

# KULIN-SOHN

## INSURANCE AGENCY, INC

1623 Colonial Parkway, Suite 201, Inverness, IL 60067  
Phone: 800-640-6601 Fax: 847-991-4351 E-mail: Gmnst33@aol.com

## Health, Swim and Racquet Club Application

(Application required for each location)

### Section I – General Information

Name, as it should appear on the policy: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Web site: \_\_\_\_\_

### Section II – Business Information

Corporation  Individual  LLC  Partnership  Organization

Please indicate liability limit requested:  \$500,000  \$1,000,000 Years in business: \_\_\_\_\_

# years experience of current management: \_\_\_\_\_ Years at this location: \_\_\_\_\_

Please indicate the desired effective date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month / day / year

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1. Do you own or rent facility?  Own  Rent

If renting, Landlord Name: \_\_\_\_\_

Landlord Mailing Address: \_\_\_\_\_

2. Do you sublease space?  Yes  No

If Yes: a) To whom do you sublease? \_\_\_\_\_

b) For what purpose? \_\_\_\_\_

c) Do you require a Hold Harmless or Certificate of Insurance?  Yes  No  
(If Yes, please attach a copy.)

3. Is this your primary occupation?  Yes  No If not, what is? \_\_\_\_\_

4. Please describe other business activities you own, operate, or manage. \_\_\_\_\_

### Section III – Insurance Information

5. Is facility currently insured?  Yes  No Annual Premium: \$ \_\_\_\_\_

Insurance Company Name (not agency): \_\_\_\_\_

6. Has a liability or medical claim been made in the last 4 years?  Yes  No

Date of Loss	Type of Loss (Acc. Med, Liability)	Description of Loss	Amount of Loss
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

7. Has similar insurance been canceled or declined in the last 5 years?  Yes  No

If Yes, explain: \_\_\_\_\_

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Section IV – Operations/Employment Information

8. Square footage of the facility: \_\_\_\_\_ sq. ft.
9. Annual gross receipts: \$ \_\_\_\_\_
10. Number of Employees: Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_
11. Do you employ or contract with any of the following at your facility:
- |                               |                              |                             | # of Employees | # of Independent Contractors |
|-------------------------------|------------------------------|-----------------------------|----------------|------------------------------|
| a) Beauticians/aestheticians? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____          | _____                        |
| b) Physical therapists?       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____          | _____                        |
| c) Massage therapists?        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____          | _____                        |
| d) Personal trainers?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____          | _____                        |
12. Do you offer Body Wrapping?  Yes  No
13. Do you have subcontractors (in addition to any listed above in #11)?  Yes  No  
If Yes: Types: \_\_\_\_\_
14. Do you require a Certificate of Insurance from all independent contractors?  Yes  No  N/A
15. Are all employees trained in CPR/First Aid?  Yes  No  
If No, how many are trained? \_\_\_\_\_
16. Do you provide training for CPR/First Aid by a certified organization?  Yes  No
17. Is someone with CPR/First aid training on duty at all times?  Yes  No
18. Do you operate a Key Club?  Yes  No (A Key Club is a facility that is open 24 hours or a facility where members may gain entrance at leisure, with no supervising employees on premises.)
19. Are you open to members and their guests only?  Yes  No  
If No, please explain: \_\_\_\_\_
20. What percentage of your membership is rehab? \_\_\_\_\_% (i.e. joined on a doctor's recommendation to exercise for rehab purposes)
21. Do you require Hold Harmless/Waivers to be signed by all members?  Yes  No  
If Yes, please attach a copy.
22. How often do you inspect your premises?  Daily  Weekly  Monthly  Other \_\_\_\_\_
23. How often do you inspect your equipment?  Daily  Weekly  Monthly  Other \_\_\_\_\_
24. Is equipment inspected annually by a professional servicing company?  Yes  No  
If Yes, company name: \_\_\_\_\_
25. How often do you inspect wet areas?  Daily  Weekly  Monthly  Other \_\_\_\_\_
26. Do you keep a maintenance log for inspections of all equipment and machinery in wet areas? (i.e. saunas, hot tubs, jacuzzis)  
 Yes  No

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Section V – Census Information

27. Number of members projected this year: Adults: \_\_\_\_\_ Children under 18 years: \_\_\_\_\_
28. Number of active members: \_\_\_\_\_
29. Number of members at this location: \_\_\_\_\_

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Section VI – Financial Information

