

Agency Name:
Address:
Contact Name:
Phone:
Email:

Health/Exercise Club or Facilities Supplemental Application

TO BE USED WITH FULLY COMPLETED APPLICABLE ACORD APPLICATION OR EQUIVALENT

All questions must be answered in full. If necessary, attach a separate sheet of paper with complete details

All Applications must be signed and dated by the applicant

Applicant's Name: _____ Agent: _____

Applicant Mailing Address: _____ Applicant's Phone Number: _____

Applicant's Web Address: _____

Inspection Contact: _____

Proposed Policy Period: _____ to _____ Contact Phone Number: _____

Applicant is:

Individual (Include Date of Birth): _____

Partnership (Include Dates of Birth): _____

Corporation Joint Venture

Other _____

OPERATIONS (check all applicable items)

- | | | | | |
|---|--|--------------------------------------|--|--|
| <input type="checkbox"/> Aerobics | <input type="checkbox"/> Aerial | <input type="checkbox"/> Traditional | <input type="checkbox"/> Hyperbaric or Pressure Chambers | <input type="checkbox"/> Pole/Exotic Dancing Classes |
| <input type="checkbox"/> Barber / Beauty Services | | | <input type="checkbox"/> *Jacuzzi | <input type="checkbox"/> Pro Shop |
| <input type="checkbox"/> Basketball Courts | | | <input type="checkbox"/> Jogging Tracks | <input type="checkbox"/> * Sauna |
| <input type="checkbox"/> Body Toning | | | <input type="checkbox"/> * Karate | <input type="checkbox"/> Shower Rooms |
| <input type="checkbox"/> Body Wraps | | | <input type="checkbox"/> Kick Boxing | <input type="checkbox"/> Sports Medicine |
| <input type="checkbox"/> Boxing | <input type="checkbox"/> Cardio/Shadow | <input type="checkbox"/> Sparring | <input type="checkbox"/> Cardio/Shadow | <input type="checkbox"/> Sparring |
| <input type="checkbox"/> Climbing Walls | | | <input type="checkbox"/> Locker Rooms | <input type="checkbox"/> Steam Rooms |
| <input type="checkbox"/> Cryotherapy Chambers or Tanks | | | <input type="checkbox"/> * Martial Arts | <input type="checkbox"/> * Sun Tanning Units |
| <input type="checkbox"/> Dance Instruction | | | <input type="checkbox"/> Masseur | <input type="checkbox"/> * Swimming Pools |
| <input type="checkbox"/> Diet or Weight Loss Counseling | | | <input type="checkbox"/> Ninja Style Obstacle Equipment | <input type="checkbox"/> Tennis Courts |
| <input type="checkbox"/> * Flotation Tanks | | | <input type="checkbox"/> * Nursery | <input type="checkbox"/> Track <input type="checkbox"/> Running <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Game Room | | | <input type="checkbox"/> Ozone Therapy Chambers | <input type="checkbox"/> Trampolines |
| <input type="checkbox"/> Gymnastics | | | <input type="checkbox"/> Ozone/Sauna Therapy Chambers | <input type="checkbox"/> Tumbling |
| <input type="checkbox"/> Handball / Racquetball Courts | | | <input type="checkbox"/> Parkour / Free running Style | <input type="checkbox"/> * Whirlpool |
| <input type="checkbox"/> Health Seminars | | | <input type="checkbox"/> Physical Therapists | <input type="checkbox"/> Wrestling or Grappling |
| | | | | <input type="checkbox"/> Yoga <input type="checkbox"/> Aerial <input type="checkbox"/> Traditional |

