



Exercise and Health Studio Supplemental Application
(Complete in addition to ACORD General Liability Application)

Name of Applicant: _____

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

2. **Annual gross receipts from all operations:** \$ _____

3. **Is all equipment inspected regularly?** Yes No
 Is inspection documentation maintained? Yes No
 If so, how long? _____
 Do you use equipment you have built? Yes No
 If yes, attach description.

4. **Members' ages range from** _____ **to** _____

5. **Does membership agreement include a Hold Harmless clause (Liability Waiver)?** Yes No
 If yes, attach a copy.

6. **Other operations:**

- Day Care
- Climbing Wall (please complete Climbing Wall Questionnaire, GLS-APP-47s)
- Swimming Pool
 Number of diving boards: _____ Height: _____ ft.
 Rules posted? Yes No
- Toning Beds Number: _____
- Tanning Beds Number: _____
 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 United States? 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/Handball/Squash Courts Number: _____
- Pro Shop
- Snack Bar
- Describe off-site activities you sponsor: _____

7. 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

8. Premises exposures:

Hours of operation from _____ to _____

- Is parking lot well lit? Yes No
 Security Guard on premises?..... Yes No
 Shower/sauna/steam or Jacuzzi facilities? Yes No
 Do the floors for these areas have non-skid surfaces? Yes No
 Any trampolines? Yes No
 Any electrode machines? Yes No

9.	Number of Employees	Employed	Leased	Independent
	Certified aerobic instructors			
	Uncertified aerobic instructors			
	Personal trainers			
	Masseuses			
	Other (describe)			
	Total number of employees			
	Number of employees trained in CPR			

- Do independents provide you with certificates of insurance? Yes No
 Are you included as an additional insured? Yes No

APPLICABLE IN THE STATE OF 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.

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.

PRODUCER'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only.)