

SCOTTSDALE OFFICE:
P.O. Box 14770, SCOTTSDALE, AZ 85267-4770
8475 E. HARTFORD DR., SCOTTSDALE, AZ 85255
PHONE: (480) 991-7889 WATS (800) 848-8860
FAX: (480) 948-1394 TOLL FREE (866) 240-8807



UTAH OFFICE:
P.O. Box 571770, MURRAY, UT 84157-1770
849 W. LE VOY DRIVE, SUITE 230, TAYLORSVILLE, UT 84123
PHONE: (801) 290-1144 WATS (800) 594-8900
FAX (801) 290-1160 TOLL FREE (800) 332-9285

EXERCISE AND HEALTH STUDIO AND PERSONAL TRAINER SUPPLEMENTAL APPLICATION
(Complete in addition to the ACORD Application)

Applicant's Name: _____

Location Address: _____

Agency Name: _____
Agent: _____
Phone No.: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

1. Description of operations: (Check all that apply.)

- | | | | |
|---|---|---------------------------------------|---|
| <input type="checkbox"/> Aerobics | <input type="checkbox"/> Massage Parlor | <input type="checkbox"/> Pilates | <input type="checkbox"/> Swimming Instruction |
| <input type="checkbox"/> Anti-Gravity/Aero Yoga | <input type="checkbox"/> Masseur | <input type="checkbox"/> Racquet Club | <input type="checkbox"/> Tai Chi |
| <input type="checkbox"/> Cheerleading Camps/Clinics | <input type="checkbox"/> Personal Trainer | <input type="checkbox"/> Spa | <input type="checkbox"/> Weight Lifting Gym |
| <input type="checkbox"/> Cheerleading Instruction | <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Swim Club | <input type="checkbox"/> Yoga |
| <input type="checkbox"/> Dance Instruction | <input type="checkbox"/> Other: _____ | | |
| <input type="checkbox"/> Exercise Equipment | | | |
| <input type="checkbox"/> Gymnastics Instruction | | | |

2. How long has applicant been in business? _____

3. Sexual and/or Physical Abuse Coverage limits:

- \$25,000 Per Claim/\$50,000 Aggregate (included)
 \$50,000 Per Claim/\$100,000 Aggregate
 \$100,000 Per Claim/\$300,000 Aggregate

4. Annual gross receipts from all operations: \$ _____

5. Number of Employees/Contractors:

	Employed or Leased	Independent Contractors
Certified aerobic instructors		
Uncertified aerobic instructors		
Dieticians or nutritionists		
Masseuses		
Personal trainers		
Physical therapists		
Swim instructors		
Other (describe):		
Total number of employees/contractors		
Number of employees/contractors trained in CPR		

6. For Independent Contractors:

Are certificates of insurance required from all independent contractors? Yes No
Is applicant included as an additional insured on independent contractors' policy? Yes No
Limits the independent contractors are required to carry: _____

7. Members' ages range from ____ to ____.

8. Does membership agreement include a Hold Harmless clause (Liability Waiver) in favor of the applicant? Yes No
If yes, attach a copy.

9. Other exposures: (Check all that apply.)

- Altitude mimicking devices (i.e., CVAC)
- Climbing, Tread, or Boulder walls (Please complete Climbing Wall Questionnaire, GLS-APP-47s.)
- Day Care
- Electrode Machines
Advise details: _____
- Foam pits
- Hydro-Massage Beds:..... Number: _____
- Internet or electronic media communication for exercise or health instruction or consulting
- Liquor sales: Receipts: \$ _____
- Parkour exercise
- Retail Sales
- Shower/sauna/steam or Jacuzzi facilities
Do the floors for all these areas have non-skid surfaces? Yes No
- Snack Bar
- Swimming Pool
Number of pools:
Number of diving boards or platforms: _____ Height: _____
Number of slides: _____ Height: _____
Depth of pool markings clearly visible? Yes No
Rules posted and life-safety equipment available at poolside? Yes No
CPR-trained individual on duty at all times? Yes No
Are all swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act? Yes No
- Tanning Beds, Booths and Spray-on Booths:..... Number: _____
Goggles provided? Yes No
Are all timers operated by an attendant? Yes No
Are tanning units Underwriters Laboratory approved? Yes No
Are all tanning units manufactured in the United States? Yes No
Are all tanning units disinfected after each use? Yes No
Do signs prohibit use of tanning units during pregnancy or if on medication? Yes No
Are customers advised to remove contact lenses? Yes No
Are waivers signed by each customer? Yes No
If customer is under the legal age, is the parent required to also sign waiver? Yes No
- Tennis/Racquetball/Handball/Squash Courts: Number of courts: _____
- Toning Beds: Number: _____
- Trampolines
Advise number, height and diameter: _____

9. Other exposures (continued): (Check all that apply.)

- Describe all off-site activities sponsored: _____
- None of the above

10. Indicate any of the following the applicant provides:

- Blood analysis
- Body wraps
- Medical stress testing
- Products manufactured by applicant (including, but not limited to, food and beverage supplements and vitamins)
- Products sold under applicants' name
- Protein diet plans
- Weight loss or diet clinics
- None of the above

If yes to any of the above, please describe: _____

- 11. Is all equipment inspected regularly?** Yes No
 Is inspection documentation maintained? Yes No
 If yes, how long? _____
 Has any equipment been built by the applicant? Yes No
 If yes, attach description.

12. Premises:

Hours of operation from _____ to _____.
 Are staff members always present when clients are on the premises? Yes No
 If no, advise monitoring and security requirements when staff is not present: _____

Is access to any operations limited or restricted (i.e., pool, sauna, tanning units, etc.)? Yes No
 If yes, explain in detail: _____

Is parking lot well lit? Yes No
 Armed Security Guard on premises? Yes No
 Unarmed Security Guard on premises? Yes No

- 13. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?** Yes No
 If yes, describe: _____

- 14. Does applicant have other business ventures for which coverage is not requested?** Yes No
 If yes, explain and advise where insured: _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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 commercial or personal 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, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO LOUISIANA APPLICANTS: 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 and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: 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 a denial of insurance benefits.

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

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: 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 and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA 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 include imprisonment, fines, and denial of insurance benefits.

NEW YORK 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 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.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ Date: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ Date: _____

Agent Email: _____ Preferred Method of Correspondence Email Fax Mail

Applicant Email: _____ Preferred Method of Correspondence Email Fax Mail