



HEALTH CLUB SUPPLEMENTAL APPLICATION

*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: <http://get.adobe.com/reader/>.

Instructions: All questions must be answered. This application must be signed and dated by an owner, officer or partner. Please read carefully the statements at the end of this application.

Section I – Applicant Information

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Website: _____ Year Business Established: _____

Description of Operations: _____

Section II – General Information

1. Please provide the following operation information:

Total gross annual revenue: \$ _____

2. Please provide breakdown of gross sales by:

Membership fees:	\$ _____	Salon/Spa services:	\$ _____	Snack/Juice bar:	\$ _____
Personal training:	\$ _____	Pro shop sales:	\$ _____	Restaurant:	\$ _____
Classes:	\$ _____	Tanning beds:	\$ _____	Alcohol sales:	\$ _____
Court rental:	\$ _____	Massage:	\$ _____	Other: _____	\$ _____

3. Total members: _____ # of Active members: _____ # of Guests per mo.: _____

4. Operating Hours:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

Section III – Business Operations

1. What services do you provide at this location? (Check all applicable items.)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Aerobics | <input type="checkbox"/> Free Weights | <input type="checkbox"/> Masseur | <input type="checkbox"/> Sun Tanning Units |
| <input type="checkbox"/> Barber/Beauty Shop | <input type="checkbox"/> Handball Courts | <input type="checkbox"/> Nursery/Daycare | <input type="checkbox"/> Swimming Pools |
| <input type="checkbox"/> Basketball Courts | <input type="checkbox"/> Health Seminars | <input type="checkbox"/> Physical Therapists | <input type="checkbox"/> Tennis Courts |
| <input type="checkbox"/> Bicycle Tracks | <input type="checkbox"/> Jacuzzi/Whirlpool | <input type="checkbox"/> Racquetball Courts | <input type="checkbox"/> Trampolines |
| <input type="checkbox"/> Climbing/Rock Walls | <input type="checkbox"/> Jogging Tracks | <input type="checkbox"/> Sauna/Steam Room | <input type="checkbox"/> Zip Lines/Rope Courses |
| <input type="checkbox"/> Crossfit | <input type="checkbox"/> Kick Boxing | <input type="checkbox"/> Shower Rooms | |
| <input type="checkbox"/> Dance Instruction | <input type="checkbox"/> Locker Rooms | <input type="checkbox"/> Spa or Salon | |
| <input type="checkbox"/> Gymnastics/Tumbling | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Sports Medicine | |

Describe all other operations not listed above:

Section III – Business Operations (continued)

2. The Applicant provides which instructional services:

- Personal Trainers
 Aerobic Classes
 Weight Training
 Nutritional Counseling
 Parkour
 Yoga Classes
 Other (Describe) _____

3. Does the Applicant offer any of the following services:

- a.** Youth camps (day or overnight) Yes No
b. Chiropractic, physical therapy, rehabilitation services or similar professional services Yes No
c. Acupuncture, electrolysis, hair removal, body wrapping or any type of body container services Yes No
d. Medical services, blood analysis, stress testing, weight loss or diet clinics Yes No
e. Manufacture or alter the packaging of diet aids, vitamins, supplements or similar products Yes No

4. Are you a member of a franchise? Yes No

If YES, which one: _____

5. Is the Applicant engaged in, owned by, associated with or involved in any other enterprise?

If YES, please provide details:

Section IV – Management & Personnel

1. Please provide number of personnel:

Types of Service	Employees		Independent Contractors	
	Part Time	Full Time	Part Time	Full Time
Management				
Office Staff:				
Fitness/Group Instructors				
Massage Therapist:				
Personal Trainers				
Other: _____				
# of employees trained in CPR				

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

- a.** Are you included as an additional insured? Yes No
b. Limits that you require the independents to carry: \$ _____

3. Please provide management experience and qualifications: _____

4. Are you a member of IHRSA or other trade association? Yes No

If YES, provide details:

5. Percentage of trainers/instructors certified by ACE, NSCA, NCSF or other agency accredited by NCCA: _____ %

6. Do you provide CPR and/or First Aid training by a certified organization? Yes No

7. Is someone with CPR/AED/First Aid training on duty at all times? Yes No

8. How many Automatic External Defibrillators (AED) does the Applicant have at each location? _____

9. How many employees at each location, per shift, are trained to operate an AED? _____

Section V – Other Operations & Exposures

1. Does the Applicant have any swimming pools at the facility? Yes No

If YES, please answer the following questions:

- a.** Is the facility staffed with certified lifeguards during open swim times? Yes No
If NO, are "Swim At Your Own Risk" signs – with pool rules – posted? Yes No
b. Is proper lifesaving equipment available (shepherd's hook, rope, etc.) Yes No

Section V – Other Operations and Exposures (continued)

- c. Are pool rules clearly posted? Yes No
- d. Non-slip surface in pool area? Yes No
- e. Are there any diving boards, platforms or slides? Yes No

