



EXERCISE AND HEALTH CLUB SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability Application)

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

2. **Annual gross receipts from all operations:** \$ _____
Are there any food sales? If so, please advise gross receipts \$ _____

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.
Are there instructions and warnings for equipment and machines clearly posted? Yes No

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
 Trampolines
 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:

Exercise equipment for rent or sale. Yes No

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

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

Is at least one staff member trained in CPR and First Aid on duty at all times? Yes No

Do independents provide you with certificates of insurance? Yes No

Are you included as an additional insured? Yes No

APPLICANT'S SIGNATURE: _____ DATE: _____