



HEALTH OR EXERCISE CLUB LIABILITY SUPPLEMENTAL QUESTIONNAIRE

(COMPLETE IN ADDITION TO ACORD COMMERCIAL INSURANCE APPLICATION – APPLICANT INFORMATION SECTION AND ACORD COMMERCIAL GENERAL LIABILITY SECTION)

NOTE: Incomplete applications or applications unsigned by the applicant are unacceptable.

1. APPLICANT INFORMATION		
A) Named Insured: _____		
B) Does the insured have a web site? _____		
C) Description of operations: _____		
D) Hours of operation: _____		
2. MANAGEMENT		
A) Number of years under current management? _____		
B) Number of years of health club management experience? _____		
C) Number of years at this location? _____		
3. EMPLOYEES		
A) Number of employees? _____ Full-Time: _____ Part-Time: _____		
B) Are professional staff required to have CPR and First Aid training and are they trained/certified in their fields?		<input type="checkbox"/> Yes <input type="checkbox"/> No
C) If any professional staff work is sub-contracted to independent contractors, are they required to carry their own liability insurance including professional liability?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
4. CUSTOMERS		
A) Are all customers required to obtain a membership?		<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Number of members: _____ Minimum Age: _____		
C) Are waivers required of all club members and their guests?		<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Are customers advised to consult with a physician prior to beginning any physical exercise program?		<input type="checkbox"/> Yes <input type="checkbox"/> No
5. PREMISES EXPOSURES / OPERATIONS – please check the appropriate response for each.		
A) Please check the appropriate response for each.		
Exposure		
Gymnastic bars, rings, horses or similar apparatus	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trampolines or Rock Climbing Walls	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sensory Deprivation Chambers	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Swimming Pools If yes, how many? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Saunas	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Racquetball Courts	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Handball Courts	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Basketball Courts	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tennis Courts	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sun Tanning Apparatus If yes, how many? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Free Weights	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Operation		
Aerobics or Dance Studio	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Martial Arts, Karate or Self Defense Studio	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Nursery, Babysitting or Child Sitting Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Children's Exercise/Gymnastics/Dance/etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Gymnastics – Mat Only	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical, Nutritional, Chiropractic, Physical Therapy or Rehabilitation Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Clothing or Wearing Apparel Sales	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pro-Shop/Sporting Goods Sales	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sales of products under their own label	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sales of used equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Juice Bar/Health Drinks/Vitamins/Snacks sold other than by vending machine	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Rental of Premises to others (or any part thereof)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Personal Trainers	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sub-Contracted Work	<input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Hour Operations	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Beauty or Nail Salon	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other: Explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B) Are certificates of insurance obtained from all sub-contractors?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6. EQUIPMENT		
A) Are spotters available for free weights?		<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Are records kept regarding purchase date, manufacturer name?		<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Are inspections performed?		<input type="checkbox"/> Yes <input type="checkbox"/> No
D) How often are inspections performed? _____ Are records kept? _____ How long? _____		
E) Who performs repairs and maintenance of equipment? _____		
F) Are maintenance and repair records kept? _____ How long? _____		<input type="checkbox"/> Yes <input type="checkbox"/> No



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7. SWIMMING POOL(S)			
A) If no lifeguard on duty, is there a "Swim at Your Own Risk" sign posted?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
B) Is there proper life saving equipment available?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
C) Are pool rules posted?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
D) Are depth markers clearly visible?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
E) Diving Board? Height: _____ ft.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
F) Slide?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
G) Is the pool in compliance with federal, state or local regulations regarding pools or spas, including drain safety?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
H) Is the pool fully enclosed with a self-latching door or fence, regardless of location?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. TANNING			
A) Is an attendant on duty?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
B) Are protective eye goggles required to be worn?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
C) Is the customer allowed to regulate the timing controls?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
D) Are the timing controls used in all cases?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
E) Where are the timing controls located?			
F) What is the maximum exposure time allowed at each session? _____ minutes			
G) Are all units cleaned by employees between patrons?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
H) Do customers receive information on potentially harmful medications that react to tanning?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
I) Are hold harmless cards and sign-in cards retained permanently?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
J) Do you comply with the FDA requirements for sun lamps or ultraviolet lamps?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. NURSERY, BABYSITTING OR CHILD SITTING			
A) Maximum number of children at any one time: _____			
B) Age group(s): < 30 months _____ < 5 years _____ School Age _____			
C) Number of staff to child ratio (ex: 1 to 5, etc.) _____			
D) Is child care staff trained in child care?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
E) Any children with special needs?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
F) At least one staff person in attendance qualified for First Aid and Child CPR?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
G) Are children allowed in workout or pool areas?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
H) Are children allowed to stay if parent(s) leave the premises?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
I) Describe sign-in/sign-out procedures.			
J) Number of exits: _____			
10. PRO SHOP			
A) Describe the type of products sold:			
B) Are any products sold under your own label? If yes, please describe products:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. GROSS RECEIPTS			
Please break down total gross receipts into the following categories.			
Memberships	\$	Pro Shop	\$
Juice Bar / Snack Bar	\$	Rental Premises to Others	\$
One-time Initiation Fees	\$	Classes Offered	\$
Other: (describe)			\$
Total Gross Receipts \$ _____			
Cost of any sub-contracted work \$ _____			

SIGNATURES ARE REQUIRED. SIGN AT THE END OF THE FRAUD NOTICES SECTION.

FRAUD NOTICES:

PRIOR TO SIGNING THIS APPLICATION, PLEASE REVIEW THE FOLLOWING STATUTORY FRAUD NOTICES AS THEY MAY APPLY TO THE APPLICANT'S DOMICILE.

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.



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Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree).

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OK

WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree).

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in Other States:

WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of insurance fraud, which is a crime, and may be subject to fines and confinement in prison.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO THE QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE. HE/SHE CERTIFIES THAT THE APPLICABLE FRAUD NOTICES HEREIN HAVE BEEN READ AND UNDERSTOOD.

Applicant Name (Name of Company)	Producer's Name
Signature of Authorized Representative	Producer's Signature



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Print Name	Producer's Phone
Title	Producer's Fax
Date	Producer's Email