

SECTION 1: APPLICANT INFORMATION

Insured: _____ Effective Date: _____

DBA: _____ Type: New Renewal

Mailing Address: _____ Same Physical Address? Yes No

City: _____ State: _____ Zip: _____

Expiring Premium: _____ Facility Rental Revenue: _____

Total Revenue: _____ Effective Date: _____

Equipment Rental Revenue: _____ Do you own, operate or lease a facility? Yes No

Retail Sales Revenue: _____ Insured Website: _____

Food & Beverage Sale Revenue: _____ Losses in last four years? Yes No

Description of Food & Beverage Options: _____ Total Peak Membership: _____

_____ Daycare/Preschool Enrollment: _____

Liquor Sale Revenue: _____ Year insured began operating: _____

Type of Business (Select One):

- Individual Corporation Partnership Limited Liability Corp
 Joint Venture Organization University Other

Type of Insured: **Indicates supplemental application must be emailed to underwriter.*

- Facility Climbing Gym* Amateur Sport (description) _____
 Camp Ice Rink* Special Events (description) _____
 Higher Edu. Intramural/ Academic Club Circus/Aerial Arts Tournament (description) _____

If other, please describe: _____

SPORTS			SPECIFIC EQUIPMENT		
Activity	18 & Under	19 & Over	Activity	Count	Height
			Rock/Traverse Wall		Less than 8 Ft
					8.1 Ft - 12 Ft
					Greater than 12.1 Ft
			Climbing Rope		Less than 6 Ft
					Greater than 6 Ft
			Zip Line		Less than 6 Ft
					Greater than 6 Ft
			Aerial Skills		Less than 6 Ft
					Greater than 6 Ft
Total Coaches			Trapeze		Less than 6 Ft
<i>Other</i>					Greater than 6 Ft

COVERAGES		ADDITIONAL EXPOSURES	
Sexual Abuse		Miscellaneous	Count
Med Pay		Inflatables	
Damage to Premise Rented to You		Parties	
Professional Liability	<input type="radio"/> Yes <input type="radio"/> No	Swimming Pools	
Hired/Non-Owned	<input type="radio"/> Yes <input type="radio"/> No	Pitching Machines	
Umbrella		Saunas	
Additional Insured	<input type="radio"/> Yes <input type="radio"/> No	Tanning Beds	
Primary & Non-Contributory	<input type="radio"/> Yes <input type="radio"/> No		

CAMPS/CLINICS/EVENTS				
Age Group	Type	Activity	Participants	Days

ADDITIONAL LOCATIONS

Physical Location:

Address: _____

City: _____ State: _____ Zip: _____

Physical Location:

Address: _____

City: _____ State: _____ Zip: _____

Additional Requests/Notes: _____

DECLARATIONS

I declare the statements and particulars in this application are true and that no material facts have been misstated or suppressed after inquiry. I agree that this application with any other information supplied shall form the basis of any contract of insurance effected thereon. I undertake to inform the Insurers of any material alteration to those facts occurring before completion of the contract of insurance. A material fact is one which would influence the acceptance or assessment of the risk.

In addition, I certify that I have read and understand the applicable fraud warnings set forth below:

Signature: _____ Date: _____

Position: _____