

## EXERCISE / HEALTH CLUB APPLICATION

Applicant's Name: \_\_\_\_\_ Agent: \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_ Inspection Contact: \_\_\_\_\_

Phone Number for Inspection contact: \_\_\_\_\_

Web Address \_\_\_\_\_

Proposed Policy Period: \_\_\_\_\_ to: \_\_\_\_\_

Insured is  Individual  Partnership  Corporation  Joint Venture  Other

**OPERATIONS** (Check all applicable items)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Aerobics                      | <input type="checkbox"/> Jacuzzi             | <input type="checkbox"/> Shower Rooms           |
| <input type="checkbox"/> Barber / Beauty Shop          | <input type="checkbox"/> Jogging Tracks      | <input type="checkbox"/> Sports Medicine        |
| <input type="checkbox"/> Basketball Courts             | <input type="checkbox"/> Judo                | <input type="checkbox"/> Steam Rooms            |
| <input type="checkbox"/> Bicycle Tracks                | <input type="checkbox"/> Karate              | <input type="checkbox"/> * Sun Tanning Units    |
| <input type="checkbox"/> Body Toning                   | <input type="checkbox"/> Locker Rooms        | <input type="checkbox"/> * Swimming Pools)      |
| <input type="checkbox"/> Dance Instruction             | <input type="checkbox"/> Masseuse            | <input type="checkbox"/> Tennis Courts          |
| <input type="checkbox"/> Diet Counseling               | <input type="checkbox"/> * Nursery           | <input type="checkbox"/> Trampolines            |
| <input type="checkbox"/> Game Room                     | <input type="checkbox"/> Physical Therapists | <input type="checkbox"/> Tumbling               |
| <input type="checkbox"/> Gymnastics                    | <input type="checkbox"/> Pro Shop            | <input type="checkbox"/> * Whirlpool            |
| <input type="checkbox"/> Handball / Racquetball Courts | <input type="checkbox"/> * Sauna             | <input type="checkbox"/> Other (describe below) |

\* (complete section on reverse if item is checked)

Describe all other operations not listed above \_\_\_\_\_

**UNDERWRITING INFORMATION**

1. Number of years in business? \_\_\_\_\_ If new describe prior experience \_\_\_\_\_
1. Number of members at this location \_\_\_\_\_ Hours of Operation \_\_\_\_\_
2. Does applicant own the building? .....  Yes  No
3. Are all instructors employees of the applicant? .....  Yes  No
4. Are employees trained in CPR, First aid, etc.? .....  Yes  No
5. Are eye guards required on racquetball courts? .....  Yes  No
6. Are incident reports compiled daily for all injuries? .....  Yes  No
7. Signed release forms required? (Attach a copy) .....  Yes  No
8. If customer is under 16 years of age, is parent's signature required on the release form? .....  Yes  No
9. Any cooking on premises? If yes, describe. ....  Yes  No

10. Any food or beverages sold on premises? If yes, describe.  Yes  No

\_\_\_\_\_

11. Is alcohol served?  Yes  No

**SWIMMING EXPOSURE** (Complete when applicable)

Indoor Pool      Maximum Depth \_\_\_\_\_       Lap Pool       Maximum Depth \_\_\_\_\_  
 Outdoor Pool      Maximum 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

**NURSERY**

Maximum number of children allowed at any one time \_\_\_\_\_ Ages \_\_\_\_\_  
Number of attendants \_\_\_\_\_ Ages \_\_\_\_\_

Are attendants trained in child care?  Yes  No

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

Describe procedures for supervision of the children. \_\_\_\_\_

List all play equipment. \_\_\_\_\_

Is play area separated from exercise area?  Yes  No

**SUN TANNING UNITS**

List tanning equipment:

Mfg.	# Beds	# Booths	# Facial Units	Other	UVA %	UVB %
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Are any of the units equipped with accelerator bulbs?  Yes  No

