

**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  
 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"/> <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?<br>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. _____<br>_____   |  |                          |                          |
| <b>4. POOL</b>                         |  | <input type="checkbox"/> <i>Not Applicable</i> | <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?<br>If yes, height? _____  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 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"/> <i>Not Applicable</i> |                          |                          |
| a.                                     | Are warnings and directions for use clearly posted?  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| b.                                     | Do doors open outward?<br>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"/> <i>Not Applicable</i> |                          |                          |
| 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"/> <i>Not Applicable</i> |                          |                          |
| 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"/> <i>Not Applicable</i> |                          |                          |
| 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 manufacturer, 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?

|   |   |
|---|---|
| <p><b>COVERAGES</b></p> <p><input type="checkbox"/> Products-Completed Operations</p> <p><input type="checkbox"/> Premises Operations</p> <p>Exclude: <input type="checkbox"/> Medical Payments</p> <p style="padding-left: 20px;"><input type="checkbox"/> Contractual Liability</p> <p style="padding-left: 20px;"><input type="checkbox"/> Damage to Premises Rented to You</p> <p style="padding-left: 20px;"><input type="checkbox"/> Personal and Advertising Injury</p> <p><input type="checkbox"/> Professional Liability</p> | <p><b>LIMITS</b></p> <p><b>General Liability</b></p> <p>General Aggregate <span style="float: right;">\$ _____</span></p> <p>Products-Completed Operations <span style="float: right;">\$ _____</span></p> <p>Personal and Advertising Injury <span style="float: right;">\$ _____</span></p> <p>Each Occurrence <span style="float: right;">\$ _____</span></p> <p>Damage to Premises Rented to You <span style="float: right;">\$ _____</span></p> <p>Medical Payments <span style="float: right;">\$ _____</span></p> <p><b>Professional Liability</b></p> <p>Aggregate <span style="float: right;">\$ _____</span></p> <p>Each Occurrence <span style="float: right;">\$ _____</span></p> |
|---|---|

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