If YES, describe design (i.e., number/height): _____

- f. Are all swimming pools and hot tubs compliant with Virginia Graeme Baker Pool and Spa Safety Act? Yes No
- g. Does the applicant offer swimming lessons or pool parties? Yes No

If YES, please provide details:

- h. Does the applicant sponsor swim clubs? Yes No

If YES, please provide details:

- 2. Does the Applicant have any exposure to tanning units? Yes No

If YES, please answer the following questions:

- a. Number of tanning units/beds at this location: _____
- b. Are attendants on duty? Yes No
- c. Are all units equipped with timers? Yes No
- d. Do attendants maintain exclusive access to controls? Yes No
- e. Are waivers signed by each customer/member? Yes No
- f. Are parents required to sign waivers for children under 18 years of age? Yes No
- g. Are all tanning units/beds UL-approved? Yes No
- h. Are individuals warned against using tanning units when pregnant or using photosensitive medication? Yes No
- i. Are individuals required to wear protective goggles? Yes No
- j. Are units disinfected after each use? Yes No
- k. Are logs kept on each person's use and maximum number of uses enforced? Yes No
- l. Are units inspected regularly and maintenance logs maintained? Yes No

- 3. Does the Applicant's facility have Restaurant/Snack or Juice Bar/Vending sales? Yes No

If YES, please answer the following questions:

- a. Does the facility have any commercial cooking equipment? Yes No
- If YES, please complete the following:**
- b. Hood and ducts are protected by an automatic fire extinguishing system? Yes No
- c. Deep fat fryers protected by an automatic fire extinguishing system? Yes No
- d. Is the system UL3200-approved? Yes No
- e. Are the hood and ducts cleaned and serviced by an outside contractor. Yes No

If YES, how often? _____

- 4. Does your facility host or sponsor such events? Yes No

If Yes, please provide a description of each event:

- 5. Does your facility lease out/contract the property for events? Yes No

- a. **If YES, do you require a Certificate of Insurance naming you as an Additional Insured?** Yes No

- b. Minimum Liability Limits required: \$ _____

- c. Do you require proof of coverage for both General Liability and Participants Legal Liability? Yes No

- 6. Does the Applicant serve alcoholic beverages at the facility? Yes No

If YES, please answer the following questions:

- a. Do you have a liquor license in your name? Yes No

Section V – Other Operations and Exposures (continued)

- b. Total annual sales: \$ _____ Beer: \$ _____ Liquor: \$ _____
- c. Does your facility have a bar area? Yes No
- d. Do you have a “Happy Hour” with discounted drink specials? Yes No
- e. Are all employees serving liquor required to participate in alcohol awareness programs (TIPS)? Yes No
- f. Have you ever been assessed a fine or violation concerning the sale, serving or providing of alcohol? Yes No

If YES, please explain:

7. Does the Applicant offer child-sitting services? Yes No

If YES, please answer the following questions:

- a. Is your nursery service required to be state licensed? Yes No
- b. List the hours of operation for the child-sitting services: _____
- c. Do you require parents to sign liability waivers? Yes No
- d. What is the ratio of staff to children? _____
- e. Are children required to be signed in and signed out? Yes No

If YES, what system do you use for checking children in and out of the nursery?

- f. Are parents/guardians required to be on premises at all times while their child is in your care? Yes No
- g. Are criminal and background checks performed on all potential employees having exposure to or responsibility for children? Yes No
- h. Are children under 6 weeks old accepted? Yes No
- i. Do you have a formal and written Sexual Abuse Prevention Policy? Yes No
- If YES, please attach a copy.**
- j. Does Applicant require or provide staff training regarding sexual abuse prevention? Yes No

Section VI – Facility Policy & Procedures

1. Please indicate any of the following building access and safety procedures are in place:
- Member sign-in procedures Guest sign-in procedures Security cameras utilized
- Fire & emergency drills conducted Other Security measures: _____
2. Please indicate if any of the following member/guest practices are followed by the Applicant:
- a. General health application is completed or health examination required on all new members? Yes No
- b. Qualified staff completes pre-activity evaluation for all new members (including a cardio risk screening)? Yes No
- c. If not completed, do you require sign-off if declined assessment and/or training? Yes No
- d. Members/participants are required to sign an assumption-of-risk disclosure and waiver/release of liability prior to participating in any physical activity? Yes No
- e. All members and guests are instructed on how to properly use equipment? Yes No
- f. Applicant has a written incident report system (accident log kept of all injuries and accidents)? Yes No
3. Please indicate if any of the following member/guest practices are followed by the Applicant:
- a. Is written instruction of proper use posted on each piece of equipment? Yes No
- b. If customer is under 16 years of age, is parent's signature required on the release form? Yes No
- c. Are employees, instructors and trainers available in each area of the facility for supervision, spotting and emergencies? Yes No
- d. Are “spotters” required for all free weights? Yes No
- e. Is an equipment maintenance program in place, including a regular schedule of inspection and preventive maintenance of all apparatus and exercise equipment? Yes No
- f. How often do you inspect your equipment? Daily Weekly Monthly Other
- g. Is there a regular schedule for cleaning and disinfecting equipment with records maintained? Yes No
- h. Are equipment inspection and repair logs maintained (with details, date/time and repair service)? Yes No

