



A Member of the Tokio Marine Group

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www.fitnessandwellness.com



A Member of Philadelphia Insurance Companies

FITNESS STUDIO GENERAL LIABILITY AND PROPERTY APPLICATION

SUBMISSION REQUIREMENTS

- Completed, signed, and dated PHL Y Fitness Studio Supplemental application
- Currently valued insurance company loss runs for the current policy period plus three (3) prior years. If none, a No Loss Letter is required.
- Website information
- Copy of Resume if in business less than three (3) years

BROKER INFORMATION

Agency Name:

Broker/PIC Rep/Contact:

Address:

City:

Phone:

FAX:

State:

E-mail:

Zip Code:

GENERAL INFORMATION

Legal Business Name:

Doing business as (DBA):

Insured's Name:

Contact Name:

Business Entity:

Sole Proprietorship
Partnership

Corporation
S Corporation

LLC
Non-Profit

Physical Address:

City:

State:

Zip:

County:

Is the location a private residence?

Yes

No

If yes, is there a separate entrance? Please explain:

Yes

No

Number of Locations:

(Complete a separate application for each location)

Check here if mailing address is the same as location address

Mailing Address:

City:

State:

Zip:

County:

Telephone:

Fax:

E-mail:

Website:

Requested effective date:

Membership

Are you an IDEA Member?

Yes

No

Are you an IHRSA member?

Yes

No

Have you taken a PASS assessment?

Yes

No

If yes, PASS ID:

PASS Score: (1-4 Bells)

If no, please contact your agent to conduct an initial assessment at <http://www.losscontrol.com/PASS/PASS3.aspx>

PREVIOUS CARRIER INFORMATION

	<u>CARRIER</u>	<u>EXPIRATION</u>	<u>ANNUAL PREMIUM</u>
Property			\$
General Liability			\$
Crime			\$

1. Have you been cancelled or non-renewed? If yes, explain. Yes No

GENERAL LIABILITY*
Multiple locations must complete a separate application for each location
 *General Liability coverage is written through the Fitness & Wellness Risk Purchasing Group. A Fee is required to join this Risk Purchasing Group. This fee may vary, but the exact amount will be indicated on your proposal and / or invoice.

1. Type of facility: Personal Training Studio Aerobics/Dance Studio
 Pilates Studio Membership based fitness only
 Other: (describe)
2. Does this business engage in operations not fitness related? Yes No
 If yes, explain and indicate the % of your receipts this represents: %
3. Years in Business:
4. Gross Annual Revenues: \$
5. Gross Payroll: \$
6. Square Footage:
7. Total number of Members/Clients:
8. Per session / monthly fee: \$

Liability Coverages and Limits

Commercial General Liability/Professional Liability
 Personal and Advertising Injury Liability

1. Occurrence / Aggregate Limit (please indicate):
 \$1,000,000 / \$3,000,000
 \$2,000,000 / \$3,000,000
 \$2,000,000 / \$4,000,000
 Other:
2. Sexual Abuse Liability \$100,000 per occurrence / \$300,000 aggregate
3. Tenant Legal Limit (please indicate):
 \$100,000
 \$200,000
 \$300,000
4. Medical Payments (please indicate):
 \$2,500
 \$5,000
5. Non-Owned and Hired Automobile Liability Yes No
6. Stop Gap (ND, WA, WY, OH) Yes No
7. Is your current General Liability or Professional Liability written on an:
 Occurrence Basis Claims-Made Basis
 If claims made, what is the retroactive date:

OPERATIONS

Employee and/or Independent Contractors:

1. Provide the number for each: Employees (part-time is less than 10 hours/week) and independent contractors. Do not include the owner.

Staff	Employees: (Part-time is less than 10 hrs/wk)		Independent Contractors	
	Full-time	Part-time	Full-time	Part-time
Office Staff				
Personal Trainers				
Fitness Instructors				
Yoga Instructors				
Physical Therapists				
Massage Therapists				
Pedicurist or Manicurists				
Hair Stylists				
Sports Medicine Professionals				
Child Caregivers				
Dieticians				
Other:				
TOTAL OF ABOVE:				

Exposures and Equipment

Equipment

1. Please enter in the total pieces of equipment at this location:
Do not count free weights, steps, mats, bands, balls.
Please specify "Yes" or "No" and the quantity for each equipment type listed below:

Jacuzzis:	Yes	No	Number:
Steam Rooms:	Yes	No	Number:
Saunas:	Yes	No	Number:
Courts or Tracks:	Yes	No	Number:
Climbing Walls Indoor:	Yes	No	Number:
Climbing Walls Outdoor:	Yes	No	Number:

If yes to climbing walls, a [Climbing Wall Supplemental](#) is necessary.

