



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

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.

**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> | <b>Yes</b>               | <b>No</b>                |
|--|--|--------------------------|--------------------------|
| <b>1. AEROBICS</b>   | <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?                                      |  | <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"/> <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"/> |
| <b>3. GYMNASTICS</b>   | <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. _____   |  |                          |                          |
| <b>4. POOL</b>   | <input type="checkbox"/> <i>Not Applicable</i> |                          |                          |
| 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? _____  |  |                          |                          |
| Does pool meet the design and construction standards of the National Spa and Pool Institute?                         |  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. 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"/> |
| e. Are there clear markings on the pool regarding the depth of the water?  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. 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"/> <i>Not Applicable</i> |                          |                          |
| 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"/> |

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|--|--|--------------------------|--------------------------|
| <b>6. SNACK BAR/RESTAURANT</b>   | <input type="checkbox"/> <b>Not Applicable</b> | <b>Yes</b>               | <b>No</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 _____  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 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"/> |
| <b>9. WEIGHT ROOMS</b>   | <input type="checkbox"/> <b>Not Applicable</b> |                          |                          |
| a. Are there capable assistants present for all lifters?   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Is there storage for free weights?  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Are electric exercise machines properly maintained?   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Are proper warnings and instructions for use posted?  |  | <input type="checkbox"/> | <input type="checkbox"/> |

**MISCELLANEOUS UNDERWRITING INFORMATION**

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

**STAFF**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. List employees of the Named Insured and their duties (attach separate sheet if necessary):<br>_____<br>_____                |                          |                          |
| 2. Is there a staff member trained in CPR on duty at all times?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. List the qualifications of employees who plan programs for members:<br>_____  |                          |                          |
| 4. Are instructors trained in specialized areas?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are the instructors employees of the club or professionals who function as independent contractors?                         | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If the professional independent contractor has assistants, are they employees of the club or of the independent contractor? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Does the club have an ongoing program of training and staff evaluation?   | <input type="checkbox"/> | <input type="checkbox"/> |

**MEMBERS**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. Do new club members go through a complete introduction/evaluation process to develop a personal exercise program? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the progress of members periodically evaluated?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are minors permitted to join the club?  | <input type="checkbox"/> | <input type="checkbox"/> |