

## Exercise and Health Studio Supplemental Application

(Complete in addition to ACORD General Liability Application)      **Producer Name:** \_\_\_\_\_

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 age 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

APPLICANT'S SIGNATURE

DATE