Swimming Pools:	Yes	No	Number:		
Are all swimming pools and spas compliant with the Virginia Graeme Baker Pool and Safety Act? If no, provide a time table and action plan:				Yes	No
Diving Boards:				Yes	No
If yes, what is the height:					
Tanning Beds/Booths:				Yes	No
If yes, how many:					
If yes:					
Are goggles required?				Yes	No
Are token timers used?				Yes	No
Are operators present?				Yes	No
Are controls on the outside of the booth/bed?				Yes	No
Are tanning booth waivers signed by members?				Yes	No
Are only the manufacturer suggested bulbs used?				Yes	No
Type of bulbs used: UVA %: UVB %:					
Are warning signs posted regarding ultraviolet rays?				Yes	No
Boxing Rings:	Yes	No	Number:		
If yes, is it Cardio-Kickboxing only?				Yes	No

Trampolines:	Yes	No	Number:
Rebounders only, all others excluded			
Gymnastics: If yes, describe:	Yes	No	

Exposures

- | | | | |
|-----|--|-----|----|
| 1. | Do you require signed waivers from all clients? | Yes | No |
| | If no, are you willing to require signed waivers by the effective date of this policy? | Yes | No |
| 2. | Are maintenance logs kept? | Yes | No |
| | If no, are you willing to keep maintenance logs? | Yes | No |
| 3. | Please list who repairs exercise equipment: | | |
| 4. | Is signage used throughout facility to prevent injury? | Yes | No |
| 5. | Do you have non-slip surfaces in all wet areas? | Yes | No |
| 6. | Do you sub-lease to others? If yes, please explain: | Yes | No |
| 7. | Is there a retail store? | Yes | No |
| 8. | Does the facility have a restaurant or snack bar/on-premises food preparation? | Yes | No |
| | If yes, explain any type of cooking: | | |
| 9. | Do you serve liquor? If yes, please explain: | Yes | No |
| | Do you charge a fee for liquor? | Yes | No |
| 10. | Are any products manufactured or sold under your label? | Yes | No |
| | If yes, please describe the product and attach proof of manufacturer coverage: | | |
| 11. | Do you have a medical crisis plan? | Yes | No |
| 12. | How many Automatic External Defibrillators (AEDs) do you have at each location: | | |
| | How many employees at each location are trained to operate an AED: | | |
| | Was full CPR training a part of the AED training? | Yes | No |
| 13. | Does the facility have medical facilities with doctors employed or contracted? | Yes | No |
| | If yes, please explain: | | |
| 14. | Do you require health histories, intake questionnaires? | Yes | No |
| | How long are they kept: | | |
| 15. | Off-premises events? If yes, please explain: | Yes | No |
| | If yes, enter the number of events: | | |
| | Enter the number of participants: | | |
| 16. | Do you produce videos, books or other instructional media? | Yes | No |
| | Number of videos, etc.: | | |
| | Revenue from videos, etc.:\$ | | |
| 17. | What are your hours of operation: | | |
| | Is staff present during all hours of operation? | Yes | No |
| | Twenty Four hour operations please complete the following: | | |
| | Is there 24 hour video surveillance? | Yes | No |
| | Are AEDs available on premises? | Yes | No |
| | Are panic buttons used/required? | Yes | No |
| | Are written procedures outlining what steps are to be followed in the event an incident occurs during hours of operation when no staff is present? | Yes | No |
| | Who is responsible for parking lot security: | | |
| | Are areas well lighted? | Yes | No |

Abuse and Molestation

- 1. Does the Applicant's employment process (for employees and volunteers) include verification of 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 you to do criminal background investigations? Yes No
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 Applicant have written procedures for dealing with sexual abuse? Yes No
If yes, attach a copy.
- 6. Do you have a plan of supervision that monitors staff in day-to-day relationships with clients, both on and off premises? Yes No
- 7. Has Applicant ever had an incident which resulted in an allegation of sexual abuse? Yes No
If yes, describe:

Day Nursery/Babysitting

- 1. Are waivers signed by parents? Yes No
- 2. Ratio of staff to children:
- 3. Qualifications of staff:
- 4. Activities occurring:
Is there a playground? Yes No
If yes, type of equipment:
If outdoor, what type of surface is under the equipment:
What type of supervision is given to the playground:

Additional Insureds

Eligible Additional Insureds include landlords, property managers, equipment rental companies, mortgagees and lien holders. Please contact customer service if you have a different type of entity. If you are hosting a special event, tournament, retreat or any other type of off-site event please contact customer service for a quote at 877.438.7459.

Name: _____ Type of Insured: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 E-Mail: _____ Telephone Number: _____

PROPERTY SECTION
 Check this box if you DO NOT WANT property coverage and proceed to signature page.
 Multiple locations must complete a separate application for each location.

Property coverage cannot be purchased on stand-alone basis.