Are timers located on each unit?  Yes  No

Operated only by employees?  Yes  No      If no, are they operated by the customer?  Yes  No

Are all employees trained in the use of timers?  Yes  No

What is the maximum exposure time allowed at each session? \_\_\_\_\_

Are goggles required to be worn?  Yes  No

Are all units cleaned by employees between patrons?  Yes  No

Is medical history taken for new customers?  Yes  No

Do customers receive information on potentially harmful medications which react to tanning?  Yes  No

Are hold harmless cards and sign-in cards retained permanently?  Yes  No

Attach a sample copy of all client information to this application as well as a copy of the hold harmless card.

FDA requires posting the following sign.

"FDA REQUIREMENT -- DANGER -- Ultraviolet radiation. Follow all instructions. As with natural sunlight, overexposure may cause premature aging of skin and skin cancer. Medications or cosmetics applied to the skin may increase your sensitivity to ultraviolet light. Consult your physician before entering booth if taking medication or if you believe yourself especially sensitive to sunlight.

Have you complied with this requirement?  Yes  No

**BUILDING INFORMATION:**

	Loc. 1	Loc. 2	Loc. 3
CONSTRUCTION:			
YEAR BUILT:			
# OF STORIES:			
TOTAL Sq.			
PROTECTION CLASS:			
ALARM	CENTRAL STATION <input type="checkbox"/> LOCAL <input type="checkbox"/> NONE <input type="checkbox"/>	CENTRAL STATION <input type="checkbox"/> LOCAL <input type="checkbox"/> NONE <input type="checkbox"/>	CENTRAL STATION <input type="checkbox"/> LOCAL <input type="checkbox"/> NONE <input type="checkbox"/>

Year of latest update for: Roof \_\_\_\_\_ Plumbing \_\_\_\_\_ Wiring \_\_\_\_\_

**LIMITS & COVERAGES - PROPERTY**

**DEDUCTIBLES:** BUILDINGS - \$ \_\_\_\_\_ BPP - \$ \_\_\_\_\_ BUSINESS INCOME - \$ \_\_\_\_\_  
**CAUSES OF LOSS:** Basic  Broad  Special   
**VALUATION:** A.C.V.  R.C.  Market Value (Submit)

**LIMITS**

	LOC. 1	LOC. 2	LOC. 3
BUILDING %Coinsurance	\$ _____	\$ _____	\$ _____
BPP %Coinsurance	\$ _____	\$ _____	\$ _____
BUS. INCOME %Coin. or _____ Monthly Limit	\$ _____	\$ _____	\$ _____
SIGNS (Describe):	\$ _____	\$ _____	\$ _____
TOTAL LIMITS:	\$ _____	\$ _____	\$ _____

**ADJACENT EXPOSURES:**

	RIGHT	LEFT	FRONT	REAR
Loc. 1				
Loc. 2				
Loc. 3				

**PARTICIPATING COMPANIES:**

NAME OF COMPANY	% PARTICIPATION	LIMITS
_____	_____	_____

**LIMITS – GENERAL LIABILITY:**

**LIMITS OF LIABILITY REQUESTED:**

GENERAL AGGREGATE: \_\_\_\_\_  
 PRODUCTS & COMPLETED OPERATIONS AGGREGATE: \_\_\_\_\_  
 PERSONAL & ADVERTISING INJURY: \_\_\_\_\_  
 EACH OCCURRENCE: \_\_\_\_\_  
 FIRE DAMAGE: \_\_\_\_\_  
 MEDICAL PAYMENTS: \_\_\_\_\_

**CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS:**

NAME AND ADDRESS:	INTEREST	ADD'L INS'D.
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

**PRIOR EXPERIENCE AND LOSSES**

PRIOR CARRIER	LIMITS	POLICY TERM	LOSS INFORMATION

Has the applicant been cancelled or non-renewed in the last three years? If yes, Explain.

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This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

**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.