



SCOTTSDALE INSURANCE COMPANY®

Home Office:

One Nationwide Plaza • Columbus, Ohio 43215

Administrative Office:

8877 North Gainey Center Drive • Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752

www.scottsdaleins.com

Exercise and Health Studio and Personal Trainer Supplemental Application

(Complete in addition to ACORD General Liability Application)

Name of Applicant: \_\_\_\_\_

Web site Address: \_\_\_\_\_

- 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: \$ \_\_\_\_\_

- 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 pools: \_\_\_\_\_ Number of diving boards or platforms: \_\_\_\_\_ Height: \_\_\_\_\_ Number of slides: \_\_\_\_\_ Height: \_\_\_\_\_ Rules posted and life-safety equipment available at poolside? [ ] 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: \_\_\_\_\_

- Hydro-Massage Beds      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

If you do provide protein diet plans, please describe: \_\_\_\_\_  
 \_\_\_\_\_

**8. Premises exposures:**

Hours of operation from \_\_\_\_\_ to \_\_\_\_\_

- Are staff members always present when clients are on the premises? .....  Yes  No
- Is parking lot well lit? .....  Yes  No
- Armed Security Guard on premises? .....  Yes  No
- Unarmed 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 or 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
- Limits that you require the independents to carry: \_\_\_\_\_

**10. Does applicant have other business ventures for which coverage is not requested? .....  Yes  No**

If yes, explain and advise where insured: \_\_\_\_\_  
 \_\_\_\_\_

**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.)*

IOWA LICENSED AGENT: \_\_\_\_\_