Section VI – Facility Policy & Procedures (continued)

- i. Are certificate of insurance & hold harmless agreement required for any vendors repairing equipment? Yes No
- j. Does a professional servicing company inspect equipment annually? Yes No
- If YES, please provide name of servicing company:** _____
4. Please indicate if any following procedures are in place for sauna/steam room facilities:
- a. Are sauna(s) and steam room(s) monitored regularly for usage during open hours? Yes No
- If YES, how often?** _____
- b. Are rules posted regarding the proper use and safety precautions? Yes No
- c. Is the maximum recommended exposure time clearly posted? Yes No
- d. Do heating element and thermometer have protective covers to keep inaccessible and prevent burns? Yes No
- e. Are manufacturer's recommendations followed for usage and maintenance? Yes No
5. Please indicate if any of the following procedures are in place to identify unsafe conditions:
- a. Are trained staff on duty to actively monitor/supervise the fitness floor and all activity areas? Yes No
- b. Does Applicant have established closing procedures with checklists covering all activity areas? Yes No
- c. Are all interior and exterior walking surfaces inspected on a regular basis? Yes No
- d. Are there written snow/ice removal procedures (if applicable)? Yes No
- e. Does the Applicant have an adequate number of exits and emergency lighting? Yes No
- f. Are showers and locker rooms disinfected and cleaned daily? Yes No
- g. Are slip-resistant mats placed in all wet areas (poolside, showers, whirlpool/sauna(s))? Yes No
- h. Are temperature limiters or other anti-scalding devices installed on showers? Yes No
6. Indicate any of the following hiring practices followed by the administration:
- a. Is a signed employment application obtained for all potential employees and volunteers? Yes No
- b. Are personal references are checked? Yes No
- c. Are criminal background checks on all employees and volunteers required and do they include questions pertaining to prior convictions for any crime, including sex-related or child abuse-related offenses? Yes No
- d. Does the Applicant maintain documentation of employment applications and background checks? Yes No
- e. Does the Applicant verify all staff credentials (experience/certification) during the hiring process? Yes No
- f. Applicant conducts employee orientation covering all written policies with documentation maintained? Yes No
7. Do you have a written policy(s) designed to prevent abuse, molestation and sexual harassment?
- a. Are these policies and guidelines communicated to all employees and volunteers? Yes No
- b. Is documentation of the communication of your policies prohibiting abuse maintained? Yes No
- c. Do they contain guidelines for reporting suspected abuse or neglect of children? Yes No
- d. Are criminal background checks performed on all youth staff/volunteer positions? Yes No
- e. Do you discuss the following items at staff orientation:
- Child/sexual abuse? Yes No
 - How to recognize the signs? Yes No
 - What to do if a member/child reports someone molested him/her? Yes No
8. Has your facility had any incidents or claims brought against it for sexual molestation or any other allegation of misconduct? Yes No
- If YES, please provide details:**
-
9. Do you have an all-hazards emergency response plan in place? Yes No
- a. Does your plan include response procedures for medical emergencies? Yes No
- b. Does your plan include response procedures for disease/pandemic outbreaks? Yes No

Fraud Warning

Any person who, with intent to defraud or knowing that (s)he 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.

ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW JERSEY, NEW MEXICO and VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an Application for insurance is guilty of a crime. In Alabama, Arkansas, Louisiana and Maryland, that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines & denial of insurance benefits.

COLORADO: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA, KENTUCKY and PENNSYLVANIA: 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 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. In District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the Applicant provides false information materially related to a claim. In Pennsylvania, the person may also be subject to criminal and civil penalties.

FLORIDA and OKLAHOMA: Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an Application containing any false, incomplete or misleading information is guilty of a felony. In Florida it is a felony to the third degree.

KANSAS: An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an Insurer, purported Insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for personal or commercial insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto is considered a crime.

MAINE: 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 denial of insurance benefits.

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

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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

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 may include imprisonment, fines and/or denial of insurance benefits.

Representation Statement

I hereby apply for a policy of insurance as set forth in the application and I declare that all information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any policy which may be issued by the company will be issued on the basis of and reliance upon my statements in this application. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the company.

The signing of this application does not bind the undersigned to purchase the insurance and accepting this application does not bind the Insurer to complete the insurance or to issue any particular policy. If a policy is issued, it is understood and agreed that the Insurer relied upon this application in issuing each such policy and any endorsements thereto. The undersigned further agrees that if the statements in this application change before the effective date of any proposed policy, which would render this application inaccurate or incomplete, notice of such change, will be reported in writing to the Insurer immediately.

The Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

Applicant:

Print Name: _____ Signature: _____

Title: _____ Date: _____

I hereby declare that all the information contained in this application is correct and complete to the best of my knowledge and belief, that the application was complete and personally signed by the applicant and that a completed copy hereto has been given to the applicant.

Name of Producing Agency: _____

Signature of Producing Agent: _____ Date: _____

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY