

HEALTH CLUB FACILITY SUPPLEMENTAL GENERAL LIABILITY APPLICATION

Separate application required for each location

Date of Application: _____ Effective Date: _____

I. GENERAL INFORMATION

NAMED INSURED: _____ DBA: _____

FACILITY ADDRESS: _____

WEBSITE: _____ EMAIL: _____

Total Number of Members at this Location: _____ Number of Active Members: _____

1. Square footage of facility? _____ Do you own/lease/manage this facility? Own Lease Manage

2. How long has club been in business? _____ (If new facility, provide a copy of a business plan and financial statement.)

3. Manager's Name _____ How long has manager been employed at this facility? _____

Qualifications/Experience of Manager: _____

4. Number of Staff: Full Time Employees _____ Part Time Employees _____ Sub-Contractors _____

5. Number of Staff present during operational hours that are certified in CPR? _____ First Aid? _____ AED? _____

6. Are there written medical emergency and evacuation procedures in place that are rehearsed? Yes No

7. Does your facility have an employee manual including staff screening, selection & training procedures? Yes No

8. Do all of your instructors/trainers have certification for their designated field of operation? Yes No

9. Is Staff available in each area of the facility for supervision, spotting, and emergencies? Yes No

10. Does your facility provide to a general orientation to all new members and guests? Yes No

11. Do any of your employees provide services away from premises on the facilities behalf? Yes No

If yes, please explain: _____

12. Does your facility offer a pre-activity screening and advise all new participants to consult with their healthcare provider before beginning a new physical activity program? Yes No

13. Does your facility provide help with designing suitable physical activity programs and instructions on proper use of equipment to be used with that program? Yes No

14. Does each adult participant sign a waiver/hold harmless and each parent/guardian for minor participants, noting that one adult cannot waive the rights of another adult? Yes No

15. What is the minimum age requirement of a minor for unsupervised facility activities by either parent or staff? _____

16. Does the facility have written maintenance procedures including checklists and logs? Yes No

17. Who repairs the equipment? _____

18. At the time of incident/accident, who completes the reporting form? _____

Staff? Yes No Witnesses? Yes No Injured party? Yes No

II. SERVICES OFFERED AT THE LOCATION

- Free Weights _____ lbs.
- Circuit Equipment _____ Number
- Cardio Equipment _____ Number
- Jogging Track (Indoor / Outdoor)
- Fitness Classes (Attach Schedule)
- Spinning Classes _____ Number
- Basketball Courts _____ Number
- Tennis Courts _____ Number
- Racquetball Courts _____ Number
- Botox / Chemical Peels
- Locker Rooms Showers
- Sauna _____ Number
- Steam Room _____ Number
- Whirlpools _____ Number/Temperature
- Physical Therapists _____ Subcontractors (Y/N)
- Massage Therapists _____ Subcontractors (Y/N)
- Trampolines
- Batting Cages
- Kickboxing (Contact / Non-Contact)
- Martial Arts Classes
- Gymnastics Classes
- Registered Dietician
- Playground
- Salon Services
- Off-Premises Operations
- Bubble/Air supported structures
- Keycard Access

Is Abuse & Molestation coverage desired? Yes No If yes, complete Abuse & Molestation Supplemental Questionnaire.

3. Does your facility have Tanning? Yes No

- Owned Non-owned Square footage: _____

If non-owned, please list operating company: _____

- If non-owned, is certificate of insurance naming facility as Additional Insured obtained? Yes No
- If non-owned, is a Rental Agreement obtained? Yes No
- Number of Tanning Unit? _____ Type _____ Manufacturer _____

- Is a separate waiver utilized for tanning operations? Yes No
- Are records kept on each customer tracking visits and exposure times and medical history? Yes No
- Are warnings and photo sensitizing medication advisories posted? Yes No
- Are tanning bed-timing controls operated by the facility with no access by customers? Yes No
- Are protective eye goggles require to be worn? Yes No
- Does facility disinfection the tanning beds after each use? Yes No

4. Does your facility have a swimming pool? Yes No

- Number of Pools? _____ Indoor _____ Outdoor _____
- Depth of Pools? _____ Indoor _____ Outdoor _____

If depth of pool is greater than 5ft, outdoors or has diving boards or waterslides, complete Swimming Pool Questionnaire.

- Is Diving or Jumping permitted? Yes No
- How often is water tested? _____
- Is water maintained in accordance with State and Local codes to verify water quality? Yes No
- Depth markings are located at what interval? _____
- Are all appropriate SWIM AT YOUR OWN RISK, Pool Rules and State required Notices posted in pool area? Yes No
- Is pool rented out for parties? Yes No Explain: _____
- Are certified lifeguards present? Yes No
- Is all appropriate life safety equipment present? Yes No

5. Do all "wet areas" have non-skid surfaces and proper drainage? Yes No

6. Are all "wet areas" regularly observed? Yes No

7. Are there GFI protectors on all outlets in all the "Wet Areas" including lockers and showers? Yes No

8. Does your facility have Climbing Walls? (If yes, complete Climbing Wall Questionnaire) Yes No

9. Does your facility conduct any Spa Service operations? Yes No

- Owned Non-owned Square footage: _____

If non-owned, please list operating company: _____

- If non-owned, is certificate of insurance naming facility as Additional Insured obtained? Yes No
- If non-owned, is a Rental Agreement obtained? Yes No
- If owned, provide promotional materials that identify all provided services.

10. Does your facility conduct on site Day Camp operations? Yes No

- What is the camper to supervisor ratio? _____
- Dates of Camp: _____
- Maximum number of Campers per Day: _____
- Provide copies of all promotional materials identifying all scheduled activities.
- Does facility have any off-site camps? Yes No

(If yes, complete all applicable sections of the Camp application.)

11. Does your facility provide transportation to/from the facility for any activates? Yes No

If yes, please complete Transportation Questionnaire.

12. Does your facility have any special events? Yes No

If yes, please list and describe: _____

IV FINANCIAL INFORMATION

Fiscal Year End	Dollars	Percentage
Total Gross Receipts:		100%
1. Membership Fees:		
2. Personal Training		
3. Lessons		
4. Food and Beverage:		
Restaurant		
Snack Bar/Vending		
Functions		
5. Liquor Revenue:		
6. Spa Services Revenue:		
7. Tanning Revenue:		
8. Camp Revenue:		
Other Revenue (describe):		

Please include either an Income Statement from prior tax return OR a most recent year-end balance sheet and income statement and most recent interim balance sheet and income statement.

V SUMMARY OF REQUESTED ITEMS

1. Fully Completed & Signed Applications:
 - Facility Insurance Supplemental
 - ACORD Applications for each requested coverage lines
 - Liquor Liability Supplemental (if applicable)
 - Abuse & Molestation Supplemental (if applicable)
 - Swimming Pool Supplemental (if applicable)
 - Climbing Wall Supplement (if applicable)
 - Camp Supplemental (if applicable)
 - Non Owned/Hired Supplemental (if applicable)
 - Public Transportation Supplemental (if applicable)
2. 5 Year Currently Valued Hard Copy Loss Runs
3. Copies of all Waiver/Hold Harmless agreements signed by member and guests.
4. Fiscal year end financial statement including both income statement and balance sheet.
5. If new venture, provide copies of business plan, financial Performa and résumé for manager.
6. Pictures and brochure(s).
7. Certificate of Insurance from all contracted/subcontracted services naming club as additional insured.

8. Certificate of Insurance from all contracted instructors naming the club as additional insured.

Insured Signature: _____

Date: _____