



# GLOBAL INSURANCE BROKERAGE

## Exercise and Health Studio and Personal Trainer Supplemental Application (Complete in addition to ACORD General Liability Application)

Name of Applicant: \_\_\_\_\_

Web site Address: \_\_\_\_\_

1. **Operation:**     Aerobics                       Exercise Equipment             Massage Parlor             Physical Therapist  
                           Cheerleading Instruction     Free-weight Lifting             Masseur                     Spa  
                           Dance Instruction                 Gymnastics Instruction     Personal Trainer         Swim Club

2. **Annual gross receipts from all operations:** \$ \_\_\_\_\_

3. <b>Number of Employees:</b>	<b>Employed or Leased</b>	<b>Independent Contractors</b>
Certified aerobic instructors	_____	_____
Uncertified aerobic instructors	_____	_____
Personal trainers	_____	_____
Masseuses	_____	_____
Other (describe): _____	_____	_____
Total number of employees/contractors	_____	_____
Number of employees/contractors trained in CPR	_____	_____

4. **For Independent Contractors:**  
 Do independent contractors provide you with certificates of insurance? .....  Yes  No  
 Are you included as an additional insured on independent contractors' policy? .....  Yes  No  
 Limits that you require the independent contractors to carry: \_\_\_\_\_

5. **Is all equipment inspected regularly?** .....  Yes  No  
 Is inspection documentation maintained? .....  Yes  No  
 If so, how long? \_\_\_\_\_  
 Do you use equipment you have built? .....  Yes  No  
 If yes, attach description.

6. **Members' ages range from** \_\_\_\_\_ **to** \_\_\_\_\_

7. **Does membership agreement include a Hold Harmless clause (Liability Waiver)?** .....  Yes  No  
 If yes, attach a copy.

**8. Other operations: (Indicate all that are applicable.)**

- Climbing, Tread, or Boulder walls (please complete Climbing Wall Questionnaire, GLS-APP-47s)
- Day Care
- Electrode Machines

Advise details: \_\_\_\_\_

- Electronic Communication for Exercise or Health Instruction or Consulting
- Hydro-Massage Beds                      Number: \_\_\_\_\_
- Retail Sales
- Snack Bar
- Swimming Pool

Number of pools: \_\_\_\_\_

Number of diving boards or platforms: \_\_\_\_\_ Height: \_\_\_\_\_

Number of slides: \_\_\_\_\_ Height: \_\_\_\_\_

Rules posted and life-safety equipment available at poolside? .....  Yes  No

- Tanning Beds                      Number: \_\_\_\_\_

Goggles provided? .....  Yes  No

Are all timers operated by an attendant? .....  Yes  No

Are beds U.L. approved? .....  Yes  No

Are all beds manufactured in the United States? .....  Yes  No

Are all beds cleaned after each use? .....  Yes  No

Do signs prohibit use of the beds during pregnancy or if on medication? .....  Yes  No

- Tennis Courts/Racquetball/Handball/Squash Courts                      Number: \_\_\_\_\_

- Toning Beds                      Number: \_\_\_\_\_

- Trampolines

Advise number and diameter: \_\_\_\_\_

- Shower/sauna/steam or Jacuzzi facilities

Do the floors for all these areas have non-skid surfaces? .....  Yes  No

- Describe off-site activities you sponsor: \_\_\_\_\_

- None of the above

**9. Indicate any of the following that you provide to your customers:**

Blood analysis .....  Yes  No

Body wraps .....  Yes  No

Products manufactured by applicant (including but not limited to food & beverage supplements and vitamins) .....  Yes  No

Products sold under applicants' name .....  Yes  No

Protein diet plans .....  Yes  No

Stress testing .....  Yes  No

Weight loss or diet clinics .....  Yes  No

- None of the above

If yes to any of the above, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**10. Premises:**

Hours of operation from \_\_\_\_\_ to \_\_\_\_\_

Are staff members always present when clients are on the premises? .....  Yes  No

If no, advise monitoring and security requirements when staff is not present: \_\_\_\_\_

Is access to any operations limited or restricted (i.e. pool, sauna, tanning beds, etc.)? .....  Yes  No

If yes, explain in detail: \_\_\_\_\_

Is parking lot well lit? .....  Yes  No

Armed Security Guard on premises? .....  Yes  No

Unarmed Security Guard on premises? .....  Yes  No

**11. Does applicant have other business ventures for which coverage is not requested? .....  Yes  No**

If yes, explain and advise where insured: \_\_\_\_\_

**FRAUD WARNING:**

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.

**NOTICE TO FLORIDA APPLICANTS:**

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 in the third degree.

**NOTICE TO MAINE APPLICANTS:**

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 a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:**

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

**FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):**

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.

**FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:**

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 NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_