

CrossFit® International Insurance Programme

Applications Form:

To avoid a processing delay, please complete all sections and sign where required

1. The Insured

| | | |
|---|------------------------------|-----------------------------|
| 1. Named Insured (including trading name, if any): | | |
| 2. Contact Person: | Full Name: | |
| | Phone Number: | |
| | Email Address: | |
| 3. Correspondence address (including postcode): | | |
| | Postcode: | |
| 4. Description of operations: CrossFit licensed affiliate with a permanent leased location | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Affiliate website: | http://www | |
| 6. Employer's Reference Number (ERN) (referred to as the Employer's PAYE reference): | | |
| 7. How long have you been operating: | a. At these premises? | |
| | b. Elsewhere? | |
| | c. New start up? | |
| 8. Proposed Effective Date: | | |

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2. General information questions

1. Does the affiliate require a waiver or release form from all participants or Guardians? Yes No

2. Does the affiliate use or sell any type of martial art related weapons? Yes No

3. Does the affiliate or the affiliate location undertake any activities that are not certified by Crossfit? If Yes, please describe below: Yes No

4. Does any fighting, sports instruction, training or competition take place at the affiliate location? (i.e. boxing, wrestling, martial arts). If Yes, please describe below: Yes No

5. Does the affiliate location include or offer the following? If Yes, please provide detail below: Yes No

| | | | | |
|----------------|------------------------------|-----------------------------|---|--|
| Tanning | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, number of units: | |
| Steam Room | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, number of units: | |
| Jacuzzi/Spa | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, number of units: | |
| Sauna | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, number of units: | |
| Courts | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, number of units: | |
| Pools | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, number of units: | |
| Climbing Walls | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, number of units: | |
| Zip Line | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, what is the height of the line: | |

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2. General information questions continued

6. Are any non-certified CrossFit Sub Contractors including Independent trainers, allowed to work without providing a certificate of insurance? If Yes, please describe below: Yes No

7. Is the affiliate involved in manufacturing, mixing, relabeling or repacking of any Products? If Yes, please describe below: Yes No

8. Is there any exposure to flammables, explosives or chemicals? Yes No

| | | |
|----------------------|----------------------------------|--|
| 9. Is the affiliate; | a. A Certified CrossFit trainer? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | b. A Certified CrossFit Coach? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

10. Does the affiliate request and receive criminal background investigations on all prospective Employees and / or volunteers where training and activities are provided to people under 18 years of age? Yes No

11. Does the affiliate have a childcare area? (If Yes, please answer the questions below) Yes No

a. Is there a dedicated room? Yes No

b. Is there a dedicated supervisor? Yes No

c. How many children per 1 supervisor? Yes No

d. How many children in total per day? Yes No

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2. General information questions continued

12. Does the affiliate have and enforce written standards regarding sexual abuse? Yes No

13. Does the affiliate conduct training with children under 18 years old? Yes No

14. Is the affiliate CrossFit Kids certified? (if Yes, please answer the questions below) Yes No

| | |
|---|--|
| a. What is the minimum age required? | |
| b. How many participants under the age of 18? | |
| c. What age can minors out without parents / guardians present? | |
| d. How many children in total per day? | |

15. If the affiliate is not CrossFit Kids certified but conducts training for children please list what activities are undertaken during these classes below:

| |
|--|
| |
|--|

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3. The premises

| | | |
|--|-----------|--|
| 1. Address of premises to be insured if different from correspondence address: | | |
| | | |
| | Postcode: | |

2. Are the premises including outbuildings constructed of brick, stone or concrete and roofed with slate, tile or concrete and in a good state of repair? **If not please give details below:** Yes No

Please provide construction details:

| | |
|---------------------|--|
| 3. Age of premises: | |
|---------------------|--|

| | |
|---|--|
| 4. If the premises is a listed building advise grading: | |
|---|--|

5. Does the premises have a basement or cellar? Yes No

6. Does the premises have a flat roof? Yes No

If yes, what percentage is flat:

%

What is the construction (asphalt on timber, concrete etc):

7. Do you occupy the whole of the premises? If no, Yes No

a. what parts do you occupy?

b. what is the occupancy of the other parts?

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3. The premises continued

8. Are the Premises permanently occupied and in use all year? Yes No

9. Has there been any history of flooding in the area? Yes No

10. Is a Fire Alarm fitted at the premises? If Yes, does it include: Yes No

a. Break glass boxes in all parts of the premises? Yes No

b. Automatic Fire Detection e.g. smoke detectors? Yes No

c. Connection to Central Station? Yes No

11. Is there a Sprinkler system? Yes No

12. When was the wiring at the premises last checked by a qualified electrical contractor?

13. Was the electrical contractor NICEIC, ECA, NAPIT or SELECT registered? Yes No

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4. Security

1. Is an intruder alarm fitted at the premises? If Yes, Yes No

a. Is it maintained? Yes No

b. NSI / SSAIB approved? Yes No

c. Type of signalling:

1. Bells Only? Yes No

2. Central Station Connection with Key-Holders Yes No

3. Digital Communicator? Yes No

4. BT Redcare? Yes No

5. Does your alarm extend to all outbuildings? Yes No

Other, please specify:

2. What locks etc. are fitted to external doors?

3. What protective devices are fitted to windows?

4. Does the premises have any additional security measures?

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5. Sums insured

It is important that you should ensure that the values given below are adequate as underinsurance may reduce the amount of recovery in the event of a claim.

