

**GENERAL LIABILITY/PROFESSIONAL LIABILITY
EXERCISE AND HEALTH CLUB APPLICATION**

1. First Named Insured _____
The name shown first is the first Named Insured and is responsible for premium payment, cancellation, and changes – refer to policy wording.
2. Mailing Address _____
Street City County State ZIP Code
3. Effective Date Desired _____ Policy Term _____

4. **PRIOR INSURANCE CARRIER HISTORY FOR THE PAST THREE YEARS**

Year	Carrier/Policy Number/Premium	Check if Claims-Made Coverage

Missouri Applicants: **DO NOT** answer this question.
 Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 5 years?
 No Yes – If so, give name of company, date, and reason.

5. Provide the following information for all suits or incidents which may give rise to claim for the past 5 years.
 (Attach separate sheet if necessary.)

Dates	Allegations	Amount	Paid	Reserved

6. Type of business _____
7. Applicant is: Individual Corporation Partnership Joint Venture Limited Liability Company
 Other (specify) _____
8. Years in business _____ Years experience _____
9. Risk Type (check all that apply):
 Tanning Beds Aerobics Only Exercise Equipment & Aerobics
 Sports Instructor Personal Trainer Other (specify) _____
10. Number of locations _____
 Location(s) of premises: Same as mailing address
 Other _____
11. Interest of Named Insured in premises: Owner General Lessee Tenant Other _____
12. Part occupied by Named Insured: Entire Portion (____%) None (Lessor's Risk Only)
13. Annual Payroll _____ Maximum number of members allowed _____
 Annual Receipts _____ Average number of memberships _____

**ANSWER SPECIFIC RISK INFORMATION SECTION FOR THOSE AREAS WHICH APPLY.
INDICATE "N/A" IN THOSE AREAS THAT DO NOT APPLY.**

		<input type="checkbox"/> <i>Not Applicable</i>	Yes	No
1. AEROBICS		<input type="checkbox"/> <i>Not Applicable</i>		
a.	Do instructors have each participant monitor his/her heart rate?		<input type="checkbox"/>	<input type="checkbox"/>
b.	Are participants asked to stop if they appear to be overexerting themselves? Are instructors trained to make such judgment?		<input type="checkbox"/>	<input type="checkbox"/>
c.	Are aerobic instructors certified?		<input type="checkbox"/>	<input type="checkbox"/>
d.	Is the floor padded and/or made of a slip-resistant surface?		<input type="checkbox"/>	<input type="checkbox"/>
e.	Are there participant limitations to prevent overcrowding?		<input type="checkbox"/>	<input type="checkbox"/>
2. BABYSITTING		<input type="checkbox"/> <i>Not Applicable</i>		
a.	Maximum number of children allowed at any one time _____			
b.	Minimum age of children allowed _____			
c.	Describe supervision of children (adult/child ratios). _____			
d.	Are employees trained in child care?		<input type="checkbox"/>	<input type="checkbox"/>
3. GYMNASTICS		<input type="checkbox"/> <i>Not Applicable</i>		
a.	Are there any trampolines?		<input type="checkbox"/>	<input type="checkbox"/>
b.	List other equipment available. _____			
c.	Describe procedures in case of an accident. _____ _____			
4. POOL		<input type="checkbox"/> <i>Not Applicable</i>	Yes	No
a.	Are rules posted?		<input type="checkbox"/>	<input type="checkbox"/>
b.	Are lifeguards present at all times?		<input type="checkbox"/>	<input type="checkbox"/>
c.	Are there diving boards? If yes, height? _____		<input type="checkbox"/>	<input type="checkbox"/>
d.	Does pool meet the design and construction standards of the National Spa and Pool Institute?		<input type="checkbox"/>	<input type="checkbox"/>
e.	Are non-slip, well-maintained, and well-drained walking surfaces present around the pool and in the shower areas?		<input type="checkbox"/>	<input type="checkbox"/>
f.	Are there clear markings on the pool regarding the depth of the water?		<input type="checkbox"/>	<input type="checkbox"/>
g.	Are pools clearly marked indicating the end of a lap?		<input type="checkbox"/>	<input type="checkbox"/>
5. SAUNAS/STEAMROOMS/WHIRLPOOLS		<input type="checkbox"/> <i>Not Applicable</i>		
a.	Are warnings and directions for use clearly posted?		<input type="checkbox"/>	<input type="checkbox"/>
b.	Do doors open outward? Do they have a visibility window?		<input type="checkbox"/>	<input type="checkbox"/>
c.	Does the heating element in the sauna have a guard rail?		<input type="checkbox"/>	<input type="checkbox"/>
d.	Are thermostats tamper-resistant?		<input type="checkbox"/>	<input type="checkbox"/>
e.	Is the sauna, steamroom, and/or whirlpool cleaned daily?		<input type="checkbox"/>	<input type="checkbox"/>
6. SNACK BAR/RESTAURANT		<input type="checkbox"/> <i>Not Applicable</i>		
a.	Is there regular housekeeping of the premises?		<input type="checkbox"/>	<input type="checkbox"/>
b.	Is liquor served on the premises?		<input type="checkbox"/>	<input type="checkbox"/>
7. TANNING BEDS		<input type="checkbox"/> <i>Not Applicable</i>		
a.	Number of tanning beds _____			
b.	Are goggles provided?		<input type="checkbox"/>	<input type="checkbox"/>
c.	Are self-timers provided?		<input type="checkbox"/>	<input type="checkbox"/>
d.	Are beds U.L. approved?		<input type="checkbox"/>	<input type="checkbox"/>
e.	Are proper warnings and instructions for use posted?		<input type="checkbox"/>	<input type="checkbox"/>
8. WEIGHT REDUCTION PROGRAMS		<input type="checkbox"/> <i>Not Applicable</i>		
a.	If diets are suggested, have they been approved by a physician for general use?		<input type="checkbox"/>	<input type="checkbox"/>
b.	Are customers advised to consult their own physician prior to beginning a weight reduction program?		<input type="checkbox"/>	<input type="checkbox"/>
c.	Do you manufacturer, sell (own label), or repackage any food, cosmetic or vitamin product?		<input type="checkbox"/>	<input type="checkbox"/>
d.	Do you employ a dietician?		<input type="checkbox"/>	<input type="checkbox"/>

