



3922 Pender Drive, Suite 120
 Fairfax, VA 22030
 Ph 800-220-GYMS Fax 703-591-3948
www.fitnessunderwriters.com

Workers Compensation Application

• **ASSOCIATION INFORMATION (Please answer all questions)**

Individual Corporation Partnership Joint Venture LLC

Desired Effective Date: _____

Corporate & Club Trade Name: _____

Contact Person: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Location Address: _____

City: _____ State: _____ Zip Code: _____

Number of Years in Business: _____

Federal ID #: _____

State Unemployment ID #: _____

Accountants Name and Address: _____

Years in business: ____ If less than 3 years, describe your *management* experience:

Classifications	How Many People?	To Be Covered	Annual Payroll
Employees	Fulltime__ Part time__	Yes	\$
Owners/Officers	# of owners ____	Yes or No	\$
1099 Contractors	# of 1099s ____	Yes or No or N/A	\$
Other:		Yes or No or N/A	\$

Please check your current policy & provide us with your:

Exp Mod:____ or Merit Rating Mod:____

Ownership: please provide name, title & ownership percentage:

Employers Liability-Part B Limits:

\$100K/\$500K/\$100K__ \$500K/\$500K/\$500K__ \$1Mil/\$1Mil/\$1Mil__

Services Offered: Free Weights__ Selectorized Equipment__ Cardiovascular Equipment__
Aerobics__

Swimming Pool__ Cooking__ Alcohol Served__ Child Sitting__
Other:_____

Number of Tennis Courts:____ Number of Racquetball Courts:____

Has any carrier cancelled or declined coverage during the past year? Yes__ No__

If yes, name of carrier explain:

Name of Current

Carrier:_____

Policy # _____ Policy Period: _____ Premium \$ _____

How many claims have you had over the last three years? ____

This application contains a description of all hazards known by me to exist on this date and those which are likely to exist at any time during the policy period.

Date:_____

Signature of Applicant:_____

Title:_____