30. Annual gross receipts from membership fees: \$ \_\_\_\_\_

31. Do you sell products?  Yes  No

If Yes: a) Annual Receipts from: Clothing: \$ \_\_\_\_\_  
Equipment – Retail: \$ \_\_\_\_\_  
Dietary Supplements: \$ \_\_\_\_\_  
Other Products: \$ \_\_\_\_\_ Describe: \_\_\_\_\_

b) Do you manufacture or re-label any as your own product?  Yes  No

If Yes, which products? \_\_\_\_\_

c) Do sales for any product exceed 10% of total gross receipts?  Yes  No

If Yes: Who manufactures the product(s)? \_\_\_\_\_

Are they sold under your label?  Yes  No

Are they sold under the manufacturer's label(s)?  Yes  No

Are you named as additional insured/vendor under the manufacturer's insurance policy?  Yes  No

32. Do you have any of the following: Annual Receipts (\$)

- a) Snack Bar/Restaurant?  Yes  No \$ \_\_\_\_\_
- b) Liquor/Wine/Beer?  Yes  No \$ \_\_\_\_\_ (Note: Market does not provide liquor liability coverage.)
- c) Physical Therapy?  Yes  No \$ \_\_\_\_\_
- d) Tanning?  Yes  No \$ \_\_\_\_\_
- e) Nursery/Babysitting?  Yes  No \$ \_\_\_\_\_
- f) Other income?  Yes  No \$ \_\_\_\_\_

If Yes, describe sources (including other businesses or activities): \_\_\_\_\_

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Section VII – Safety/Activities Information

33. Do you have any of the following:

- a) Standard Health Club equipment? (i.e. free weights, circuit machines, cardiovascular, etc.)  Yes  No
- b) Aerobics?  Yes  No
- c) Handball?  Yes  No
- d) Tennis?  Yes  No
- e) Basketball?  Yes  No
- f) Racquetball?  Yes  No
- g) Whirlpool?  Yes  No
- h) Shower Room?  Yes  No
- i) Steam Room?  Yes  No
- j) Sauna?  Yes  No
- k) Hot Tub?  Yes  No

34. Do you have non-slip surfaces in all wet areas?  Yes  No

35. Do you have tanning devices?  Yes  No If Yes: How many beds? \_\_\_\_\_  
(If Yes, please complete our Tanning Bed Supplement.)

36. Do you have swimming pools?  Yes  No (If Yes, please complete our Swimming Pool Supplement.)

37. Do you have a climbing wall?  Yes  No (If Yes, please complete our Climbing Wall Supplement.)

38. Do you have any other indoor recreational facilities/soft play equipment?  Yes  No  
(If Yes, please provide a list of equipment.)

39. Do you have a summer camp offsite?  Yes  No  
(If Yes, please complete our Travel, Tournaments, Camps & Competitions Supplement.)

40. Do you have a restaurant/snack bar?  Yes  No

If Yes: Do you have the following:

- a) Deep Fryer?  Yes  No If Yes, is it equipped with an automatic fuel shut-off?  Yes  No
- b) Grill?  Yes  No
- c) Ansul System?  Yes  No

Section VIII – Day Nursery/Babysitting (Complete if applicable)

- 41. Square footage of nursery area: \_\_\_\_\_ Sq. Feet
- 42. What is the ratio of children to attendants? \_\_\_\_\_ children per attendant
- 43. What is the age range of the children? \_\_\_\_\_
- 44. Are parents/guardians required to be on premises while the child is in your care?  Yes  No
- 45. Do you have written sign-in and sign-out procedures?  Yes  No
- 46. Is there a smoke alarm in the day nursery?  Yes  No
- 47. Is this a licensed daycare center?  Yes  No
- 48. Is the nursery in a stand alone/separate building?  Yes  No

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 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.

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which materially affects this insurance has been withheld:

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- How did you hear about us? (Check one)  Previously Insured with Markel
- Magazine Ad (specify): \_\_\_\_\_  Referred by: \_\_\_\_\_
  - Web site/search engine: \_\_\_\_\_  Other (specify): \_\_\_\_\_

<b>Agency Information</b>		
Agency Name: Kulin-Sohn Insurance Agency, Inc.	Contact: Mark Sohn	
Agency Address: -P.O. Box 1357		
City: Arlington Heights	State: IL	Zip: 60006-1357
Phone: 800-640-6601	Fax: 847-991-4351	E-mail: Gmnst33@aol.com

Additional coverages are available. If you would like a quote on any of the following, please check the appropriate box(es), and applications will be mailed to you. Insurance agents may submit ACORD applications for these coverages.

