sold on premises? _____

Check here if continued on Attachment to A52.

16. Is childcare provided for clients? Yes No

Number of children under care at any one time. _____ Number of child care attendants. _____

Age of youngest child accepted. _____ Are sick children accepted? Yes No

17. Total # of Members _____ Average Member Age _____

18. Are medical examinations required for new members? Yes No

19. Do staff members have training in CPR and First Aid? Yes No

20. Is there a defibrillator on the premises? Yes No

What is the procedure for handling accidents or injuries? _____

Check here if continued on Attachment to A52.

21. Annual Sales \$ _____ Hours of Operation – From: _____ To: _____

22. Name and phone number of person to contact for inspection/audit.

Name _____ Phone _____

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 \$ _____
Damage to Premises Rented by You (Up To \$50,000 Limit Available) \$ _____ Any One (1) Premises
Medical Expense Limit (Up To \$5,000 Limit Available) \$ _____ Any One (1) Person
Each Professional Incident Limit (If Applicable) \$ _____

24. Effective Dates Desired – From: _____ To: _____

Applicant's Signature _____

Title _____

Date _____

Producing Agent _____

