



**EXERCISE AND HEALTH CLUBS  
GENERAL LIABILITY SUPPLEMENTAL APPLICATION**

Agent Name \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Name \_\_\_\_\_

**GENERAL INFORMATION**

Risk is:  Exercise Club with Equipment  Exercise Club without Equipment

Receipts from Club \_\_\_\_\_ Receipts from Restaurant \_\_\_\_\_ Other receipts \_\_\_\_\_ #Tanning Beds \_\_\_\_\_

- \_\_\_\_\_ Is Professional Liability Coverage requested?
- \_\_\_\_\_ Do members sign waivers and release of liability?
- \_\_\_\_\_ Is at least one staff member trained in CPR and First Aid and on duty during hours of operation?
- \_\_\_\_\_ Are instructors certified as required by state law?

**BABYSITTING**

- \_\_\_\_\_ Are play areas fenced?
- \_\_\_\_\_ Does contract include waiver & release of liability applicable specifically to babysitting?
- \_\_\_\_\_ Is risk certified by the State for the number of employees required by the State?

Age of Children	Number of Children	Number of Staff
Birth to 16 months	_____	_____
16 months to 2 years	_____	_____
2 years to 4 years	_____	_____
4 years to school age	_____	_____
School age children	_____	_____

**RESTAURANT**

- \_\_\_\_\_ Are ducts, hoods, surface cooking areas and deep fat fryers protected by automatic extinguishing system?
- \_\_\_\_\_ Are exhaust filters, ducts and hoods cleaned by a cleaning service on a quarterly basis with annual inspection?

**SWIMMING POOLS**

- Confirm outside pools are fenced with self-latching gates \_\_\_\_\_
- Confirm rules, hours and depth markers posted \_\_\_\_\_
- Confirm life safety equipment is available \_\_\_\_\_
- Confirm no slides or diving boards \_\_\_\_\_

**PROFESSIONAL TRAINERS WHO ARE INDEPENDENT CONTRACTORS (Including Masseuses)**

Confirm certificates of insurance are obtained showing professional coverage is in place. \_\_\_\_\_

**PROHIBITED OPERATIONS - If "Yes", coverage is prohibited:**

- Blood analysis, stress testing and/or doctors, nurses, or physical therapists on staff?  Yes  No
- Boot Camp type operations?  Yes  No
- Boxing gyms or Karate schools (Coverage may be available under martial arts program)?  Yes  No
- Climbing walls or trampolines?  Yes  No
- Day spas, weight loss centers, diet centers or body wraps?  Yes  No
- Food supplement or vitamins manufactured by the insured or sold under the insured's label?  Yes  No
- Gymnastic classes?  Yes  No

Describe all losses in the past 3 years: \_\_\_\_\_

Has insurance been canceled or non-renewed in the past year for non compliance of recommendations? \_\_\_\_\_

**I hereby certify that all information is accurate to the best of my knowledge.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer Signature: \_\_\_\_\_ Date: \_\_\_\_\_