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

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.)

- |   |   |                                       |   |
|---|---|---------------------------------------|---|
| <input type="checkbox"/> Aerobics                   | <input type="checkbox"/> Massage Parlor     | <input type="checkbox"/> Pilates      | <input type="checkbox"/> Swimming Instruction |
| <input type="checkbox"/> Anti-Gravity/Aero Yoga     | <input type="checkbox"/> Masseur            | <input type="checkbox"/> Racquet Club | <input type="checkbox"/> Tai Chi              |
| <input type="checkbox"/> Cheerleading Camps/Clinics | <input type="checkbox"/> Personal Trainer   | <input type="checkbox"/> Spa          | <input type="checkbox"/> Weight Lifting Gym   |
| <input type="checkbox"/> Cheerleading Instruction   | <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Swim Club    | <input type="checkbox"/> Yoga                 |
| <input type="checkbox"/> Dance Instruction          | <input type="checkbox"/> Other: _____       |                                       |   |
| <input type="checkbox"/> Exercise Equipment         |   |                                       |   |
| <input type="checkbox"/> 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:**

	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

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  
 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  
 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  
 If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_

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