



## 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  
 Trust  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"/> <b>Not Applicable</b>	<b>Yes</b>	<b>No</b>
<b>1. AEROBICS</b>		<input type="checkbox"/> <b>Not Applicable</b>		
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?		<input type="checkbox"/>	<input type="checkbox"/>
	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"/>
<b>2. BABYSITTING</b>		<input type="checkbox"/> <b>Not Applicable</b>		
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"/>
<b>3. GYMNASTICS</b>		<input type="checkbox"/> <b>Not Applicable</b>		
a.	Are there any trampolines?		<input type="checkbox"/>	<input type="checkbox"/>
b.	List other equipment available. _____			
c.	Describe procedures in case of an accident. _____			
	_____			
<b>4. POOL</b>		<input type="checkbox"/> <b>Not Applicable</b>	<b>Yes</b>	<b>No</b>
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?		<input type="checkbox"/>	<input type="checkbox"/>
	If yes, height? _____			
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"/>
<b>5. SAUNAS/STEAMROOMS/WHIRLPOOLS</b>		<input type="checkbox"/> <b>Not Applicable</b>		
a.	Are warnings and directions for use clearly posted?		<input type="checkbox"/>	<input type="checkbox"/>
b.	Do doors open outward?		<input type="checkbox"/>	<input type="checkbox"/>
	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"/>
<b>6. SNACK BAR/RESTAURANT</b>		<input type="checkbox"/> <b>Not Applicable</b>		
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"/>
<b>7. TANNING BEDS</b>		<input type="checkbox"/> <b>Not Applicable</b>		
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"/>
<b>8. WEIGHT REDUCTION PROGRAMS</b>		<input type="checkbox"/> <b>Not Applicable</b>		
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 manufacture, 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?

<b>COVERAGES</b>	<b>LIMITS</b>	
<input type="checkbox"/> Products-Completed Operations	<b>General Liability</b>	
<input type="checkbox"/> Premises Operations	General Aggregate	\$ _____
Exclude: <input type="checkbox"/> Medical Payments	Products-Completed Operations	\$ _____
<input type="checkbox"/> Contractual Liability	Personal and Advertising Injury	\$ _____
<input type="checkbox"/> Damage to Premises Rented to You	Each Occurrence	\$ _____
<input type="checkbox"/> Personal and Advertising Injury	Damage to Premises Rented to You	\$ _____
<input type="checkbox"/> Professional Liability	Medical Payments	\$ _____
	<b>Professional Liability</b>	
	Aggregate	\$ _____
	Each Occurrence	\$ _____

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