



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:** Aerobics Exercise Equipment Massage Parlor Physical Therapist
 Cheerleading Instruction Free-weight Lifting Masseur Spa
 Dance Instruction Gymnastics Instruction Personal Trainer Swim Club

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

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

4. **For Independent Contractors:**
 Do independent contractors provide you with certificates of insurance?..... Yes No
 Are you included as an additional insured on independent contractors' policy? Yes No
 Limits that you require the independent contractors to carry: _____

5. **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.

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

7. **Does membership agreement include a Hold Harmless clause (Liability Waiver)?**..... Yes No
 If yes, attach a copy.

8. Other operations: (Indicate all that are applicable.)

- Climbing, Tread, or Boulder walls (please complete Climbing Wall Questionnaire, GLSAPP-47s)
- Day Care
- Electrode Machines

Advise details: _____

- Electronic Communication for Exercise or Health Instruction or Consulting
- Hydro-Massage Beds Number: _____
- Retail Sales
- Snack Bar
- 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

- 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

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: _____

- Toning Beds Number: _____

- Trampolines

Advise number and diameter: _____

- Shower/sauna/steam or Jacuzzi facilities

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

- Describe off-site activities you sponsor: _____

- None of the above

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

Blood analysis Yes No

Body wraps..... 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

Stress testing Yes No

Weight loss or diet clinics Yes No

- None of the above

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

10. 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 beds, 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

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

If yes, explain and advise where insured: _____

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.

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 felony in the third degree.

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.

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: _____