

SCOTTSDALE

SURPLUS LINES INSURANCE COMPANY

8877 North Gainey Center Drive • Scottsdale, Arizona 85258

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www.scottsdaleins.com

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:** ☐ Exercise Equipment ☐ Free-weight Lifting ☐ Aerobics ☐ Dance Studio
☐ Personal Trainer ☐ Physical Therapist ☐ Masseuse ☐ Massage Parlor
☐ Spa ☐ Gymnastics School

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

3. **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.

4. **Members' ages range from** _____ **to** _____

5. **Does membership agreement include a Hold Harmless clause (Liability Waiver)?** ☐ Yes ☐ No

If yes, attach a copy.

6. **Other operations:**

☐ Day Care

☐ Climbing Wall (please complete Climbing Wall Questionnaire, GLHAPP-47s)

☐ 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

☐ Toning Beds Number: _____

☐ 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: _____

- ☐ Hydro-Massage Beds Number: _____
- ☐ Pro Shop
- ☐ Snack Bar
- ☐ Describe off-site activities you sponsor: _____

7. Please indicate any of the following that you provide to your customers:

- ☐ Protein diet plans ☐ Body wraps—other than organic ☐ Blood analysis
- ☐ Stress testing ☐ Weight loss or diet clinics ☐ Products manufactured by or sold under club's name

If you do provide protein diet plans, please describe: _____

8. Premises exposures:

Hours of operation from _____ to _____

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

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

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

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

Shower/sauna/steam or Jacuzzi facilities?..... ☐ Yes ☐ No

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

Any trampolines?..... ☐ Yes ☐ No

Any electrode machines?..... ☐ Yes ☐ No

9.

Number of Employees	Employed or Leased	Independent
Certified aerobic instructors		
Uncertified aerobic instructors		
Personal trainers		
Masseuses		
Other (describe):		
Total number of employees		
Number of employees trained in CPR		

Do independents provide you with certificates of insurance?..... ☐ Yes ☐ No

Are you included as an additional insured?..... ☐ Yes ☐ No

Limits that you require the independents to carry: _____

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

If yes, explain and advise where insured: _____

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.

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.

PRODUCER'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only.)

IOWA LICENSED AGENT: _____