



A Member of the Tokio Marine Group

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A Member of Philadelphia Insurance Companies

YOGA STUDIO
GENERAL LIABILITY AND PROPERTY APPLICATION

SUBMISSION REQUIREMENTS

- Completed, signed, and dated PHL Y Yoga 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/PHLY Rep/Contact:
Address:
City: State: Zip Code:
Phone: FAX: E-mail:

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: (Please 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 Number: Fax:
E-mail: Website:
Requested effective date:

Membership (Check membership if applicable)

- Alternative Balance
Bones for Life
North American Studio Alliance
Bikram
Ivengar Yoga National Association of the U.S.
Kripalu Yoga Teachers Association
Integral Yoga Teachers Association
International Association of Integrative Medicine
International Association of Reiki Professionals
Tai Chi for Health Community
Yoga Alliance
Tai Chi Chih - Joy Thru Movement
Universal Force International Naam Yoga Associations
Other:
Other:

PREVIOUS CARRIER INFORMATION

	CARRIER	EXPIRATION	ANNUAL PREMIUM
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. Does business engage in operations not yoga related? Yes No
 If yes, explain and indicate the % of your receipts this represents: %

- 2. Years in Business:
- 3. Gross Annual Revenues: \$
- 4. Gross Payroll: \$
- 5. Square Footage:
- 6. Total number of Members/Clients:
- 7. Per session / monthly fee: \$

Liability Coverages and Limits

Commercial General Liability/Professional Liability
 Personal and Advertising Injury Liability

- 1. Occurrence / Aggregate Limit (please indicate):
 \$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 6 hours/week) and independent contractors. Do not include the owner.

Staff	Employees: (Part-time is less than 6 hrs/wk)		Independent Contractors	
	Full-time	Part-time	Full-time	Part-time
Office Staff				
Personal Trainers				
Fitness Instructors				
Yoga Instructors – Part-time < 6 hours				
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, and 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
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If yes, what is the height?

Tanning Beds/Booths:	Yes	No
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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

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?
If no, are you willing to require signed waivers by the effective date of this policy? | Yes | No |
| 2. Are maintenance logs kept?
If no, are you willing to keep maintenance logs? | Yes | No |
| 3. Please list who repairs exercise equipment: | Yes | No |
| 3. Is signage used throughout facility to prevent injury? | Yes | No |
| 4. Do you have non-slip surfaces in all wet areas? | Yes | No |
| 5. Do you sub-lease to others? If yes, please explain: | Yes | No |
| 6. Is there a retail shop? | Yes | No |
| 7. Does the facility have a restaurant or snack bar/on-premises food preparation?
If yes, explain any type of cooking: | Yes | No |
| 8. Do you serve liquor? If yes, please explain: | Yes | No |
| Do you charge a fee for liquor? | Yes | No |
| 9. Are any products manufactured or sold under your label?
If yes, please describe the product and attach proof of manufacturer coverage: | Yes | No |
| 10. Do you have a medical crisis plan? | Yes | No |
| 11. Does the facility have medical facilities with doctors employed or contracted?
Please explain: | 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. Do you require health histories, intake questionnaires?
How long are they kept: | Yes | No |
| 14. Off-premises events? If yes, please explain: | Yes | No |
| If yes, enter the number of events: _____ Enter the number of participants: _____ | | |
| 15. Do you produce videos, books or other instructional media?
Number of videos, etc.: _____
Revenue from videos, etc.: \$ _____ | Yes | No |
| 16. What are your hours of operation:
Is staff present during all hours of operation? | Yes | No |

Abuse and Molestation

- | | | |
|--|-----|----|
| 1. Does Applicant's employment application (for employees and volunteers) include questions about whether the individual has ever been convicted for any crime, including sex-related or child-abuse related offenses? | Yes | No |
| 2. Does Applicant's state permit you to do 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 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 Number of Stories:
 Walls: Wood Frame Brick / Brick Steel Frame Other:
 Roof: Wood Frame Poured Concrete Steel Frame Other:
 Floor: Wood Frame Concrete 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 PHLV 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.**
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 STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

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, PA, 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: AN ACT COMMITTED BY 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, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR 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.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

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.

APPLICABLE IN PENNSYLVANIA: 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.

APPLICABLE IN NEW YORK: 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 BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NAME (PLEASE PRINT/TYPE)

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

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)

The insurer may not be subject to all insurance laws and regulations 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