Describe all other exposures or services not listed: _____

*Additional information required for starred items

UNDERWRITING INFORMATION

1. Number of members at this location: _____ Hours of Operation: _____
2. Estimated Gross Sales: _____
3. Does the applicant own the building? Yes No
4. Are all instructors' employees of the applicant? Yes No
5. Are employees trained in CPR, First aid, etc.? Yes No
6. Are incident reports compiled daily for all injuries? Yes No
7. Are all members and their guests required to sign a release forms (if yes, attach a copy)? Yes No
8. Are minors permitted on premises without a parent or guardian present? Yes No
9. If customer is under 18 years of age, is parent or guardians signature required on the release form? Yes No
10. Does the applicant require/provide safety equipment on hand or racquetball courts? Yes No N/A
11. Are employees onsite at all times during operating hours? Yes No
If no, list unsupervised hours: _____
12. If the facility is open 24 hours complete the following or N/A
- Do customers have a key FOB/card swipe at entry/exit that logs customer name and time
When no employees are present? Yes No
- Do customers have access to any of the following emergency notification systems? Yes No
Check all that apply: System to contact 911 Emergency monitored call buttons Wearable panic alarms
- Are minors permitted during unsupervised hours? Yes No
- Do customers have access to any of the following when no employees are present?
- Sauna or Steam Rooms: N/A Yes No
- Swimming Facilities, including Hot Tubs: N/A Yes No
- Tanning Beds: N/A Yes No
- Is there real-time surveillance or monitoring? Yes No
- Is the parking lot well lit: Yes No
- Are signs posted throughout the facility for:
- Proper use of equipment: Yes No
- Who to contact in the event of an emergency: Yes No

PRODUCTS SOLD OR DISTRIBUTED

1. Does the applicant operate a restaurant, concession or refreshment stand? Yes No
If yes, describe: _____
Estimated Gross Sales: _____
2. Does the applicant operate a retail store? Yes No
If yes, describe all products sold. _____
Estimated Gross Sales: _____
3. Are supplements, nutraceuticals or pharmaceuticals sold in the insureds name? Yes No
If yes, describe. _____
Estimated Gross Sales: _____
4. Is merchandise sold with insureds logo/name? Yes No
If yes, describe. _____
Estimated Gross Sales: _____
5. Is alcohol consumption permitted on premises? Yes No
If yes, describe under what conditions:

Estimated Gross Sales: _____

FLOTATION TANKS (Complete the following or N/A)

Number of units: _____

Are the units commercially constructed by a qualified manufacturer: _____ Yes No

Are the units under a scheduled maintenance agreement? _____ Yes No

If No, provide details how water quality is maintained:

Do any tanks contain a solution other than magnesium sulfate and water? _____ Yes No

Maximum water temperature: _____ degrees

Non-slip surfaces are located in each room, locker area, and shower: _____ Yes No

Rules and instructions are posted in each room: _____ Yes No

Units are equipped with emergency safety equipment (check all that apply) _____ Yes No

- Emergency panic button
- Internal release
- Two-way speakers

Each customer is:

Provided proper training and warnings regarding eye and ear protection: _____ Yes No

Provided protective devices: _____ Yes No

Screened for medical problems (e.g., skin wounds, heart or medical conditions): _____ Yes No

Not permitted to control the session timer: _____ Yes No

Not permitted to control the water temperature: _____ Yes No

MARTIAL ARTS (Complete the following or N/A)

Check all applicable disciplines:

- Brazilian Jiu-Jitsu
- Kung Fu
- Ninjutsu
- Vale Tudo
- Karate
- MCMAP (Marine Corps Martial Arts Program)
- Sambo
- Other (describe below)
- Krav maga
- Muay Thai (Thai Boxing)
- Taekwondo

Describe any other discipline not listed above: _____

What is the age range of participants? _____ Are students divided by age and skill level? _____ Yes No

What type of contact permitted? _____

Does the applicant allow the use of weapons? _____ Yes No

Describe the use of appropriate padding or protective gear: _____

NURSERY (Complete the following or N/A)

1. Maximum number of children at any one time: _____ Ages: _____

2. Number of attendants: _____ Ages: _____

3. Are attendants trained in childcare? _____ Yes No

4. Are children allowed to stay if parents leave the premises? _____ Yes No

5. Are there sign in and out procedures identifying the parents of each child? _____ Yes No

6. Describe procedures for parents' notification if there is an issue in the nursery:

7. Describe procedures for supervision of the children: _____

8. List all play equipment: _____

9. Is the children's' play area separated from the exercise area? _____ Yes No

SPECIAL ACTIVITIES OR EXPOSURES (If yes provide complete details)