- Coverage Please send me an application:
- Property:
    - Building
    - Contents/Equipment
    - Sign
    - Crime
    - Business Income
  - Umbrella Liability

## Please include the following with your application:

- ⌘ Hold Harmless Agreements or Certificates of Insurance (if you lease or sublease space)
- ⌘ Resumes of Directors and Instructors (if business has been in operation less than 3 years)
- ⌘ Claims experience ("loss runs") from current insurer
- ⌘ List of products sold
- ⌘ List of indoor soft play equipment and photos of equipment
- ⌘ Supplements where required, as stated throughout this application

**KULIN-SOHN**  
INSURANCE AGENCY, INC

**Swimming Pool Supplement**

(To be attached to Health, Racquet, and Swim Club application)

1623 Colonial Parkway, Suite 201, Inverness, IL 60067  
Phone: 800-640-6601 Fax: 847-991-4351 E-mail: Gmnst33@aol.com

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Business/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1. Are rules for swimming posted at the pool or waterfront?  Yes  No
2. Do posted rules meet state and local regulations?  Yes  No
3. Are certified lifeguards used at all times?  Yes  No

If Yes, by whom are they certified? \_\_\_\_\_

4. What is the ratio of swimmers to certified lifeguards? \_\_\_\_\_ swimmers per certified lifeguard
5. Are pools monitored by others, in addition to lifeguards?  Yes  No

If Yes, explain: \_\_\_\_\_

6. Is a swim test conducted for each child?  Yes  No
7. Is staff located so that all areas of the pool, including the bottom, are visible at all times?  Yes  No
8. Are pool depth markings clearly indicated on the side and in the pool?  Yes  No
9. Are there diving boards or diving platforms?  Yes  No

If Yes: a) # of Boards: \_\_\_\_\_ Height(s): \_\_\_\_\_

b) # of Platforms: \_\_\_\_\_ Height(s): \_\_\_\_\_

- c) Is the diving area clearly marked with a depth of at least 9 feet that extends out at least 16 feet from the end of the diving board?  Yes  No

10. Are there water slides?  Yes  No
- If Yes: a) # of Slides: \_\_\_\_\_ Height(s): \_\_\_\_\_ Length(s): \_\_\_\_\_

b) Depth of water where slide exits: \_\_\_\_\_

- c) Does the end of the slide point directly into the water, or is it at an angle?  
 Points down  Angles

11. Is there a water trampoline?  Yes  No
- If Yes: a) Can lifeguards see 360° around trampoline?  Yes  No

b) Please attach rules for use of the trampoline.

12. Is there an inflatable swimming platform?  Yes  No

If Yes: a) Can lifeguards see 360° around the platform?  Yes  No

b) Please attach rules for use of the swimming platform.

13. For outdoor pools:

a) Is the pool completely surrounded by a fence at least 4 feet high?  Yes  No  N/A

b) Are gates locked when the pool is not in use?  Yes  No  N/A

14. Do all pool drains and grates have covers that cannot be removed without the use of a tool?  Yes  No

15. Do you test the pool water a minimum of 2 times each day?  Yes  No

16. Do you have specific guidelines regarding closing the pool due to water quality, visibility, or stool contamination?  Yes  No

17. Does the swimming pool meet the Department of Environmental Resources standards for water quality or the equivalent?  Yes  No

18. Are all pool chemicals kept in a dry, ventilated, locked storage area?  Yes  No

19. Are all pools cleaned daily?  Yes  No

20. Which of the following applies to your operation?

a) Pool is used for gymnastics training only.

b) Pool is outdoors & open from Memorial Day to Labor Day only.

c) Pool is outdoors & open for more than 3 months but less than 12 months a year.

d) Pool is indoors, or outdoors & open for 12 months a year.

21. Are there other water exposures in addition to the pool, such as lakes or rivers?  Yes  No

If Yes, please explain, including positioning of lifeguards: \_\_\_\_\_

\_\_\_\_\_

22. How many acres does the facility cover? \_\_\_\_\_

23. Is there a water park playground?  Yes  No

If Yes: a) What kind of playground surfacing is used? \_\_\_\_\_

b) Does the park have water jets?  Yes  No

If Yes: Jet Manufacturer: \_\_\_\_\_

c) How frequently is maintenance performed? \_\_\_\_\_

Name of maintenance company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

24. Is there a playground on land?  Yes  No

If Yes: a) Is play area fenced?  Yes  No

b) Has the playground been inspected within the past 24 months by someone certified in playground inspection?  Yes  No

c) Describe all playground equipment, including the maximum height of the equipment. \_\_\_\_\_  
\_\_\_\_\_

d) Describe surface under playground equipment. \_\_\_\_\_  
\_\_\_\_\_

25. Do you have a Swim Team, Dive Team, or Water Polo Team?  Yes  No  
(If Yes, please complete our Travel/Tournament/Camps/Competitions Supplement.)