Building(s)				
Loc. No.	Bldg. No.	ACV/RC	Limit of Insurance	Coinsurance
			\$	90%
Contents				
Loc. No.	Bldg. No.	ACV/RC	Limit of Insurance	Coinsurance
			\$	90%
Tenant Improvements and Betterments				
Loc. No.	Bldg. No.	ACV/RC	Limit of Insurance	Coinsurance
			\$	90%
Deductible	\$500	\$1,000	Other: \$	
Business Income				
Loc. No.	Bldg. No.	ALS	Limit of Insurance	Coinsurance
			\$	50%

Monthly Limit of Indemnity Form also available. If desired, please indicate the following:

Monthly Limitation: 1/3 1/4 1/6
 (No coinsurance clause)

REQUIRED UNDERWRITING INFORMATION

1. Construction of Building

Walls:	Wood Frame	Brick / Brick	Number of Stories:
Roof:	Wood Frame	Poured Concrete	Steel Frame Other:
Floor:	Wood Frame	Concrete	Steel Frame Other:
			Other:
2. Year Built: Square Footage: Age of Roof:
 If building is over 25 years old, provide year of update for:
 Roof: Wiring: Plumbing: Heating:
3. Burglar Alarm: Yes No
 If yes, Central Station with Keys Central Station without Keys
 Fire Alarm Yes No If yes, Central Station Local Gong
4. Does the property have automatic fire sprinklers? Yes No
5. Distance from building to: Fire Hydrant (feet): Fire Station (miles):
6. Does the property have aluminum wiring? Yes No
 If yes, has it been retrofitted with one of the PIC approved connectors and by a licensed electrician? Indicate which one: Yes No
 COPALUM Yes No
 AlumiConn Yes No
 Date updated:

Please supply retro-fit documentation or statement from installing contractor.

7. Does the Applicant own the building? Yes No
 If no, who does:
8. Mortgagee:
9. Loss Payee:

10. Signs

	<u>Type</u>	<u>Value</u>	<u>Location</u>
1.		\$	
2.		\$	
3.		\$	

Flood

11. Does the Applicant have a current flood policy in force? Yes No
 If yes, attach a copy of the declarations page.
 If no, would you like a flood quote with our proposal? Yes No
(Flood quote will be secured through the Write Your Own Flood Program)

Crime

12. Theft, Disappearance and Destruction: \$
13. Loss Inside the Premises: \$
 Loss Outside the Premises: \$
14. Employee Dishonesty: \$
15. Number of officers and employees who have custody of the money:
16. By whom is financial audit completed:
17. Frequency of audits:
18. Is there a countersignature procedure in place? Yes No
19. Frequency of bank deposits:
20. Are accounts reconciled by someone not authorized to deposit or withdraw monies? Yes No

FRAUD NOTICE STATEMENTS

NOTICE TO APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF ALASKA APPLICANTS: "A PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURANCE COMPANY FILES A CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW."

RESIDENTS OF ARKANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

RESIDENTS OF ARIZONA APPLICANTS: "FOR YOUR PROTECTION ARIZONA LAW REQUIRES THE FOLLOWING STATEMENT TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF COLORADO APPLICANTS: "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."

RESIDENTS OF DISTRICT OF COLUMBIA APPLICANTS: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

RESIDENTS OF FLORIDA RESIDENTS APPLICANTS: "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 OF THE THIRD DEGREE."

RESIDENTS OF KANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON 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, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY 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 WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF KENTUCKY APPLICANTS: "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."

RESIDENTS OF LOUISIANA APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

RESIDENTS OF MAINE APPLICANTS: "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."

RESIDENTS OF MARYLAND APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

RESIDENTS OF MINNESOTA APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

RESIDENTS OF NEW JERSEY APPLICANTS: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF NEW MEXICO APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

RESIDENTS OF NEW YORK APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

RESIDENTS OF OHIO APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

RESIDENTS OF OKLAHOMA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY."

RESIDENTS OF OREGON APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW."

RESIDENTS OF PENNSYLVANIA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF TENNESSEE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF TEXAS APPLICANTS: IF A LIFE, HEALTH AND ACCIDENT INSURER PROVIDES A CLAIM FORM FOR A PERSON TO USE TO MAKE A CLAIM, THAT FORM MUST CONTAIN THE FOLLOWING STATEMENT OR A SUBSTANTIALLY SIMILAR STATEMENT: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

RESIDENTS OF VERMONT APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW."

RESIDENTS OF VIRGINIA APPLICANTS: "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 AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF WASHINGTON APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSES OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF WEST VIRGINIA APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

The insurer may not be subject to all insurance laws and regulation of this state. The member benefits described are guaranteed through an insurance contract. The Fitness and Wellness Risk Purchasing Group's Insurance policy is underwritten by Philadelphia Indemnity Insurance Company

Note: the Insurer may not be subject to all of the insurance laws and regulations of your resident state.

Signature

Date

Title

Producer Signature

Date

