**EXERCISE AND HEALTH STUDIO AND PERSONAL TRAINER SUPPLEMENTAL APPLICATION**(Complete in addition to the ACORD Application)

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| Applicant’s Name:    Location Address: | Agency Name:  Agent:  Phone No.: |

**PROPOSED EFFECTIVE DATE: From**        **To**        **12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE” (N/A)

**1. Description of operations:** (Check all that apply.)

Aerobics  Massage Parlor  Pilates  Swimming Instruction

Anti-Gravity/Aero Yoga  Masseuse  Racquet Club  Tai Chi

Cheerleading Camps/Clinics  Personal Trainer  Spa  Weight Lifting Gym

Cheerleading Instruction  Physical Therapist  Swim Club  Yoga

Dance Instruction  Other:

Exercise Equipment

Gymnastics Instruction

**2. How long has applicant been in business?**

**3. Sexual and/or Physical Abuse Coverage limits:**

$25,000 Per Claim/$50,000 Aggregate (included)

$50,000 Per Claim/$100,000 Aggregate

$100,000 Per Claim/$300,000 Aggregate

**4. Annual gross receipts from all operations:** $

**5. Number of Employees/Contractors:**

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| --- | --- | --- |
|  | **Employed or Leased** | **Independent Contractors** |
| Certified aerobic instructors |  |  |
| Uncertified aerobic instructors |  |  |
| Dieticians or nutritionists |  |  |
| Masseuses |  |  |
| Personal trainers |  |  |
| Physical therapists |  |  |
| Swim instructors |  |  |
| Other (describe): |  |  |
| Total number of employees/contractors |  |  |
| Number of employees/contractors trained in CPR |  |  |

**6. For Independent Contractors:**

Are certificates of insurance required from all independent contractors?  Yes  No

Is applicant included as an additional insured on independent contractors’ policy?  Yes  No

Limits the independent contractors are required to carry:

**7. Members’ ages range from**     **to**     **.**

**8. Does membership agreement include a Hold Harmless clause (Liability Waiver) in favor of the applicant?**  Yes  No

If yes, attach a copy.

**9. Other exposures:** (Check all that apply.)

Altitude mimicking devices (i.e., CVAC)

Climbing, Tread, or Boulder walls (Please complete Climbing Wall Questionnaire, GLS-APP-47s.)

Day Care

Electrode Machines

Advise details:

Foam pits

Hydro-Massage Beds: Number:

Internet or electronic media communication for exercise or health instruction or consulting

Liquor sales: Receipts: $

Parkour exercise

Retail Sales

Shower/sauna/steam or Jacuzzi facilities

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

Snack Bar

Swimming Pool

Number of pools:

Number of diving boards or platforms:       Height:

Number of slides:       Height:

Depth of pool markings clearly visible?  Yes  No

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

CPR-trained individual on duty at all times?  Yes  No

Are all swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act?  Yes  No

Tanning Beds, Booths and Spray-on Booths: Number:

Goggles provided?  Yes  No

Are all timers operated by an attendant?  Yes  No

Are tanning units Underwriters Laboratory approved?  Yes  No

Are all tanning units manufactured in the United States?  Yes  No

Are all tanning units disinfected after each use?  Yes  No

Do signs prohibit use of tanning units during pregnancy or if on medication?  Yes  No

Are customers advised to remove contact lenses?  Yes  No

Are waivers signed by each customer?  Yes  No

If customer is under the legal age, is the parent required to also sign waiver?  Yes  No

Tennis/Racquetball/Handball/Squash Courts: Number of courts:

Toning Beds: Number:

Trampolines

Advise number, height and diameter:

**9. Other exposures (continued):** (Check all that apply.)

Describe all off-site activities sponsored:

None of the above

**10. Indicate any of the following the applicant provides:**

Blood analysis

Body wraps

Medical stress testing

Products manufactured by applicant (including, but not limited to, food and beverage supplements and vitamins)

Products sold under applicants’ name

Protein diet plans

Weight loss or diet clinics

None of the above

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| If yes to any of the above, please describe: |

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

Is inspection documentation maintained?  Yes  No

If yes, how long?

Has any equipment been built by the applicant?  Yes  No

If yes, attach description.

**12. Premises:**

Hours of operation from       to       .

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

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| If no, advise monitoring and security requirements when staff is not present: |

Is access to any operations limited or restricted (i.e., pool, sauna, tanning units, etc.)?  Yes  No

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| If yes, explain in detail: |

Is parking lot well lit?  Yes  No

Armed Security Guard on premises?  Yes  No

Unarmed Security Guard on premises?  Yes  No

**13. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?**  Yes  No

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| If yes, describe: |

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

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| If yes, explain and advise where insured: |

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** 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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA 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.

APPLICANT’S NAME AND TITLE:

APPLICANT’S SIGNATURE: Date:

(Must be signed by an active owner, partner or executive officer)

PRODUCER’S SIGNATURE: Date: