

# Specialty Lines

## UNDERWRITERS

1233 North Mayfair Road, Suite 208 • Milwaukee, WI 53226  
Phone: 414-778-3560 • Fax: 414-778-3598

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

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

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, GLS-APP-47s)
- Swimming Pool  
Number of diving boards: \_\_\_\_\_ Height: \_\_\_\_\_ ft.  
Rules posted? .....  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: \_\_\_\_\_
- 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

**8. Premises exposures:**

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

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

**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.)***