



FITNESS CLUB APPLICATION

Cossio Insurance Agency • 864-688-0121 • Fax: 864-688-0138 • PO Box 188 Simpsonville SC 29681

- DIRECTIONS:** 1. Fill in the application by filling in the blue fields on all pages.
2. Please fill in all the fields with the correct information.
3. Email the application to apps@cossioinsurance.com or Fax to 864-688-0138

Section 1: BUSINESS INFORMATION

How did you hear about us?

Company Name:

Effective Date:

Contact Name:

Birth Date:

FEIN/SS#:

Mailing Address:

City:

State:

Zip:

Phone Number:

Fax:

E-mail:

Website:

Operation: ☐ Exercise Equipment ☐ Free-weight Lifting ☐ Aerobics ☐ Dance Studio
☐ Personal Trainer ☐ Physical Therapist ☐ Masseuse ☐ Massage Parlor ☐ Spa

Annual gross receipts from all operations: \$

Is all equipment inspected regularly? ☐ Yes ☐ No

Is inspection documentation maintained? ☐ Yes ☐ No

If so how long?

Do you use equipment you have built? ☐ Yes ☐ No

If yes, attach description:

Members' ages range from to

Does membership agreement include a Hold Harmless clause (Liability Waiver)? ☐ Yes ☐ No

If yes, attach a copy.

Other operations: ☐ Day Care ☐ Climbing Wall (please complete Climbing Wall Questionnaire, GLS-APP-47s)

☐ Swimming Pool: Number of pools: Number of diving boards or platforms: Height:
Number of Slides: Height: Rules posted and life-safety equipment available at poolside?

☐ Toning Beds: Number

☐ Hydro-Massage Beds: Number

☐ Pro Shop

☐ Tanning Beds: Number Goggles provided? ☐ Yes ☐ No Are all beds U.L. approved? ☐ Yes ☐ No
Are all beds manufactured in the United States? ☐ Yes ☐ No
Are all beds cleaned after each use? ☐ Yes ☐ No All beds U.L. approved? ☐ Yes ☐ No
Do signs prohibit use of the beds during pregnancy or if on medication? ☐ Yes ☐ No
Are all timers operated by an attendant? ☐ Yes ☐ No

☐ Tennis Courts/Racquetball/Handball/Squash Courts: Number

☐ Snack Bar

☐ Describe off-site activities you sponsor:



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Section 1: BUSINESS INFORMATION (Continued)

Please indicate any of the following that you provide to your customers:

- ☐ Protein diet plans ☐ Blood analysis ☐ Stress Eating ☐ Weight loss or diet clinics
☐ Body wraps-other than organic ☐ Products manufactured by or sold under club's name

If you do provide protein diet plans, please describe:

Premises exposures: Hours of operation from _____ to _____

Is parking lot well lit? ☐ Yes ☐ No Armed Security Guard on premises? ☐ Yes ☐ No

Unarmed Security Guard on premises? ☐ Yes ☐ No

Shower/sauna/steam or Jacuzzi facilities? ☐ Yes ☐ No

Do the floors for these areas have non-skid surfaces? ☐ Yes ☐ No

Any trampolines? ☐ Yes ☐ No Any electrode machines? ☐ Yes ☐ No

Number of Employees	Employed or Leased	Independent
# Certified aerobic instructors		
# Uncertified aerobic instructors		
# Personal trainers		
# Masseuses		
# Other:		
Total number of employees		
Number of employees trained in CPR		

Do independents provide you with certificates of insurance? ☐ Yes ☐ No

Are you included as an additional insured? ☐ Yes ☐ No

Limits that you require the independents to carry:

Does applicant have other business ventures for which coverage is not requested? ☐ Yes ☐ No

If yes, explain and advise where insured:

FRAUD WARNING: 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.

Applicant's Signature: _____

Date: _____

Producer's Signature: _____

Date: _____

Agent's Name: _____

SAVE APPLICATION



FRAUD NOTICE

GENERAL STATEMENT: Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA: 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.

APPLICABLE IN FLORDIA: 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.

APPLICABLE IN HAWAII: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

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 MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT: Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA: Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA: WARNING: 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.

APPLICABLE IN 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 include imprisonment, fines, and denial of insurance benefits.

I understand that the insurance company, in determining in whether to provide insurance coverage, will rely on the information contained in this form and all other information submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Insured Signature:

Date: