

**NEXO Insurance Services Application**

**Nexo Insurance Services, Inc.**

**License No. OE14627 • Phone: (310) 937-2007**

**Submit completed application to** [**info@nexoins.com**](mailto:info@nexoins.com) **or fax to (310) 937-1127.**

**To avoid a processing delay, PLEASE complete all sections.**

**Basic Information**

|  |  |
| --- | --- |
| **What is the proposed effective date for this location?** |  |
| **What is the name of the business which operates this location?** |  |
| **What is the DBA name** **of this location?** (if available) |  |
| **What type of business entity operates the location?** | **Corporation  LLC  Partnership**  **Individual  Nonprofit** |
| **What is the location’s physical address?** |  |
| **What is your mailing address?** |  |
| **What year did your business start?** |  |
| **Business Website:** |  |
| **Insured’s FEIN #:** |  |
| **What is the name of the current or prior carrier?** |  |
| **What is the current Carrier’s expiring premium?** | **$** |
| **Has there been any claim history in the last 5 years?** |  |
| **Quote need by date:** |  |
| **Do you require Hired/Non-Owned Auto Coverage?**  **If requesting HNOA coverage, please answer the following:** | **Yes  No** |
| **How many employees/volunteers are driving autos on behalf of the organization?** |  |
| **Does your organization require proof of personal auto insurance on vehicles driven for your organization?** | **Yes  No** |
| **Does your organization have a minimum requirement for personal auto policy limits?**  **If yes, please indicate minimum limits you require?** | **Yes  No**  **$** |
| **Does your organization run annual MVRs on those who drive their personal autos on your behalf?** | **Yes  No** |
| **Do you require the Medical Payment Endorsement?** | **Yes  No** |
| **Do you require a Damage to Rented Premise Endorsement?**  **If so, what limit do you require?** | **Yes  No**  **$** |
| **What limit for Abuse & Molestation do you need?**  **Our system defaults to $100,000/300,000 but higher limits are available, including into the Umbrella or Excess Liability.**  **Note: Higher limits require verification of proper abuse controls (e.g. FBI/Live scan background checks)** | **$100,000 occurrence/$300,000 aggregate  $250,000 occ/$500,000 aggregate**  **$500,000 occ/$500,000 aggregate**  **$1,000,000 occ/$1,000,000 aggregate** |
| **Do you require the Additional Insured Professional Liability Endorsement?** | **Yes  No** |
| **Do you require Excess Liability Coverage?** | **Yes  No** |
| **If yes, what limit do you need?** | **$** |

**Facility**

**If your facility is in your home, please proceed to the Financials section.**

|  |  |
| --- | --- |
| **Do you own or rent your location?** | **Own  Rent** |
| **Is your location:** | **Commercial Location**  **Sublease from existing fitness facility** |
| **What type of construction is the building?** | **Frame (combustible walls and/or roof)**  **Joisted Masonry (non-combustible walls with wood frame roof)**  **Non-Combustible (minimal combustible materials in the building construction)**  **Fire Resistive (reinforced concrete construction and/or very well protected steel & concrete; wind resistive)** |
| **What type of flooring is in your occupied space?**  (i.e., concrete, wood, turf, concrete, and hardwood floors, etc.) |  |
| **Is the space located on the ground level floor of the building it occupies?** | **Yes  No** |
| **If no, what floor does the organization occupy?** |  |
| **If the floor occupied is below grade (i.e. basement), does the insured have adequate number of emergency exits, ventilation, and a floor drain equipped with a one-way valve to prevent water/sewer backup?** |  |
| **Is the space being utilized for the intended occupancy? If no, describe any modifications made to fit the organization’s operations.** | **Yes  No** |
| **How often do you inspect your equipment?** | **Weekly  Monthly**  **Quarterly  Annually  Never** |
| **Have you discussed noise and vibration concerns as a result of normal activity with property management and nearby neighbors?** | **Yes  No** |
| **What is the facility size in square feet?** |  |
| **Will you allow dogs inside this location?** | **Yes  No** |
| **Does this location have a dedicated space for childcare?** | **Yes  No** |
| **If yes, does the childcare area have a designated supervisor?** | **Yes  No** |
| **Does this location conduct training with children under the age of 18?** | **Yes  No** |
| **If yes, do you routinely request and receive criminal background investigations on all prospective employees and/or volunteers?** | **Yes  No** |
| **If yes, do you have and enforce written standards regarding Sexual Abuse and Molestation?** | **Yes  No** |
| **If yes, what is the age of your youngest participant?** |  |
| **Are signs posted throughout the facility indicating how to properly use the equipment?** | **Yes  No** |
| **Are all wet areas (e.g. showers, locker rooms, etc.) equipped with slip resistant flooring?** | **Yes  No** |

**Financials**

|  |  |
| --- | --- |
| **What is your projected annual gross revenue for this location?** | **$** |
| **What would it cost to replace all of the business property at this location?**  (i.e., gear, rig, electronics, inventory, flooring, etc.) | **$** |
| **How many current members do you have?** |  |
| **Business Income is included for $25,000. Please provide amount if a higher limit is needed.** | **$** |
| **How many full-time employees do you have?** |  |
| **How many part-time employees do you have?** |  |
| **How many independent contractors do you have?** |  |
| **What is your total annual payroll?** | **$** |

**Location Operations**

|  |  |
| --- | --- |
| **How many pools does the location have?** |  |
| **How many climbing walls does the location have?** |  |
| **What is the average climbing wall height? (in feet)** | **feet** |
| **How many whirlpools does the location have?** |  |
| **How many zip lines does the location have?** |  |
| **How high is your tallest zip line? (in feet)** | **feet** |
| **How many peg boards does the location have?** |  |
| **Do you have any saunas?** | **Yes  No** |
| **Does you have any ice baths/whirlpools?** | **Yes  No** |
| **Will you offer open gym to your members?** | **Yes  No** |
| **Will you offer any additional programs?** | **Yes  No** |
| **If yes, please list the additional programs offered.** |  |
| **Will you host events?**  (e.g., obstacle course events, martial arts competitions) | **Yes  No** |
| **Will you manufacture, mix, relabel or repackage any products?** | **Yes  No** |
| **Will you host any fighting sport instruction, training, or competition?** | **Yes  No** |
| **Will parkour training take place at any of your locations?** | **Yes  No** |
| **Will you use or sell any type of martial arts related weapons?** | **Yes  No** |
| **Will you require Waiver/Release forms from all participants or guardians?** | **Yes  No** |
| **Do you have an evaluation period or onboarding program for new athletes?** | **Yes  No** |
| **Are basic movements demonstrated by the athlete and approved by coaching staff prior to allowing an athlete in normal group classes?** | **Yes  No** |
| **Please tell us how you establish an athlete’s proficiency.** |  |
| **Do you review an athlete’s prior medical history by using a health questionnaire?** | **Yes  No** |
| **If an athlete reports any prior medical issues, do you:** | **Take no action if the athlete says**  **they will manage it.**  **Advise them to get a doctor’s note**  **for participation.**  **Conduct your own physical and decide whether you think they are able to train.**  **Other** |
| **If Other, please describe:** |  |
| **Are there written medical emergency and evacuation procedures in place?** | **Yes  No** |
| **Are incident reports completed and maintained for all injuries, regardless of severity?** | **Yes  No** |

**Additional Insureds & Loss Payees**

**Please complete the section below if you are required to provide a certificate of insurance, naming any other entity as Additional Insured or Loss Payee on your policy. (e.g., landlord, lessor, etc.)**

|  |  |
| --- | --- |
| **Additional Insured/Loss Payee #1 Entity Name** |  |
| **Additional Insured/Loss Payee #1 Mailing Address** |  |
| **Additional Insured/Loss Payee #1 Relationship to You** |  |
| **Additional Insured/Loss Payee #2 Entity Name** |  |
| **Additional Insured/Loss Payee #2 Mailing Address** |  |
| **Additional Insured/Loss Payee #2 Relationship to You** |  |
| **Additional Insured/Loss Payee #3 Entity Name** |  |
| **Additional Insured/Loss Payee #3 Mailing Address** |  |
| **Additional Insured/Loss Payee #3 Relationship to You** |  |

**Notice of insurance information practices**

**Personal information about you, including information from a credit report, may be collected from persons other than you in connection with this application for insurance and subsequent policy renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us. Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied.) In Florida, 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. The undersigned is an authorized representative of the applicant and represents that reasonable enquiry has been made to obtain the answers to questions on this application. He/She represents that the answers are true, correct and complete to the best of his/her knowledge.**

**Insured’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Insured’s Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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**Additional Documents required upon binding:**

* + **Signed Broker Agreement**
  + **Broker Error & Omissions Declarations Page.**
  + **Signed No Known Loss Letter if no prior insurance OR a lapse in coverage**
  + **Prior carrier loss runs – 5 years if available**
  + **Copy of participant waiver and/or member agreement**
  + **Copy of owner resume for new ventures (less than 3 years in operation)**