Exercise and Health Studio and Personal Trainer Supplemental Application

(Complete in addition to ACORD General Liability Application)

Name of Applicant: _____

Web site Address: _____

Location Address: _____

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

☐ Aerobics	☐ Massage Parlor	☐ Pilates	☐ Swimming Instruction
☐ Cheerleading Instruction	☐ Masseuse	☐ Racquet Club	☐ Tai Chi
☐ Dance Instruction	☐ Personal Trainer	☐ Spa	☐ Weight Lifting Gym
☐ Exercise Equipment	☐ Physical Therapist	☐ Swim Club	☐ Yoga
☐ Gymnastics Instruction	☐ Other: _____		

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

3. **Sexual and/or Physical Abuse Coverage limits:**
   - ☐ $25,000 Per Claim/$50,000 Aggregate
   - ☐ $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		
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:**

Do independent contractors provide certificates of insurance? ..... ☐ Yes ☐ No

Is applicant included as an additional insured on independent contractors' policy? ..... ☐ Yes ☐ No

Limits the independent contractors are required to carry: _____

7. **Is all equipment inspected regularly?** ☐ Yes ☐ No
   Is inspection documentation maintained? ☐ Yes ☐ No
   If so, how long? _____
   Has any equipment been built by the applicant? ☐ Yes ☐ No
   If yes, attach description.

8. **Members' ages range from** _____ to _____

9. **Does membership agreement include a Hold Harmless clause (Liability Waiver) in favor of the applicant?** ☐ Yes ☐ No
   If yes, attach a copy.

10. **Other exposures:** (Check all that apply.)
   - ☐ Climbing, Tread, or Boulder walls (Please complete Climbing Wall Questionnaire, GLS-APP-47s.)
   - ☐ Day Care
   - ☐ Electrode Machines
     Advise details: _____
   - ☐ Hydro-Massage Beds: Number: _____
   - ☐ Internet or electronic media communication for exercise or health instruction or consulting
   - ☐ Liquor sales: Receipts: $_____
   - ☐ 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: _____
   - ☐ Describe all off-site activities sponsored: _____
   - ☐ None of the above

11. Indicate any of the following that you provide to your customers:

- ☐ Blood analysis ..... ☐ Yes ☐ No
- ☐ Body wraps ..... ☐ Yes ☐ No
- ☐ Medical stress testing ..... ☐ Yes ☐ No
- ☐ Products manufactured by applicant (including but not limited to food & beverage supplements and vitamins) ..... ☐ Yes ☐ No
- ☐ Products sold under applicants' name ..... ☐ Yes ☐ No
- ☐ Protein diet plans ..... ☐ Yes ☐ No
- ☐ Weight loss or diet clinics ..... ☐ Yes ☐ No
- ☐ None of the above

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

_____

_____

_____

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 Nebraska, Oregon and Vermont.**

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a fel-ony in the third degree.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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.

NOTICE TO NEW YORK APPLICANTS (Other than automobile): 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.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK (Automobile): 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 for the purpose of misleading, information concerning any fact material thereto, and any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each 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: _____