



Applicant Name:

Location Address: City: State: Zip:

Applicant's Website Address:

Contact Phone Number: Contact's Email:

Operations

1. Gross sales: \$ Memberships: % Retail: %
Alcohol: % Tanning: %

2. Payroll: \$

3. Number of members:

4. Number of employees: Management: Physical Therapy:
Personal Trainers: Other:

5. Number of sub-contractors: Services sub-contracted:

6. Are certificates of insurance obtained from Applicant's sub-contractors? ☐ Yes ☐ No
If yes, provide copies.

7. How many personal trainers are employed / sub-contracted at Applicant's facility?

8. What are your hours of operation?

9. Are waivers obtained for all adult users of the club, including spouses / partners on family Memberships?
☐ Yes ☐ No
If no, please explain:

10. Is an incident log kept of all injuries and accidents? ☐ Yes ☐ No

11. Do you have showers? ☐ Yes ☐ No

12. Are showers and locker rooms disinfected and cleaned daily? ☐ Yes ☐ No
If yes, how often?

13. Are there non-slip surfaces in shower areas? ☐ Yes ☐ No

14. Is there a snack bar or restaurant on the premises? ☐ Yes ☐ No
If yes, please provide annual sales:

15. Is there a bar serving liquor? ☐ Yes ☐ No
If yes, please provide annual sales:

16. Is there a pro shop? ☐ Yes ☐ No
If yes, please provide annual sales:

Additional Services

1. Does the facility conduct boxing activities? ☐ Yes ☐ No

If yes, please describe:

2. Does the facility conduct licensed childcare services? ☐ Yes ☐ No

If yes, please submit a *Childcare Questionnaire*.

3. Does the facility conduct gymnastics activities? ☐ Yes ☐ No

If yes, please describe what is included besides tumbling and floor exercises:

4. Does the facility conduct martial arts activities? ☐ Yes ☐ No

If yes, please submit a *Martial Arts Questionnaire*.

5. Does the facility conduct massage therapy? ☐ Yes ☐ No

If yes, please provide the number of massage therapists:

6. Does the facility conduct nutritional counseling? ☐ Yes ☐ No

7. Does the facility provide physical therapy? ☐ Yes ☐ No

If yes, what is the number of physical therapists:

Is any Medical Professional Liability Coverage in place? ☐ Yes ☐ No

8. Does the facility contain swimming pools? ☐ Yes ☐ No

If yes, what are the number of pools?

Are pool depths clearly marked? ☐ Yes ☐ No

Are applicable pool rules clearly posted? ☐ Yes ☐ No

Are there any slides? ☐ Yes ☐ No

Is there always a lifeguard on duty during operating hours? ☐ Yes ☐ No

Are there any diving boards? ☐ Yes ☐ No

If yes, list height & water depth for each board:

Board 1:

Board 2:

Board 3:

9. Does the facility contain tanning beds/booths? ☐ Yes ☐ No

If yes, how many beds/booths:

Are technicians present during operation? ☐ Yes ☐ No

Are only "manufacturer's suggested" bulbs used? ☐ Yes ☐ No

Type of bulbs used? UVA: % UVB: %

Are all customers given a written information statement as required by law regarding precautions that need to be taken and the risks of tanning? ☐ Yes ☐ No

Are records kept on each tanning customer for each visit and exposure time? ☐ Yes ☐ No

Are eye protective goggles required for all users? ☐ Yes ☐ No

Are beds and all body contact supplies sanitized after every use? ☐ Yes ☐ No

Do your customers sign waivers of liability before using tanning beds? ☐ Yes ☐ No *If yes, provide copy of waiver.*

Note: Waivers of liability are required for all types of tanning and spray beds.

Abuse and Molestation

1. Is the applicant seeking Abuse & Molestation coverage? ☐ Yes ☐ No *If no, skip this section.*
2. Does the Applicant's employment process (for employees and volunteers) include verification of whether the individual has ever been convicted of any crime, including sex- related or child abuse offenses, before and offer of employment is made? ☐ Yes ☐ No
3. Does the Applicant routinely request and receive such background investigations? ☐ Yes ☐ No
4. Does the Applicant verify employment-related references? ☐ Yes ☐ No
5. Does the Applicant conduct a personal interview? ☐ Yes ☐ No
6. Does the Applicant have written procedures for dealing with sexual abuse? ☐ Yes ☐ No *If yes, attach a copy.*
7. Does the Applicant's employment process (for employees and volunteers) include verification of whether the individual has even been convicted of any crime, including sex- related or child abuse offenses, before an office of employment/ volunteer is made? ☐ Yes ☐ No
8. Does the Applicant routinely request and receive such background investigations? ☐ Yes ☐ No
If yes, how often?
9. Does the Applicant verify employment related references? ☐ Yes ☐ No
If yes, how?
10. Does the Applicant conduct a personal interview? ☐ Yes ☐ No
11. Has there ever been an allegation of sexual abuse made against the insured? ☐ Yes ☐ No
If yes, please explain:
12. Does the Applicant have knowledge of any incident which would give rise to or result in, an allegation of sexual abuse?
☐ Yes ☐ No
If yes, please explain:

I DECLARE THAT THE STATEMENTS MADE IN THIS SUPPLEMENTAL ARE COMPLETE AND TRUE

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits a supplemental or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to criminal and civil penalties. Any changes in your operation must be reported to your agent. **(Not applicable in MN, NY, OR, or WA)**

Minnesota: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or state claim for each violation.

Oregon: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

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.

Insured's Signature: Date:

Agents's Signature: Date:

[PRINT](#)

Please submit completed application to your Independent Insurance Agent in electronic or printed format.

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