1. Are any exercise sessions or activities conducted outdoors? _____ Yes No

2. Does the applicant sponsor any sports teams or events? _____ Yes No

3. Does the applicant sponsor any athletes? _____ Yes No

SPECIAL Events (Complete the following or N/A)

Number of on-premises tournaments or events held annually: or N/A
Are there competitions between other gyms or facilities? Yes No
Describe the type of activity or event:
Number of events are held annually:
Average number of spectators:
Are all participants required to sign an event waiver? Yes No
Are events for club members only? Yes No
Are non-members allowed to participate in the events? Yes No
Are non-members allowed to utilize club facilities during event? Yes No
Do any outside organization use your premises for their events? Yes No
Do they have their own insurance? Yes No
Are you named as an Additional Insured on their policy? Yes No

SUN TANNING UNITS (Complete the following or N/A)

Indicate the type and total number of units:
 UV Tanning – booth/bed Accelerator bulbs High-pressure bulbs Quartz bulbs
 Facial Units Infrared light therapy Red Light Therapy Spray or self-tanning applications
Are Medical records obtained and maintained on file for all patrons? Yes No
Are employees trained to follow manufacturers recommendations in the use of the units? Yes No
Are employees the only ones who set the timers on all units? Yes No
Are Units cleaned after each use? Yes No
Are patrons:
Permitted to control the timing device on tanning beds or booths? Yes No
Permitted to use the units more than once per day? Yes No
Provided and required to sign a waiver/disclaimer regarding the effects of tanning? Yes No
Required to wear protective eye-wear for the duration of the tanning session? Yes No
Under 18 years of age permitted to use the facilities without permission of a parent or guardian? Yes No
Who are pregnant permitted to use tanning beds or booths? Yes No

SWIMMING EXPOSURE (Complete the following or N/A)

Indoor Pool – Max Depth _____ Outdoor Pool – Max Depth _____ Lap Pool – Max Depth _____
Rules Posted: Yes No Non-slip surface in pool area: Yes No
Lifeguards: Yes No Non-slip surface in locker, shower and sauna areas: Yes No
Lifesaving Equipment: Yes No Saunas have emergency shutoff: Yes No
Diving Boards: Yes No Whirlpool emergency shutoff in same area: Yes No
Number of meters in height _____ Warnings posted regarding use (i.e., pregnancy, alcohol, etc):... Yes No
Is the application in compliance with all fencing, barrier or enclosure laws, federal, state, municipal or local statutes or regulations? Yes No
Are all pools and spas in compliance with the Virginia Graeme Baker Pool and Spa Safety Act? Yes No

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT – FOR THE STATE(S) OF:

Alabama, Arkansas, Louisiana, Maryland, Rhode Island, Texas, West Virginia:

NOTICE: Any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution*,) fines and confinement in prison (For Alabama add: *or any combination thereof*).

Alaska

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Connecticut, Georgia, Hawaii, Illinois, Missouri, Montana, North Carolina, North Dakota, South Carolina, South Dakota, Wisconsin:

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.

Delaware, Idaho:

Any person who knowingly, and with intent to (For Delaware add: *injure*) defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

District of Columbia

WARNING: 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.

Florida

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 of the third degree.

Indiana

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kansas

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Kentucky

Application Forms: 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 commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia, 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 may include imprisonment, fines, or a denial of insurance benefits.

Massachusetts, Nebraska, Vermont:

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Minnesota

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

New Hampshire

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. § 638:20.

New Jersey

Application Forms: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico

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 civil fines and criminal penalties.

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.

Ohio

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

Oklahoma

WARNING: 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.

Oregon

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that the misinformation is material to the content of the policy, we relied upon the misinformation and the information was either material to the risk assumed by us or provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

Pennsylvania

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.

Producer's Signature

Date

Applicant's Signature

Date