



P.O. Box 5441 Richmond, VA 23220  
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**EXERCISE & HEALTH STUDIO SUPPLEMENT**  
 (Include Acord application)

Applicant's Name: \_\_\_\_\_ Location Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_

- Operation:**     Exercise Equipment     Free-weight Lifting     Aerobics     Dance Studio     Personal Trainer  
                    Physical Therapist     Masseuse     Spa     Massage Parlor     Gymnastics School

Annual gross receipts from all operations: \$ \_\_\_\_\_

- Is all equipment inspected regularly?                                     Yes  No  
 Is inspection documentation maintained?                                 Yes  No      If yes, how long? \_\_\_\_\_  
 Do you use equipment that you have built?                                Yes  No      If yes, attach a description.  
 Does membership agreement include a Hold Harmless clause (Liability Waiver)?     Yes  No      If yes, attach a copy.  
 Members age range from \_\_\_\_\_ to \_\_\_\_\_.

**Other operations:**

- Day Care                             Pro Shop                             Snack Bar                             Climbing Wall                            If yes, how high? \_\_\_\_\_  
 Swimming Pool                      Number of diving boards \_\_\_\_\_                            Height \_\_\_\_\_ ft.  
     Rules posted?                             Yes  No                            Life saving equipment?                             Yes  No  
 Toning beds                            Number \_\_\_\_\_  
 Tanning beds                            Number \_\_\_\_\_                            Are 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 US?     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 Courts/Handball/Squash Courts/Basketball Courts                            Number \_\_\_\_\_  
 Describe off-site activities you sponsor: \_\_\_\_\_

**Please indicate any of the following that you provide to your customers:**

- Protein Diet Plans                             Body wraps – other than organic                             Blood Analysis                             Stress Testing  
 Weight loss or diet clinics                             Products manufactured by or sold under club's name                             Health Supplements

**Premises exposures:**

- Hours of operation from \_\_\_\_\_ to \_\_\_\_\_  
 Is parking lot well lit?                             Yes  No                            Security Guard on premises?                             Yes  No  
 Any trampolines?                             Yes  No                            Any electrode machines?                             Yes  No  
 Shower/sanua/steam Jacuzzi facilities?                             Yes  No                            Do the floors for these areas have non-skid surfaces?                             Yes  No

Number of Employees	Employed	Leased	Independent	Number of Employees	Employed	Leased	Independent
Certified aerobic instructors				Personal trainers			
Uncertified aerobic instructors				Masseuses			
Total number of employees				Other: ( <i>describe</i> )			
Number of employees trained in CPR							

- If any independent contractors, are they licensed and insured?                             Yes  No  
 Do they provide certificates of insurance?                             Yes  No

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature \_\_\_\_\_ Producer's Signature \_\_\_\_\_ Date \_\_\_\_\_