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Please provide the following:

- Pictures of all pools, slides, diving boards, water park playground equipment and a panoramic view of the entire area.
- A diagram of all lifeguard positions, locations of trampolines, location of inflatable platforms, water trampolines, depth markings and diving boards.

When drawing your diagram, please use the following symbols:

Lifeguard positions =  L  Diving Boards = X

Slide locations = \ Inflatable Platforms = y

Trampolines = H Depth Markings = (use depth number)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**KULIN-SOHN**  
INSURANCE AGENCY, INC

**Tanning Bed Supplement**

(To be attached to Health, Racquet, and Swim Club application)

1623 Colonial Parkway, Suite 201, Inverness, IL 60067  
Phone: 800-640-6601 Fax: 847-991-4351 E-mail: Gmnst33@aol.com

Insured's Name: \_\_\_\_\_

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1. Are records kept on each customer for each visit and exposure time?  Yes  No
2. Are customers furnished information regarding bed and rays used?  Yes  No
3. Are customers limited to a maximum of 30 minutes per session?  Yes  No
4. Are all customers required to wear goggles when using the tanning beds?  Yes  No
5. Are all beds disinfected after each use?  Yes  No
6. Do all tanning beds produce less than 5.0 UVB radiation?  Yes  No
7. Are all tanning beds UL listed?  Yes  No
8. Are all tanning bed controls operated by the insured, NOT the customer?  Yes  No
9. Is there at least one currently tagged fire extinguisher on the premises?  Yes  No

Insured Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# KULIN-SOHN

INSURANCE AGENCY, INC

## Climbing Wall Supplement

(To be attached to Health, Racquet, and Swim Club application)

1623 Colonial Parkway, Suite 201, Inverness, IL 60067  
Phone: 800-640-6601 Fax: 847-991-4351 E-mail: Gmnst33@aol.com

Insured's Name: \_\_\_\_\_

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### Section I - Construction and Maintenance

1. How many climbing walls do you have on premises? \_\_\_\_\_
2. Was the climbing wall constructed by a professional with a Certificate of Insurance covering completed operations liability?  Yes  No
3. Are safety rules posted?  Yes  No
4. What is the height of each wall? Wall 1: \_\_\_\_\_ Wall 2: \_\_\_\_\_ Wall 3: \_\_\_\_\_

Note: If all walls are under 8 feet in height, skip remaining questions. Sign and date document on page 2.

5. Is there a certificate from a certified engineer or an approved vendor stating:
  - that the construction of the wall meets local and state building codes; and
  - that the belay system will exceed maximum possible stresses that all climbers can produce from simultaneous falls? Yes  No
6. Is there a minimum of 6 inches of fall protection beneath the climbing wall out to a distance of 6 feet?  Yes  No
7. Are the belay system anchors "backed-up"?  Yes  No
8. Is climbing wall maintenance performed at least on an annual basis?  Yes  No
9. Is maintenance conducted by an outside professional resource such as a certified engineer or professional firm with proof of insurance?  Yes  No
10. Is a rope log maintained and used for daily operation?  Yes  No
11. Is the belayer anchored to a secure point?  Yes  No
12. Is there a program in place to identify equipment (ropes, harnesses, carabiners, etc.) that should be retired?  
 Yes  No If Yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Section II - Operation and Training

13. Is there a documented training program in place which includes:
- a. Rules for the climbing wall?  Yes  No
  - b. Harness and rope inspection?  Yes  No
  - c. Proper belay techniques?  Yes  No
  - d. Belay device failure or entrapment?  Yes  No
  - e. Set-up and take-down procedures?  Yes  No
  - f. Emergency take-down procedures?  Yes  No
  - g. Procedures for reporting problems?  Yes  No
14. Are belayers approved prior to their use of the wall?  Yes  No
15. Are the following always present when the wall is being used:
- a) A staff member who understands the safety rules and is certified to belay on the wall?  Yes  No
  - b) A full-time staff member who holds a current certification in either Red Cross First Aid and CPR for the Professional Rescuer; or National Safety Council Level II First Aid?  Yes  No
  - c) A full-time staff member positioned to have a clear and unobstructed view of the climbing wall and participants?  Yes  No
  - d) A First Aid kit?  Yes  No
16. Is there a minimum age for belayers?  Yes  No If Yes, what age? \_\_\_\_\_
17. Describe your emergency response plan in case of an accident, including distance of your facility from ambulance and hospital.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Insured's Signature: \_\_\_\_\_

Date: \_\_\_\_\_