



Mid Valley General Agency LLC  
 3400 State Street #G-740, Salem, OR 97301  
 Phone: 888-565-7001 ♦ Fax: 888-265-7353  
 www.midvalleyga.com

**Exercise and Health Studio and Personal Trainer Supplemental Application**  
 (Complete in addition to ACORD General Liability Application)

Name of Applicant: \_\_\_\_\_

Web Site Address: \_\_\_\_\_

- 1. Operation:**     Exercise Equipment     Free-weight Lifting     Aerobics     Dance Studio  
                           Personal Trainer     Physical Therapist     Masseur     Massage Parlor  
                           Spa     Gymnastics School

**2. Annual gross receipts from all operations: \$** \_\_\_\_\_

**3. Is all equipment inspected regularly?** .....  Yes  No

Is inspection documentation maintained? .....  Yes  No

If so, how long? \_\_\_\_\_

Do you use equipment you have built? .....  Yes  No

If yes, attach description.

**4. Members' ages range from** \_\_\_\_\_ **to** \_\_\_\_\_

**5. Does membership agreement include a Hold Harmless clause (Liability Waiver)?**.....  Yes  No

If yes, attach a copy.

**6. Other operations:**

- Day Care  
 Climbing Wall (please complete Climbing Wall Questionnaire, GLS-APP-47s)  
 Swimming Pool

Number of pools: \_\_\_\_\_

Number of diving boards or platforms: \_\_\_\_\_ Height: \_\_\_\_\_

Number of slides: \_\_\_\_\_ Height: \_\_\_\_\_

Rules posted and life-safety equipment available at poolside? .....  Yes  No

Toning Beds            Number: \_\_\_\_\_

Tanning Beds            Number: \_\_\_\_\_

Goggles provided? .....  Yes  No

Are all timers operated by an attendant? .....  Yes  No

Are beds U.L. approved? .....  Yes  No

Are all beds manufactured in the United States?.....  Yes  No

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Are all beds cleaned after each use?.....  Yes  No

Do signs prohibit use of the beds during pregnancy or if on medication? .....  Yes  No

Tennis Courts/Racquetball/Handball/Squash Courts      Number: \_\_\_\_\_

Hydro-Massage Beds      Number: \_\_\_\_\_

Pro Shop

Snack Bar

Describe off-site activities you sponsor: \_\_\_\_\_

**7. Please indicate any of the following that you provide to your customers:**

Protein diet plans     Body wraps—other than organic     Blood analysis

Stress testing       Weight loss or diet clinics       Products manufactured by or sold under club's name

If you do provide protein diet plans, please describe: \_\_\_\_\_

**8. Premises exposures:**

Hours of operation from \_\_\_\_\_ to \_\_\_\_\_

Are staff members always present when clients are on the premises? .....  Yes  No

Is parking lot well lit?.....  Yes  No

Armed Security Guard on premises? .....  Yes  No

Unarmed Security Guard on premises? .....  Yes  No

Shower/sauna/steam or Jacuzzi facilities?.....  Yes  No

Do the floors for these areas have non-skid surfaces? .....  Yes  No

Any trampolines? .....  Yes  No

Any electrode machines? .....  Yes  No

**9.**

Number of Employees	Employed or Leased	Independent
Certified aerobic instructors		
Uncertified aerobic instructors		
Personal trainers		
Masseuses		
Other (describe):		
Total number of employees		
Number of employees trained in CPR		

Do independents provide you with certificates of insurance? .....  Yes  No

Are you included as an additional insured? .....  Yes  No

Limits that you require the independents to carry: \_\_\_\_\_

**10. Does applicant have other business ventures for which coverage is not requested?.....  Yes  No**

If yes, explain and advise where insured: \_\_\_\_\_

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**FRAUD WARNINGS:**

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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 subjects such person to criminal and civil penalties.

**FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:**

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.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_