

Agent Name _____
 and Address _____

 Phone _____ Fax _____

Exercise and Health Club Supplemental Application

General Information

Proposed Effective Date _____
 Applicant Name (Legal) _____ Applicant Name (DBA) _____
 Web Address _____ Phone _____

Number of years experience _____
 Number of years the business has been in this location _____
 Number of years the applicant has owned this business _____ Check if New Venture
 Hours of Operation From _____ To _____ Number of days business is open per week _____

Have you owned another business under a different name or entity? Yes No
 If yes, please explain: _____

Do you own any other businesses or have any other locations? Yes No
 If yes, please explain: _____

Operations

1. Check all that apply

<input type="checkbox"/> Exercise Equipment	<input type="checkbox"/> Free-weight lifting	<input type="checkbox"/> Aerobics
<input type="checkbox"/> Personal Trainer	<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> Masseuse
<input type="checkbox"/> Massage parlor	<input type="checkbox"/> Gymnastics studio	<input type="checkbox"/> Dance Studio
<input type="checkbox"/> Spa		

2. Annual gross receipts

Club _____	Food _____	Other Items _____	Total receipts _____
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3. Is all equipment inspected regularly? Yes No

a) Is Inspection documentation maintained? Yes No If yes, how long _____

b) Do you use equipment you have built? Yes No If yes, attach detailed description.

c) Instructions and warnings for equipment and machines clearly posted? Yes No

4. Member age range from _____ to _____

5. Does membership agreement include a hold harmless clause (Liability Waiver)? Yes No If yes, attach a copy.

6. Premises exposures:

a) Security guard on premises? Yes No

b) Shower/sauna/steam or Jacuzzi facilities? Yes No

If yes, do the floors in these areas have non-skid surfaces? Yes No

7) Other operations:

- Day care: (please submit day care supplemental application)
- Electrode machines
- Boxing gyms
- Climbing wall
- Swimming pool: Number of diving boards: _____ Height: _____ Rules posted? Yes No
- Toning beds: Number: _____
- Trampolines
- Tanning beds (please submit tanning bed supplemental application)
- Tennis courts/racquetball/handball/squash courts: Number: _____
- Pro shop Snack shop
- Doctor on staff
- Exercise equipment for rent or sale Please describe: _____
- Other operations Please describe: _____

8) Number of Employees

	Employed	Leased	Independent
Certified aerobic instructors			
Uncertified aerobic instructors			
Personal trainers			
Masseuses			
Total number of employees			
Number of employees trained in CPR			

- Is at least one staff member trained in CPR and First Aid on duty at all times? Yes No
- Do Independents provide you with certificates of insurance? Yes No
- If yes, are you included as an additional insured? Yes No

FRAUD NOTICE

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.

STATE SPECIFIC PROVISION

Ohio Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Pennsylvania 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.

West Virginia 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.

I DECLARE THAT THE STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE

The applicant, agent and/or broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant _____ Producer _____

Signature _____ Signature _____

Date _____ Date _____