9. **WEIGHT ROOMS** *Not Applicable* Yes No
- a. Are there capable assistants present for all lifters?
- b. Is there storage for free weights?
- c. Are electric exercise machines properly maintained?
- d. Are proper warnings and instructions for use posted?

MISCELLANEOUS UNDERWRITING INFORMATION

- EMERGENCY INFORMATION** Yes No
1. Is emergency medical care easily accessible?
2. Are emergency numbers posted by all phones?
3. Are members of staff trained to administer first aid?
If yes, how often are they recertified? _____
4. Are exits properly marked and easily accessible?
5. Is there a back-up power system?

STAFF

1. List employees of the Named Insured and their duties (attach separate sheet if necessary):

2. Is there a staff member trained in CPR on duty at all times?
3. List the qualifications of employees of who plan programs for members:

4. Are instructors trained in specialized areas?
5. Are the instructors employees of the club or professionals who function as independent contractors?
a. If the professional independent contractor has assistants, are they employees of the club or of the independent contractor?
- b. Does the club have an ongoing program of training and staff evaluation?

MEMBERS

1. Do new club members go through a complete introduction/evaluation process to develop a personal exercise program?
2. Is the progress of members periodically evaluated?
3. Are minors permitted to join the club?

<p>COVERAGES</p> <p><input type="checkbox"/> Products-Completed Operations</p> <p><input type="checkbox"/> Premises Operations</p> <p>Exclude: <input type="checkbox"/> Medical Payments</p> <p style="padding-left: 20px;"><input type="checkbox"/> Contractual Liability</p> <p style="padding-left: 20px;"><input type="checkbox"/> Damage to Premises Rented to You</p> <p style="padding-left: 20px;"><input type="checkbox"/> Personal and Advertising Injury</p> <p><input type="checkbox"/> Professional Liability</p>	<p>LIMITS</p> <p>General Liability</p> <p>General Aggregate \$ _____</p> <p>Products-Completed Operations \$ _____</p> <p>Personal and Advertising Injury \$ _____</p> <p>Each Occurrence \$ _____</p> <p>Damage to Premises Rented to You \$ _____</p> <p>Medical Payments \$ _____</p> <p>Professional Liability</p> <p>Aggregate \$ _____</p> <p>Each Occurrence \$ _____</p>
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I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment.

Signature of Applicant Title Date

Signature of Producing Agent Date

Agent Name and Address