



\*Please visit [www.allrisks.com/submit-a-risk](http://www.allrisks.com/submit-a-risk) or contact your current All Risks, Ltd. producer to submit applications.

**Exercise and Health Studio and Personal Trainer Supplemental Application**  
(Complete in addition to the ACORD Application)

Applicant's Name: \_\_\_\_\_ Agency Name: \_\_\_\_\_  
\_\_\_\_\_ Agent: \_\_\_\_\_  
Location Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
\_\_\_\_\_

**PROPOSED EFFECTIVE DATE: From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

**1. Description of operations: (Check all that apply.)**

- |   |   |                                       |   |
|---|---|---------------------------------------|---|
| <input type="checkbox"/> Aerobics                 | <input type="checkbox"/> Massage Parlor     | <input type="checkbox"/> Pilates      | <input type="checkbox"/> Swimming Instruction |
| <input type="checkbox"/> Cheerleading Instruction | <input type="checkbox"/> Masseuse           | <input type="checkbox"/> Racquet Club | <input type="checkbox"/> Tai Chi              |
| <input type="checkbox"/> Dance Instruction        | <input type="checkbox"/> Personal Trainer   | <input type="checkbox"/> Spa          | <input type="checkbox"/> Weight Lifting Gym   |
| <input type="checkbox"/> Exercise Equipment       | <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Swim Club    | <input type="checkbox"/> Yoga                 |
| <input type="checkbox"/> Gymnastics Instruction   | <input type="checkbox"/> Other: _____       |                                       |   |

**2. How long has applicant been in business?** \_\_\_\_\_

**3. Sexual and/or Physical Abuse Coverage limits:**

- \$25,000 Per Claim/\$50,000 Aggregate
- \$50,000 Per Claim/\$100,000 Aggregate
- \$100,000 Per Claim/\$300,000 Aggregate

**4. Annual gross receipts from all operations:** \$ \_\_\_\_\_

**5. Number of Employees/Contractors:**

	<b>Employed or Leased</b>	<b>Independent Contractors</b>
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Certified aerobic instructors	_____	_____
Uncertified aerobic instructors	_____	_____
Masseuses	_____	_____
Personal trainers	_____	_____
Physical therapists	_____	_____
Swim instructors	_____	_____
Other (describe): _____	_____	_____
Total number of employees/contractors	_____	_____
Number of employees/contractors trained in CPR	_____	_____

**6. For Independent Contractors:**

Are certificates of insurance required from all independent contractors? .....  Yes  No  
Is applicant included as an additional insured on independent contractors' policy?.....  Yes  No  
Limits the independent contractors are required to carry: \_\_\_\_\_



- Protein diet plans
- Weight loss or diet clinics
- None of the above

If yes to any of the above, please describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 11. Is all equipment inspected regularly?** .....  Yes  No  
 Is inspection documentation maintained? .....  Yes  No  
 If yes, how long? \_\_\_\_\_  
 Has any equipment been built by the applicant? .....  Yes  No  
 If yes, attach description.

- 12. 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 units, 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

- 13. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?** .....  Yes  No  
 If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_

- 14. Does applicant have other business ventures for which coverage is not requested?** .....  Yes  No  
 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_