Sums Insured shown are automatic, please specify if a higher limit is required.

Property Damage

| | |
|--|---|
| Building(s) or Tenants Improvements | £ |
| Machinery, Plant and Contents (ie gym equipment) | £ |
| Computer and Electronic Equipment | £ |
| Stock | £ |

Business Interruption (Please only complete if this cover is required)

| | |
|--|---|
| Gross Revenue (also known as Loss of Income) | £ |
|--|---|

Specify Indemnity Period: 12 Months / 18 Months / 24 Months / 36 Months

The indemnity period should be the maximum amount of time it would take to get the business up and running again.

Is Terrorism cover required?

Yes No

| | |
|---|--------|
| Goods in Transit (Cover automatically included if cover for Property Damage is required) | £5,000 |
|---|--------|

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5. Sums insured continued

Money – (Please only complete if this cover is required)

Estimated Annual Carryings (Please Specify)

| | |
|--|----------|
| By a Security Company | £ |
| Security Company used | |
| By own employees | £ |
| Non Negotiable Securities (crossed cheques etc...) | £250,000 |

1. In transit to or from Bank or post office and / or in Bank Night Safes in custody of:

| | |
|---------------------|---|
| a. Own employees | £ |
| b. Security Company | £ |

2. In the Insured's Premises during business hours

| | |
|--|---|
| | £ |
|--|---|

3. In Insured's Premises when closed for Business not in a locked safe

| | |
|--|------|
| | £500 |
|--|------|

4. In the private residence of the Insured

| | |
|--|-------|
| | £1000 |
|--|-------|

5. In Machines and ATMs

| | |
|--|------|
| | £500 |
|--|------|

6. In a locked safe in the Insured's Premises when closed for Business:

| | |
|----------------|--|
| Make / Model | |
| Limit Required | |

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5. Sums insured continued

Employer's Liability (please only complete if this section is required)

| | |
|-----------------------|--|
| Total Payroll | |
| Number of Employees | |
| Number of Contractors | |

Public / Products Liability

| | |
|--|--|
| Please specify what level of Limit of Indemnity is required: | £5,000,000 <input type="checkbox"/> £10,000,000 <input type="checkbox"/> |
| What is your projected annual turnover? | |
| Please provide a split below: | |
| Membership fees | £ |
| Product sales | £ |
| Food / drink sales | £ |
| Non-certified CrossFit activities | £ |

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6. Previous claims and insurance

If you answer "YES" to any of the questions below, please advise detail in the space provided.

Have you or any director or partner who controls or manages the business been:

1. Convicted of or charged (but not yet tried) with any criminal other than motoring offences? Yes No

(NOTE: Convictions spent under the terms of the Rehabilitation of Offenders Act 1974 or any subsequent amendments thereto, should not be disclosed.)

2. Declared bankrupt or insolvent? Yes No

3. A director or partner of a company that went into liquidation or was dissolved? Yes No

4. Prosecuted for a breach of any Statute relating to health or safety of employees or others? Yes No

5. Served with a Prohibition Notice under the Health and Safety at Work Act? Yes No

6. The subject of a recovery action by HM Revenue and Customs? Yes No

7. The subject of a County Court judgement made against you? Yes No

8. Suffered any loss (whether insured or not) or made any claim against any Insurer at any time during the last 5 years If yes, please provide full detail and confirmation of steps taken to prevent a re-occurrence? Yes No

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7. Material facts

Are there any other facts not covered by this Proposal Form which you consider may be material to this proposal for insurance.

Declaration

I/We agree that if this insurance is completed the protections and /or safeguards mentioned herein shall not be withdrawn or varied to the detriment of the Underwriters without their consent.

To the best of my/our knowledge and belief all the information provided to all the answers in this Proposal Form are true and I/We have not withheld any material facts. I/We understand that nondisclosure or misrepresentation of a material fact will entitle Insurers to void the insurance.

(N.B. A material fact is one likely to influence acceptance or assessment of this proposal by Insurers. If you are in any doubt as to what constitutes a material fact, you should consult your Broker).

I/We understand that the signing of this Proposal Form does not bind me to complete the insurance but agree that, should a Contract of Insurance be concluded, this Proposal and the statements made therein form the basis of the contract.

Signature of Proposer

Date

This Insurance will not be in force until Insurers have indicated acceptance of this Proposal.

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Data Protection Act

We may use the personal and business details you have given us or which are supplied by third parties including any details of directors, officers, partners and employees to provide you with a quotation; deal with your policy; to search credit reference and fraud agencies who may keep a record of the search; to share with other insurance organisations to help offset risks, to help administer your policy and to handle claims and prevent fraud; to support the development of our business by including your details in customer surveys, and for market research and compliance business reviews which may be carried out by third parties acting on our behalf. You agreed when you applied for the policy that your directors, officers, partners, and employees have consented to our using their details in this way. We may need to collect data relating to Insured Persons, which under the Data Protection Act is defined as sensitive (such as medical history of Insured Persons) for the purpose of evaluating the risk or administering claims which may occur. You must ensure that you have explicit verbal or written consent from the insured persons to such information being processed by us and that this fact is made known to the insured persons.

If your policy provides Employers Liability cover information relating to your insurance policy will be provided to the Employers Liability Tracing Office (the "ELTO") and added to an electronic database.



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