

INSURANCE QUESTIONNAIRE for FITNESS CENTRES

Period of Insurance: From ____ / ____ / ____ at 4 pm To ____ / ____ / ____ at 4 pm

Details of the Insured

> **Full Name of Insured** _____

> **Trading Name (if applicable)** _____

> **Tax Registered Business:** Yes Input Tax
 No ABN No: _____ Credit: _____%

> **Situation Address:** _____

> **Postal Address:** _____

> **Contact Name:** _____ **Mobile No:** _____

> **Business Phone No:** _(____)_____ **Fax No:** _(____)_____

> **E-mail:** _____

> **Website:** _____

> **Interested Parties:**
 (please state their full name and the type of interest)

1. Are you the sole occupier of your premises &/or building you are housed in? Yes No

If no, please state the occupations of co-habitants:

2. Please advise the estimated:

(a) gross annual turnover for the next 12 months: \$ _____

(b) gross annual wages paid to employees for the next 12 months: \$ _____

(c) annual fees paid to contractors / subcontractors: \$ _____

(d) number of members: _____

3. Do you sell goods to the public? If yes, please provide details of the goods you sell.

4. What procedures do you have in place for the recording and monitoring of claims or incidences which may give rise to a claim?

5. Does your fitness centre operate a licensed premises? Yes No

If yes, please provide details of your license including the hours you operate, the number of hours or days per week that you operate.

6. Please tick which facilities/services you provide:

Weight-training/Aerobics:	<input type="checkbox"/>	Swimming Pool:	<input type="checkbox"/> - refer below
Cycle Gym:	<input type="checkbox"/>	Ball sports/Racquet sports:	<input type="checkbox"/> - refer below
Creche/Child-minding:	<input type="checkbox"/>	Sporting equipment hire:	<input type="checkbox"/> - refer below
Café/Canteen:	<input type="checkbox"/>	Indoor rock-climbing:	<input type="checkbox"/> - refer below
Sauna/Spa/Solarium:	<input type="checkbox"/>	Professional Massage Therapy:	<input type="checkbox"/> - refer below
Professional Physiotherapy:	<input type="checkbox"/> - refer below	Child play days::	<input type="checkbox"/>
Professional Nutritionist:	<input type="checkbox"/> - refer below	Other:	<input type="checkbox"/> - refer below

7. Please complete the following for the above items which you have ticked:

i. **Swimming Pools** - are they: Used strictly as a lap pool or by learn-to-swim classes? Yes No
 Used for general swimming purposes? Yes No
 Equipped with diving platform/waterslide/springboard? Yes No

ii. **Ball sports/Racquet** sports - please state the number and type of courts which you have:

iii. **Sporting equipment hire** - please attach a copy of the Hire Agreement

iv. **Indoor rock-climbing** - please attach details of number of climbs, maximum height, safety belay systems and type of flooring used around the climbing/belay area

v. **Professional Massage Therapy / Physiotherapy / Nutritionist** -

What type of persons conduct these services? Employees Contractors

If employees, what are the minimum qualifications of the employees providing this service?

If contractors:

Are the contractors separately insured for Liability and Professional Indemnity? Yes No

Do you obtain evidence of this insurance? Yes No

vi. **Other** - please provide details of these other facilities/services.

8. Please complete the following table about the premises you own: (use separate sheet if necessary)

Item	Occupied As	Floor	Roof	Walls	Storeys	Year Built
Example	Fitness Centre	Wood	Iron	Brick	2	1980
Location 1						
Location 2						

9. Is the property on town or tank water? Town Tank

10. When were your premises last: rewired? _____ had a wiring inspection? _____

11. Please provide details of security equipment and devices used to secure your property.

Deadlocks on external doors:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Alarm system (no back-to-base)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Key locks fitted to external windows:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Back-to-base alarm system:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Bars/grills on all windows & doors:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Securitel with GSM backup:	Yes <input type="checkbox"/> No <input type="checkbox"/>

12. Please provide details of fire protection equipment used to protect your premises.

Fire Extinguishers:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sprinkler system:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fire hydrants (internal):	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fire hydrants (external):	Yes <input type="checkbox"/> No <input type="checkbox"/>
Battery-operated smoke detectors:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Hard-wired smoke detectors:	Yes <input type="checkbox"/> No <input type="checkbox"/>	- If yes, are they monitored?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Heat Detectors:	Yes <input type="checkbox"/> No <input type="checkbox"/>	- If yes, are they monitored?	Yes <input type="checkbox"/> No <input type="checkbox"/>

