



# PROPERTY RENEWAL APPLICATION

FOR HEALTH CLUBS, MARTIAL ARTS STUDIOS, DANCE STUDIOS, YOGA STUDIOS, AND PILATES STUDIOS  
(All policy communication such as renewal notifications, certificates of insurance, and policy documents will be handled via email. Please make sure we have a valid email address. Multiple Locations must complete a separate application for each location.)

## SECTION I – GENERAL INFORMATION:

Policy Number:					
Named Insured:					
<input type="checkbox"/> If contact information hasn't changed, please check box and move to Section II.					
Business Mailing Address:					
City:		State:		Zip:	
				County/ Parrish:	
Property Address (if different):					
City:		State:		Zip:	
				County/ Parrish:	
Owner's Name:				Email:	
Phone:		Fax:		Website:	

## SECTION I – PROPERTY INSURANCE INFORMATION:

☐ If property information hasn't changed, please check box and move to Section III.

## YOU MUST COMPLETE ALL OF THE FOLLOWING SECTIONS ENTER ZERO IF NONE APPLIES

SUBJECT OF INSURANCE	AMOUNT	DEDUCT	COINS	PERILS, FORMS & CONDITIONS TO APPLY
Building Coverage (Skip if you don't own)		\$1,000	90%	Special Form with Theft / Replacement Cost
Business Personal Property (Contents & Stocks Includes Mirrors)		\$1,000	90%	
Tenant Improvements		\$1,000	90%	
Sign		\$1,000	90%	
Glass (Tenant) (Windows, Plate Glass, etc.)		\$1,000	90%	
Fence		\$1,000	90%	
Business Income with extra expense		72 hours		
Rental Income- This is rental income from tenants or instructors who rent space from you.		\$1,000		

Choices of Business Income Indemnity: Requires a 72 hour wait and business income maximum is 12 months.

Indemnity: ☐ 3 months ☐ 4 months ☐ 6 months ☐ 12 months requires Total Revenue: \$

Does rental income need to be included in the business income? ☐ Yes ☐ No

SECTION III – ADDITIONAL INSURED:					INTERESTS
<input type="checkbox"/> If additional insured information hasn't changed, please check box.					
Name:					<input type="checkbox"/> Landlord <input type="checkbox"/> Mortgage <input type="checkbox"/> Other
Address:					Please Specify:
City:		State:		Zip:	
Name:					<input type="checkbox"/> Landlord <input type="checkbox"/> Mortgage <input type="checkbox"/> Other
Address:					Please Specify:
City:		State:		Zip:	
Name:					<input type="checkbox"/> Landlord <input type="checkbox"/> Mortgage <input type="checkbox"/> Other
Address:					Please Specify:
City:		State:		Zip:	

THIS POLICY DOES NOT COVER CLAIMS ARISING OUT OF THE RECOMMENDATION, SELLING, PROMOTION, MANUFACTURING, AND/OR TESTING OF VITAMINS, HERBS, NUTRITIONAL AND/OR DIET SUPPLEMENTS.

No application will be accepted unless signed by the applicant.

The applicant warrants that all answers to the questions on this application are true and correct. Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing false information, or conceals for the purpose of misleading information concerning fact thereto, commits a fraudulent insurance act, which is a crime.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_