

## FITNESS AND WELLNESS STUDIO OWNERS SUPPLEMENTAL APPLICATION

1. Please check off the box(es) to the left of the business description that best applies:  
 Yoga Studio       Pilates Studio       Personal Training Studio  
 Aerobics Studio       Martial Arts Studio       Other: Please Describe:
  
2. The Philadelphia Insurance Companies Business Owners Policy may only be offered to Applicants who occupy less than 25,000 square feet of office space. Do you occupy less than 25,000 square feet of space?  Yes     No  
**(If "No", please do not complete the remainder of the application.)**
  
3. The precise name of the Applicant Health and Wellness Studio which is submitting this Application:  
 Please attach a sample of your letterhead, which must precisely match the above name.  
 Applicant FEIN:                                  SIC Code:
  
4. Please identify the applicant's type of formation:       Non-Profit Organization       Corporation  
 Limited Liability Partnership or Corporation       Partnership       Sole Proprietorship
  
5. Health and Wellness Studio's principal location:  
 Address:    City:    County:  
 State:    Zip Code:  
 Telephone:                                  E-Mail:    Website:
  
6. Health and Wellness Studio's billing address (if different than above):  
 Address:    City:    County:  
 State:    Zip Code:
  
- Please list any additional office locations on an attached sheet.       Check if there are locations attached.
  
7. When was the Health and Wellness Studio established?      (Month/Day/Year)
  
8. Number of employees:  
 Number of independent contractors:  
 If independent contractors present, is evidence of liability insurance required by the Health and Wellness Studio and kept on file?       Yes     No
  
9. Please list the number of client contracts sold in a one year period:      **(Required)**
  
10. Are waivers of liability signed by all participants?       Yes     No  
 If participants are minors, is parent's signature required on waiver?       Yes     No

11. Please list the following for your existing insurance:

<i>Carrier</i>	<i>Effective Date</i>	<i>Expiration Date</i>	<i>Coverage on BOP Form?</i>	<i>Contents Limits</i>	<i>Liability Limits</i>
				\$	\$
<i>Policy Number</i>	<i>Total Premium</i>	<i>Number of Claims</i>	<i>Total Value of Claims</i>	<i>Please attach a narrative description for all claims, whether they were covered by insurance or not, for the past three years</i>	
	\$		\$	<input type="checkbox"/> <i>Check if there are attachments.</i>	

12. Please indicate limits desired for the following coverages:

<i>Liability Occurrence / Aggregate and Medical Expenses</i>	<i>Fire Legal Liability</i>	<i>Business Income</i>	<i>Tenants Liability</i>	<i>Hired/Non-Owned Auto</i>	<i>Valuable Papers</i>	<i>Money &amp; Securities</i>	<i>Interior Glass</i>
\$1,000,000 / \$2,000,000 / \$5,000	\$		\$	<input type="checkbox"/> Desired <input type="checkbox"/> Not Desired	\$	\$	sq ft.
<i>Building</i>	<i>Contents &amp; Tenants Improvements &amp; Betterments</i>	<i>Employee Dishonesty</i>	<i>Computer Hardware</i>	<i>Computer Software</i>	<i>Signs</i>	<i>Mechanical Breakdown</i>	
\$ <i>See Supplement Below</i>	\$	\$	\$	\$	\$	\$	\$

Please indicate the deductible desired: \$

**Building Supplement**

- Building Coverage is desired (below supplement to be completed)
- Building Coverage is not desired (below supplement not to be completed, skip to #14)

13. Please indicate the following characteristics of the insured premises?

<i>Interest</i>	<i>Year Built</i>	<i>Square Feet</i>	<i>% Occupied</i>	<i>Smoke Detectors Present?</i>	<i>Type Construction</i>	<i>Sprinklers Present?</i>
<input type="checkbox"/> <i>Rent</i> <input type="checkbox"/> <i>Own</i>			%	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

14. Please list any entities that the applicant desires to have listed as additional insureds on the policy and the nature of their interest in the policy.

<i>Entity</i>	<i>Interest in Policy / Relationship to Insured</i>

**REPRESENTATIONS:** I/We affirm that the information contained here and in any addendum is true to the best of my/our knowledge and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. I/We hereby authorize the release of claim information from any prior insurer to the Company or its representatives. The Company bears no obligation to provide terms requested by the applicant.

**WARNING:** Any person who, knowingly and with the 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.

**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.

**NOTICE TO 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.

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

**NOTICE TO MINNESOTA AND OHIO APPLICANTS:** 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 DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**NOTICE TO NEBRASKA AND 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.

**NOTICE TO 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.

**NOTICE TO FLORIDA 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.

**NOTICE TO 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.

**NOTICE TO MAINE AND 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**NOTICE TO 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.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSUREROR 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."

**NOTICE TO 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."

**NOTICE TO 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."

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**Signature of Applicant (Must be Partner or Officer)**

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**Title**

**Date**

**Name of Agency:**