



HEALTH AND EXERCISE CLUBS SUPPLEMENTAL APPLICATION

1. Named Insured:
2. What are the operations of the club?
3. How many members are there?
4. What types of activities or events are sponsored?

IF THIS SECTION DOES NOT APPLY, PLEASE INDICATE BY CHECKING NOT APPLICABLE.

Aerobics: Not Applicable

5. Are the instructors certified? Yes No
6. Is the floor padded and/or made of slip-resistant surface? Yes No
7. Are there participant limitations to prevent overcrowding? Yes No
8. Do instructors have each participant monitor his/her heart rate? Yes No
9. Are participants asked to stop if they appear to be overexerting themselves? Yes No

Babysitting: Not Applicable

10. What is the minimum age of children allowed?
11. What is the maximum number of children allowed at any one time?
12. Is the service provided for members only and only when they are using the facility? Yes No
13. Are employees trained in child care? Yes No
14. Describe the supervision provided (adult/child ratios):

Gymnastics: Not Applicable

15. Are there any trampolines? Yes No
16. List the other equipment in use:
17. Describe the procedures in place in case of an accident:

Pools: Not Applicable

18. Are there diving boards? Yes No
If yes, what is the height?
19. Does the pool meet the design and construction standards of the National Spa and Pool Institute? Yes No

20. Are non-slip, well-maintained and well-drained walking surfaces present around the pool and in the shower areas?
 Yes No

21. Are there clear markings on the pool regarding depth of the water? Yes No

22. Are pools clearly marked indicating the end of the lap? Yes No

23. Are lifeguards present at all times? Yes No

24. Is safety equipment conspicuously and conveniently located? Yes No

25. Is an analysis of the pool's temperature and chemical balance made and recorded daily? Yes No

26. Are the rules clearly marked? Yes No

27. Are food and beverages allowed in the pool area? Yes No

If yes, must they be in non-breakable containers? Yes No

Saunas, Steamrooms & Whirlpools: Not Applicable

28. Are warnings and directions for use clearly posted? Yes No

29. Do doors open outward? Yes No

30. Do doors have visibility window? Yes No

31. Does the heating element in the sauna have a guard rail? Yes No

32. Are the thermostats tamper-resistant? Yes No

33. Are the areas monitored regularly by the staff? Yes No

34. Is the equipment cleaned and disinfected daily? Yes No

35. How often is maintenance performed on the equipment? Yes No

Snack Bar/Restaurant: Not Applicable

36. What type of food and beverage are served?

37. Any liquor being served on premises? Yes No

Tanning Beds: Not Applicable

38. How many tanning units are on premises (**units with UVA bulbs are acceptable, UVB bulbs cannot exceed 10%**)?
 Yes No

39. Are the beds UL listed? Yes No

40. Who is the manufacturer of the beds?

41. Do you own or lease the beds? Own Lease

42. Are the beds tested daily to ensure the timers and bulbs are working properly? Yes No

43. How often is maintenance performed on the beds?

44. Do the bulbs have a protective cover? Yes No

45. Are records kept on each customer for each visit and exposure time? Yes No

46. Are all customers furnished information regarding the beds and rays used? Yes No
47. Are goggles supplied and worn by each customer? Yes No
48. Are all beds disinfected after each use? Yes No
49. Are all timers and controls operated by the attendant and not the customer? Yes No
50. Do the beds/booths have dual controls and automatic shut-off? Yes No
51. Are customers limited to a maximum of 30 minutes per session? Yes No
52. Does each customer sign a waiver of liability prior to using the beds? Yes No
53. Are signs posted prohibiting tanning while on medication and/or pregnancy? Yes No

MEMBERS

54. Do new club members go through a complete introduction and evaluation process to develop a personal exercise program? Yes No
55. Is the progress of members periodically evaluated? Yes No
56. Are minors permitted to join the club? Yes No
57. Are members required to sign a waiver? Yes No

STAFF

58. Provide a description of the various duties by position (attach separate sheet if necessary):

60. List the certifications/licenses or qualifications of employees who plan programs for members:

61. Are instructors trained in specialized areas? Yes No

62. Are the instructors' employees of the club or professionals who are independent contractors?

Employees of Club Independent Contractors

If Independent Contractors, are they required to provide evidence of insurance? Yes No

63. Does the club have an ongoing program of staff evaluation and training? Yes No

EMERGENCY INFORMATION

64. Is emergency medical care readily accessible? Yes No

65. Are emergency numbers posted by all the phones? Yes No

66. Are members of the staff trained to administer first aid? Yes No

67. Is there a staff member trained in CPR on duty at all times? Yes No

68. Are exits properly marked and easily accessible? Yes No

Signature of applicant: _____

Title (Officer, Partner): _____

**SIGNATURE REQUIRED
NEW YORK FRAUD STATEMENT**

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.

Applicant's Signature

Date

No Signature Required

ARKANSAS, LOUISIANA, RHODE ISLAND, WASHINGTON AND WEST VIRGINIA FRAUD STATEMENT

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 is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO FRAUD STATEMENT

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 policy holder 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.

DISTRICT OF COLUMBIA FRAUD STATEMENT

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment, fines and denial of insurance benefits.

FLORIDA FRAUD STATEMENT

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.

KENTUCKY FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

MAINE FRAUD STATEMENT

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 or denial of insurance benefits.

MINNESOTA FRAUD STATEMENT

A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NEW JERSEY FRAUD STATEMENT

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

NEW MEXICO FRAUD STATEMENT

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 is guilty of a crime and may be subject to civil fines and criminal penalties.

OHIO FRAUD STATEMENT

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 false or deceptive statement is guilty of insurance fraud.

OKLAHOMA FRAUD STATEMENT

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy, containing any false, incomplete or misleading information, is guilty of a felony.

OREGON FRAUD STATEMENT

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

PENNSYLVANIA FRAUD STATEMENT

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.

TENNESSEE AND VIRGINIA FRAUD STATEMENT

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.