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*: (describe)*			
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