

**APPLICATION for: Cryosauna/Cryotherapy Professional and General Liability Insurance**  
 Claims Made and Reported Basis. Underwritten by Underwriters at Lloyd's, London

**Notice:** This is an Application for claims-made and reported coverage, meaning coverage applies only to "claims" first made against an Insured during the Policy Period and reported in accordance with the terms of the Policy. Further, the Policy for which you are applying provides that the Limit of Liability available to pay damages or settlements shall be reduced and may be exhausted by amounts incurred as defense costs. The signing and submission of this Application does not guarantee coverage.

**General instructions for completing this Application:**

1. Please type or print in ink.
2. Please read carefully and answer all questions.
3. All questions must be answered completely. If a question is not applicable, answer by stating "Not Applicable" or "N/A". If the answer to a question is none, answer by stating "None" or "0".
4. If more space is needed to answer a question, attach a separate sheet of paper and identify the question to which it pertains.
5. The Application must be signed by an executive officer.

**SECTION I - GENERAL INFORMATION**

1. Full Name Owner/Officer: \_\_\_\_\_
2. Physical Address: \_\_\_\_\_  
(Number) (Street) (City) (County) (State) (Zip Code)
3. Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Website: \_\_\_\_\_
4. Business Name incl DBA: \_\_\_\_\_
5. Limits of Liability requested: \_\_\_\_\_ Deductible: \_\_\_\_\_
6. Desired Effective Date: \_\_\_\_\_ Retroactive Date: \_\_\_\_\_

**SECTION II - OPERATIONS**

1. Number of Locations: \_\_\_\_\_
3. Date Business Established: \_\_\_\_\_

2. Total annual gross revenues for all locations:

	<u>Amount Last Policy Year</u>	<u>Est. Amount This Policy Year</u>
<b>Cryotherapy Services:</b>	\$ _____	\$ _____
<b>Product Sales:</b> (Attach list of products)	\$ _____	\$ _____
<b>Other:</b> _____	\$ _____	\$ _____
<b>TOTAL GROSS:</b>	\$ _____	\$ _____

3. Does the Applicant provide services other than cryotherapy?  Yes  No  
 a) If "Yes", please describe such services: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
4. Is the Applicant owned by, associated with, or controlled by any other business, entity, corporation or organization?  Yes  No  
 a) If "Yes", please provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Have there been any changes in ownership since the date the Applicant business was established?  Yes  No  
 a) If "Yes", please provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

---

**SECTION III - PROFESSIONAL SERVICES**

---

1. Does the Applicant require a certified cryotherapy operator to be present at all times?  Yes  No
2. Does the Applicant provide **dry** hand and foot protection prior to use of cryotherapy equipment?  Yes  No
3. If the Applicant provides completely enclosed cryochambers, is **dry** head protection provided?  Yes  No  N/A
4. Does the Applicant screen for medical conditions that may not be suitable for cryotherapy?  Yes  No
5. Does the Applicant use nitrogen monitors in cryotherapy rooms?  Yes  No
6. Does the Applicant limit cryotherapy sessions to the manufacturer recommended time limit?  Yes  No
7. Does the Applicant ensure that patients are able to exit cryotherapy machines without assistance?  Yes  No
8. Does the Applicant require all patients to sign an informed consent form?  Yes  No
9. Does the Applicant regularly inspect and calibrate cryotherapy machines as recommended by the manufacturer?  Yes  No
10. Are staff certified or formally trained to operate cryotherapy equipment?  Yes  No
11. Are staff trained to provide first aid or CPR?  Yes  No
12. Does the Applicant allow staff or patients to provide cryotherapy to themselves?  Yes  No
13. Does the Applicant provide services to professional athletes?  Yes  No
14. Does the Applicant provide services to collegiate athletes?  Yes  No  
 a) If "Yes", please provide details, including type of sport and percentage of total revenues derived from providing services to collegiate athletes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
15. Does the Applicant provide services to persons under the age of 18?  Yes  No  
 a) If "Yes", please describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

---

**SECTION IV – PRIOR COVERAGE**

---

1. Is the Applicant currently insured under a Professional Liability Policy?  Yes  No

If "Yes", please provide details:

<u>Insurance Company</u>	<u>Limit</u>	<u>Deductible</u>	<u>Premium</u>	<u>Expiration Date</u>
_____	_____	_____	_____	_____

2. If the expiring Professional Liability Policy is claims-made, please provide the retroactive date: \_\_\_\_\_

3. Is the Applicant currently insured under a Commercial General Liability Policy?  Yes  No

If "Yes", please provide details:

<u>Insurance Company</u>	<u>Limit</u>	<u>Deductible</u>	<u>Premium</u>	<u>Expiration Date</u>
_____	_____	_____	_____	_____

4. If the expiring Commercial General Liability Policy is claims-made, please provide the retroactive date: \_\_\_\_\_

5. Has any application for Professional Liability Insurance or Commercial General Liability Insurance made on behalf of the Applicant, any of its predecessors in business, or any of its present partners or members been declined, or has any carrier cancelled or refused to renew similar insurance, within the past five (5) years?  Yes  No

If "Yes", please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

**SECTION V – LOSS HISTORY**

---

1. Has any claim ever been made against the Applicant or any of its employees?  Yes  No

**If "Yes", please attach details stating:**

- a) date when claim was made;
- b) date the act giving rise to the claim was committed;
- c) name of the claimant;
- d) nature of the claim;
- e) amount of claim, including reserves and final disposition;
- f) remedial steps taken to prevent a similar occurrence in the future

2. Is the Applicant, or any person or entity proposed for this insurance, aware of any circumstances which may result in any claim against the Applicant, its predecessors in business, or any of its present or past officers, directors, owners, partners or employees?  Yes  No

**If "Yes", please details on the same basis as question 1 above.**

**SECTION VI- ADDITIONAL INSURED**

1. Do you require an Additional Insured and/or a Waiver of Subrogation listed on your policy? ex. Landlord and/or Vendor

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROPERTY:**

Would you like to insure your Cryo chamber and other business property against Fire/Theft?

YES / NO

**FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.**

1. The undersigned represents that the statements, representations and information contained herein, or attached to this application, are true and complete, and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this application.
2. The undersigned acknowledges that the signing of this application does not bind the undersigned to complete the insurance. The undersigned further acknowledges that the statements, representations, and information contained herein, or submitted with this application (which shall be retained on file by the Underwriters and shall be deemed attached hereto, as if physically attached hereto), are material to the risk assumed by the insurer; that any policy will have been issued in reliance upon the truth thereof; and that this application and all written statements and materials furnished to the Insurer in conjunction with this application shall be deemed incorporated into and made a part of the policy, should a policy be issued.
3. The Underwriters are hereby authorized to make any investigation and inquiry in connection with this application as they may deem necessary.
4. The undersigned acknowledges and agrees that if the information supplied on this application, or in any attachments, changes between the date of the application and the effective date of the policy period, the Applicant will immediately notify the Underwriters of such change, and the Underwriters may withdraw or modify any outstanding quotations and/or agreement to bind the insurance.
5. For purposes of creating a binding contract of insurance by the Application, or in determining the rights and obligations under such a contract in any court of law, the parties acknowledge that a signature reproduced by either facsimile or photocopy shall have the same force and effect as an original signature, and that the original and any such copies shall be deemed one and the same document.

**For Kentucky residents:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals information concerning any fact material thereto for the purpose of misleading, commits a fraudulent insurance act which is a crime.

Name of Applicant: \_\_\_\_\_  
Please print Title Date

Signature: \_\_\_\_\_  
Name Date