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

Name of Agent: \_\_\_\_\_

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

Web site Address: \_\_\_\_\_

Location Address: \_\_\_\_\_

1. **Operation:**     Aerobics                       Exercise Equipment     Massage Parlor     Physical Therapist  
                           Cheerleading Instruction     Free-weight Lifting     Masseur             Spa  
                           Dance Instruction             Gymnastics Instruction     Personal Trainer     Swim Club

2. **Sexual and/or Physical Abuse Coverage limits:**  
 \$25,000 Per Claim/\$50,000 Aggregate  
 \$50,000 Per Claim/\$100,000 Aggregate  
 \$100,000 Per Claim/\$300,000 Aggregate

3. **Annual gross receipts from all operations:** \$ \_\_\_\_\_

4. <b>Number of Employees:</b>	<b>Employed or Leased</b>	<b>Independent Contractors</b>
Certified aerobic instructors	_____	_____
Uncertified aerobic instructors	_____	_____
Personal trainers	_____	_____
Masseuses	_____	_____
Other (describe): _____	_____	_____
Total number of employees/contractors	_____	_____
Number of employees/contractors trained in CPR	_____	_____

5. **For Independent Contractors:**  
 Do independent contractors provide you with certificates of insurance? .....  Yes  No  
 Are you included as an additional insured on independent contractors' policy? .....  Yes  No  
 Limits that you require the independent contractors to carry: \_\_\_\_\_

6. **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.

7. Members' ages range from \_\_\_\_\_ to \_\_\_\_\_
8. Does membership agreement include a Hold Harmless clause (Liability Waiver)?.....  Yes  No  
If yes, attach a copy.
9. Other operations: (Indicate all that are applicable.)
- Climbing, Tread, or Boulder walls (Please complete Climbing Wall Questionnaire, GLS-APP-47s.)
  - Day Care
  - Electrode Machines  
Advise details: \_\_\_\_\_
  - Hydro-Massage Beds                      Number: \_\_\_\_\_
  - Internet or electronic media communication for exercise or health instruction or consulting
  - 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 Courts/Racquetball/Handball/Squash Courts      Number: \_\_\_\_\_
  - Toning Beds                      Number: \_\_\_\_\_
  - Trampolines  
Advise number, height and diameter: \_\_\_\_\_
  - Describe off-site activities you sponsor: \_\_\_\_\_
  - None of the above

**10. Indicate any of the following that you provide to your customers:**

- Blood analysis .....  Yes  No
- Body wraps .....  Yes  No
- Medical stress testing.....  Yes  No
- Products manufactured by applicant (including but not limited to food & beverage supplements and vitamins) .....  Yes  No
- Products sold under applicants' name .....  Yes  No
- Protein diet plans .....  Yes  No
- Weight loss or diet clinics.....  Yes  No
- None of the above

If yes to any of the above, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**11. 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 beds, 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

**12. Does applicant have other business ventures for which coverage is not requested? .....  Yes  No**

If yes, explain and advise where insured: \_\_\_\_\_  
\_\_\_\_\_

**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 Nebraska, Oregon and Vermont.**

**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 in the third degree.

**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 OHIO APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company 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.

**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 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 and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and 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.

**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.

**NOTICE TO NEW YORK APPLICANTS (Other than automobile):** 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 APPLICABLE IN THE STATE OF NEW YORK (automobile):**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a 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 also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each 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: \_\_\_\_\_