BUSINESS OWNERS POLICY APPLICATION

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Effective Date:

Business Name (Legal): DBA:

Insured's Name: Date of Birth:

Type of Business Entity: ☐ Corporation ☐ LLC ☐ Partnership ☐ Individual/Sole Proprietor

If LLC, Number of Managers, LLC Members and Executive Officers:

If Corporation, Number of Executive Officers:

Business Address: City: State & Zip:

Mailing Address: City: State & Zip:

Website: Phone: Email:

Business Description:

Year Business Started: FED Tax ID: Days/Hours or Operation:

Number of Employees: Expected Annual Sales: Year Building Constructed:

Do you offer Personal Training? ☐ Yes ☐ No If Yes, Number of Personal Trainers:

Do you require personal trainers to carry their own professional insurance policy? ☐ Yes ☐ No

Building Owner or Tenant: Building Limit (Owners Only) Amount:

Tenant

Business Property Contents Coverage Amount:

Tenants Improvements & Betterments Amount: (Tenant installed floors, attached mirrors, etc.)

General Liability Limit: ☐ $1M/2M ☐ $2M/4M

Type of Construction: ☐ Brick ☐ Frame Building Sprinklered: ☐ Yes ☐ No

Building Alarm: ☐ Yes ☐ No Building Video Surveillance: ☐ Yes ☐ No

Any of the following? (Check): ☐ Swimming Pool ☐ Sauna ☐ Steam room ☐ Hot tub ☐ Tanning Beds

Is the business open 24/7? ☐ Yes ☐ No

If yes, how do customers access the building?

Number of Monthly Membership? (i.e., 1,200 Total Members/12 Months = # of Monthly Membership):

Responsible for Parking: ☐ Yes ☐ No

Number of Stories:

If Multiple, Story the Business on:

Total Sq. Ft. of Business:

Total Sq. Ft. of Building:

Year Updates Were Completed:

Plumbing: Heating: Electrical: Roof: Type:

**For multiple locations, please list separately each address, square footage and requested personal property for each location.*

Prior Insurance Experience: ☐ Yes ☑ No

Current Policy Expiration Date:

Current Insurance Company:

Current Premium:

Claims History: ☐ Yes ☑ No

If yes, please explain:

Please email a copy of current policy and any insurance requirements for review.

If you need to add an Additional Insured, please list below:

Name of Additional Insured:

Relationship Additional Insured:

Street Address:

City:

State & Zip:

Mark if Required by Additional Insured.

☐ Waiver of Subrogation

☐ Primary and Non-Contributory

Additional Insurance:

Please mark the following for which you would like a quote:

☐ Workers Compensation Insurance

☐ Employees Practices Liability Insurance (EPLI)

☐ Cyber Liability Insurance

☐ Umbrella/Excess Liability Insurance

☐ Directors & Officers Insurance (D&O)

☐ Commercial Auto Insurance

Please email the application to submissions@apifitness.com