13. Do you sell food to the public? Yes No If yes, do you use a deep fryer? Yes No

SELECT THE TYPES OF INSURANCE YOU REQUIRE

Fire / Property Damage	Sum Insured
Building (including fixtures and fittings / tenants improvements)	\$ _____
Contents - including Machinery, Plant, Electronic Equipment, Stock in Trade & Customer Goods	\$ _____
Other property (please specify): _____	\$ _____

Business Interruption	Sum Insured
Annual Gross Profit	\$ _____
Claims Preparation Costs	\$ _____
Accounts Receivable	\$ _____
Additional increased cost of working	\$ _____
Indemnity Period: _____ Months	

Burglary	Sum Insured
Contents & Stock	\$ _____
Other property (please specify): _____	\$ _____

Money	Sum Insured
Blanket Cover (Note: Money on Premises outside Business Hours is limited to a max of \$2,000) OR	\$ _____
Money on Premises during Business Hours	\$ _____
Money on Premises outside Business Hours (maximum of \$2,000)	\$ _____
Money in Transit	\$ _____
Money in Locked Safe	\$ _____
Money in Residence (your own and/or business partner)	\$ _____

Glass	Sum Insured
All fixed internal and external glass Yes <input type="checkbox"/> No <input type="checkbox"/>	Replacement Value
Advertising / Illuminated signs	\$ _____

Broadform Liability	Sum Insured
Please select the Limit of Liability:	
Public & Products Liability: \$10,000,000 <input type="checkbox"/> \$20,000,000 <input type="checkbox"/>	
Errors & Omissions Extension: \$ 1,000,000 <input type="checkbox"/> \$ 2,000,000 <input type="checkbox"/>	
Do you currently hold Professional Indemnity or Errors & Omissions insurance cover in place? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please state:	The date from which you have had this insurance? _____
	Your current insurer? _____
	What is your current Limit of Liability? _____

Details of Your History:

14. After investigation, have you or any principal, partner, or director, either alone or jointly with others, ever in the last 5 years:
- (a) Had any insurance declined or cancelled, application/proposal rejected, renewal refused, claim rejected, or special conditions imposed by an insurer? Yes No
- (b) Been charged with or convicted of any criminal offence? (excluding traffic offences) Yes No
- (c) Been declared bankrupt or subject to any form of insolvency administration? Yes No

If you have answered yes to any of the above questions please provide full details:

15. How many years have you been in business / operation? _____
16. In the last 5 years have you made any claim on any insurance, or are you aware of any incident that may give rise to a claim, which would be covered by this proposed insurance? Yes No

If you answered yes to the above question, please fill in the table below:

Year of Claim	Description of Incident	Is claim settled (Yes or No)	Amount claim settled for	Amount claim expected to settle for
			\$	\$
			\$	\$

Duty of Disclosure

You/your organisation has a legal duty to tell the insurer every matter that is relevant to our decision to accept this application and if so, on what terms it is accepted. You have the same legal duty to tell us about all relevant matters before you renew, extend, vary or reinstate this policy.

Your duty does not require you to tell us about matters:

- that diminish the risk;
- that are common knowledge;
- that we know or in the ordinary course of business as an insurer ought to know;
- when compliance with the duty of disclosure is waived by us.

If you do not tell us all relevant matters we can reduce our liability for any claim or cancel this policy. If your non disclosure is fraudulent, we can avoid the policy from the beginning.

17. Are there any other matters to disclose to us to fulfil your Duty of Disclosure? Yes No

If yes, please provide relevant details: _____

Declaration:

I/we declare/s that the answers given and statements made are to the best of my/our knowledge, true and correct and that I/we have not withheld any information likely to affect the acceptance of this application or the terms on which it is accepted.

Signed: _____ Dated: _____

Name: _____

Title: _____

NOTE: We act only as broker in relation to the above selected insurance covers. Should you wish to obtain a quotation on any other insurance please do not hesitate to contact our office on 02 9482 7422