

Exercise and Health Studio and Personal Trainer Supplemental Application

(Complete in addition to the ACORD Application)

Applicant's Name: Location Address:			Agency Name: Agent: Phone No.:		
PR	OPOSED EFFECTIVE DATE: Fro	om To _	12:01 A.M., Sta	ndard Time at the a	ddress of the Applicant
		ALL QUESTIONS—IF THEY DO NO	OT APPLY, INDICATE "NOT AF	PLICABLE" (N/A)	
1.	Description of operations: (Aerobics Cheerleading Instruction Dance Instruction Exercise Equipment Gymnastics Instruction	☐ Massage Parlor ☐ Masseuse ☐ Personal Trainer ☐ Physical Therapis	= :	ub	ight Lifting Gym
2.		en in business?			
3.	Sexual and/or Physical Abus \$25,000 Per Claim/\$50,0 \$50,000 Per Claim/\$100, \$100,000 Per Claim/\$300	000 Aggregate ,000 Aggregate			
4.	Annual gross receipts from	all operations: \$			
5.	Number of Employees/Cont			Employed or Leased	Independent Contractors
	Certified aerobic instructors		_		
	Uncertified aerobic instructor Masseuses Personal trainers)rs	<u>-</u>		
	Physical therapists				
	Swim instructors		-		-
	Other (describe):				
	Total number of employees/	/contractors	_		
	Number of employees/contr	ractors trained in CPR	_		
6.	Is applicant included as an a	rs: required from all independent of ditional insured on independer tractors are required to carry:	nt contractors' policy?		Yes No

7.	Members' ages range fromtoto	
8.	Does membership agreement include a Hold Harmless clause (Liability Waiver) in favor of the applicant? If yes, attach a copy.	Yes No
9.	Other exposures: (Check all that apply.)	
	Climbing, Tread, or Boulder walls (Please complete Climbing Wall Questionnaire)	
	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: \$	
	Parkour exercise	
	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?	
	Rules posted and life-safety equipment available at poolside?	
	CPR-trained individual on duty at all times?	Yes No
	aeme Yes No	
	Tanning Beds, Booths and Spray-on Booths: Number:	_
	Goggles provided?	
	Are all timers operated by an attendant?	
	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	
10.	Indicate any of the following the applicant provides:	
	☐ Blood analysis	
	☐ Body wraps	
	☐ Medical stress testing	
	Products manufactured by applicant (including but not limited to food & beverage supplements and vit	amins)
	Products sold under applicants' name	

	Protein diet plans						
	Weight loss or diet clinics						
	None of the above						
	If yes to any of the above, please describe:						
	Is all equipment inspected regularly? Yes N						
	Is inspection documentation maintained?						
	If yes, how long?						
	Has any equipment been built by the applicant?						
	If yes, attach description.						
	Premises:						
	Hours of operation fromtoto						
	Are staff members always present when clients are on the premises?						
	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.)?						
	If yes, explain in detail:						
	Is parking lot well lit?						
	Armed Security Guard on premises?						
	Unarmed Security Guard on premises? Yes N						
•	Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?						
	If yes, describe:						
•	Does applicant have other business ventures for which coverage is not requested?						
	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 to Oregon**).

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

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 in-surer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of 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 or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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, 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.

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 VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

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.

NEW YORK OTHER THAN AUTOMOBILE 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 shall also be subject to 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:	(Must be signed by an active owner, partner or executive officer)	DATE:
PRODUCER'S SIGNATURE:		DATE: