



HEALTH CLUB SUPPLEMENT
(Include Acord Application)

Applicant's Name: _____ Location Address: _____

Mailing Address: _____

Phone: _____

Fax: _____

- 1) Number of years at this location: _____
- 2) Number of years of health club mgmt experience? _____ Number of years under current mgmt? _____
- 3) Number of Members: _____ Minimum age: _____ Maximum age: _____
- 4) Previous Liability Carrier: _____ Year: _____ Policy #: _____ Premium: _____
- 5) Previous Property Carrier: _____ Year: _____ Policy #: _____ Premium: _____

Note: Gross receipts should not include receipts for use of Athletic Courts (handball, racquetball or tennis), Batting Cages, Daycare/Nurseries or Snack Bars

- 6) Gross receipts as respects membership sales: _____ Initiation Fees: _____ Pro Shop: _____
All other (please explain) _____

7) Total Gross Receipts _____

8) Total area you sublease to others: _____ sq ft. Describe occupancy: _____

- 9) Does owner(s) lease, operate or participate in the operations of any other health club(s)? Yes No
If yes, do you desire coverage for other facilities? Yes No Or is coverage provided elsewhere? Yes No
If coverage is provided elsewhere, we will require Certificate of Insurance.

- 10) Does owner or insured lease, operate or a subsidiary of any business other than a health club(s)? Yes No
If yes, are they to be insured under this policy? Yes No
If yes, supply all details. If not, provide a Certificate of Insurance on all other operations: _____

- 11) Has any company ever canceled your insurance coverage? (not applicable in Missouri) Yes No
If yes, provide reason: _____

12) Are release forms signed? (if yes, attach copy of the form) Yes No

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

14) Are female customers advised not to use exercise equipment if pregnant? Yes No

15) Are customers asked if they are under a doctor's care? Yes No

16) Are customers asked if they have had any recent operations? Yes No
If question 14,15, &16 are yes, is a doctor's written approval obtained before permitting use? Yes No

17) Are lockers provided for patrons? Yes No

20) Are signs posted regarding the responsibility for patron belongings? Yes No

21) Are general health questionnaire completed or health examination required on all new members? Yes No

22) Explain the first aid and emergency procedures: _____

23) Details of method used for reporting complaints: _____

PREMISES EXPOSURE

24) If answer on any of the below, specify number of exposures. (number of courts, pools, aerobics classes etc.)

<u>Type</u>	<u>Number</u>	<u>If yes, explain</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Aerobics	_____		<input type="checkbox"/>	<input type="checkbox"/>
Handball Courts	_____		<input type="checkbox"/>	<input type="checkbox"/>
Ice Skating	_____		<input type="checkbox"/>	<input type="checkbox"/>
Roller Skating	_____		<input type="checkbox"/>	<input type="checkbox"/>
Facial Tanning Machine	_____		<input type="checkbox"/>	<input type="checkbox"/>
Racquetball Courts	_____		<input type="checkbox"/>	<input type="checkbox"/>
Tennis Courts	_____		<input type="checkbox"/>	<input type="checkbox"/>
Sun-tanning Units	_____		<input type="checkbox"/>	<input type="checkbox"/>
Batting Cages	_____		<input type="checkbox"/>	<input type="checkbox"/>
Provide Physicals	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Staff Medical Prof.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Physical Therapist	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Is club connected with hospital or independent doctor?	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Blood Analysis	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Stress Testing	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Martial Arts	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Trampolines	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Diet Centers	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Gymnastic Classes	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Sports Medicine	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Liquid Protein	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Vitamin Injections	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Physical Contact Sports	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Swimming Pool(s)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
If yes, to pool(s) is there a lifeguard on duty in pool area at all times?			<input type="checkbox"/>	<input type="checkbox"/>
Is there life safety ring and Shepard's hook present?		_____	<input type="checkbox"/>	<input type="checkbox"/>
Diving Board? <input type="checkbox"/> Yes <input type="checkbox"/> No	Height: _____	Are pool rules posted?	<input type="checkbox"/>	<input type="checkbox"/>
Are depths clearly marked?			<input type="checkbox"/>	<input type="checkbox"/>

EQUIPMENT

- 22) Number and brand of machines: _____

- 23) Number of free weights and brand: _____
- 24) Are spotters available? Yes No
- 25) Is equipment inspected? Yes No How often? _____ Inspection performed by: _____
Records kept? Yes No
- 26) Who maintains and repairs equipment? _____

SUNTANNING EQUIPMENT

- 27) Number of units _____ Manufacturer: _____
- 28) What type of bulbs are used? UVA UVB maximum % of UVB bulbs unit: _____
Manufacturer: _____
- Is it coin operated Yes No Is there an attendant on duty? Yes No
Is eye Protection mandatory? Yes No Is a suntan: Booth
Bed Is timer uses? Yes No Include where timer control is located: _____

EMPLOYEES

- 29) Number of employees? _____ Full time: _____ Part Time: _____
- 30) Is there formal training or educational requirements for the employees? Yes No
If yes, please provide details: _____
- 31) Is staff required to have any CPR and /or First Aid Training? Yes No
If not, is training provided by employer? Yes No
- 32) If club includes aerobics, are instructors and/or head instructor certified? Yes No

NURSERY

- 33) Number of exits _____
- 34) Maximum number of children at any one time: _____ Age Group: _____
- 35) Number of attendants: _____ Age(s) of attendants: _____ Number of attendants per child at any one time: _____
- 36) Are the attendants trained in child care? If yes, by whom: _____ Yes No
- 37) Are children allowed to stay if parents leave the center? Yes No
- 38) Do you provide any type of exercise equipment or aerobics to children while in Nursery? Yes No
If yes, explain:

- 39) Describe method used for signing children in and out of the nursery: _____

PRO SHOP

40) Receipts? _____ Are any products sold under your own label? Yes No

41) What products are sold: _____

List Products: _____

BUILDING INFORMATION

42) Total area of building: _____ sq ft. Area of Club: _____ sq ft Age of Building: _____

43) Date of last update for: Wiring: _____ Roof: _____ Plumbing: _____ Heating: _____

44) Type of building maintenance and frequency: _____

45) Distance from fire hydrant: _____ ft. Distance from fire station: _____

46) Type of neighborhood: Residential Commercial

47) Construction: Frame Metal clad Masonry Fire Resistive Number of Stories: _____

48) Sprinkler System Yes No Central Station Burglar Alarm Yes No W/Interior motion sensors Yes No

49) Number of fire extinguishers on premises: ____ Fire extinguishers inspected within the pass year? Yes No

50) Number of exits: _____

51) Are all exits equipped with panic door hardware and/or kept unlocked during business hours? Yes No

52) Is there any cooking on premises? Yes No
If yes, explain;

Is there an Ansul System? Yes No If yes, type: Wet Chemical UL Dry Chemical
If there is an Ansul System, is there a cleaning contract for the system and filters? Yes No

53) Describe all adjacent exposures and distance away from your premises (i.e., restaurant, bakery, etc.)
To the right: _____ To the left: _____ Rear: _____

54) Is any equipment leased? Yes No Type: _____
Is loss payee required on your equipment or mortgagee on building coverage? (include full name, address, type of equipment and value)

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits and application for files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicant: _____ Producer: _____

Signature: _____ Date _____ Signature: _____ Date _____