**QUESTIONNAIRE - HEALTH AND EXERCISE CLUBS**

Named Insured: 

Please answer all questions fully. Submit this Questionnaire with a completed ACORD Commercial Insurance Applicant Information Section and prior carrier loss runs.

Do all professionals, and the business, have current licenses where required by statute? □ Yes □ No

### PROHIBITED CIRCUMSTANCES

1. Is the insured in compliance with all licensing requirements? □ Yes □ No
2. Do you require proof of insurance from all independent contractors? □ Yes □ No
3. Are signed release forms required? (Attach a copy) □ Yes □ No
4. Do release forms require a parent’s signature for customers under 18 years old? □ Yes □ No
5. Are all diets approved by a physician? □ Yes □ No

If any of the preceding questions are answered “NO”, you are not eligible for coverage.

6. Do you manufacture, re-label or sell any private label food, cosmetic, or Vitamin products or supplements? □ Yes □ No
7. Do you recommend any prescription diet drugs to customers? □ Yes □ No
8. Do you offer gymnastics programs or use trampolines or other gymnastics equipment? □ Yes □ No
9. Do you have any past or pending claims for Professional Liability? □ Yes □ No
10. Do you provide any warranties or guarantees? □ Yes □ No

If any of the five preceding questions are answered “YES”, you are not eligible for coverage.

### OPERATIONS

1. Number of years business:
   - If new describe prior experience: ____________________________
2. Number of members: ____________________________
3. Hours of operation: ____________________________
4. Does the Named Insured own the building? □ Yes □ No
5. Any cooking on premises?
   - If yes, describe: ____________________________
6. Any food or beverages sold on premises?
   - If yes, describe: ____________________________
7. Is alcohol served? □ Yes □ No
8. Does the insured ban cell phones from all locker rooms? □ Yes □ No
9. How is member confidential information (including billing and credit information) handled and stored? ____________________________
10. Are all trainers / counselors required to be over 18 years of age? □ Yes □ No
11. Is the Club a member of a Professional Health Club Organization? □ Yes □ No
   a. If yes, what organization?

Check all applicable items:

☐ *Aerobics
☐ Archery
☐ Barber / Beauty Shop
☐ Basketball Courts
☐ Bicycle Tracks
☐ Body Toning
☐ Dance Instruction
☐ Diet Counseling
☐ Game Room
☐ *Gymnastics
☐ Handball / Racquetball Courts
☐ Jacuzzi
☐ Jogging Tracks
☐ Judo
☐ Karate
☐ Locker Rooms
☐ Masseuse
☐ *Nursery
☐ Physical Therapists
☐ Pro Shop
☐ *Sauna
☐ Shower Rooms
☐ Sports Medicine
☐ *Steam Rooms
☐ *Sun Tanning Units
☐ *Swimming Pools
☐ Trainer Certification
☐ Tennis Courts
☐ Trampolines
☐ Tumbling
☐ *Weight Reduction Plans
☐ *Weight Rooms
☐ *Whirlpool
☐ Other (describe below)

* Give complete details below: __________________________

Describe all other operations (including off premises activities) not listed above: __________________________

GENERAL

11. Does the insured have a stated policy regarding sexual harassment? □ Yes □ No
12. Does the insured recommend performance enhancing supplements? □ Yes □ No
   If Yes, please explain: __________________________

RISK MANAGEMENT INFORMATION

1. Are all instructors employees of the Named Insured? □ Yes □ No
2. Are eye guards required on racquetball courts? □ Yes □ No
3. Are incident reports compiled daily for all injuries? □ Yes □ No
4. How long are these reports kept on file? __________________________
5. Is membership restricted by age, or are specific activities restricted by age? □ Yes □ No

EMERGENCY INFORMATION

1. Is emergency medical care easily accessible? □ Yes □ No
2. Are emergency numbers posted by all phones? □ Yes □ No
3. Are members of staff trained to administer:
   • First aid? □ Yes □ No
   • CPR? □ Yes □ No
   • Defibrillation? □ Yes □ No
   • If yes, how often are they re-certified? __________________________
4. Is a defibrillator available and accessible at each business location?  □ Yes □ No
5. Are exits properly marked and easily accessible?  □ Yes □ No
6. Is there a back-up power system?  □ Yes □ No
7. Is there emergency lighting with battery back up?  □ Yes □ No

### STAFF

1. List the qualifications of employees who plan programs for members:  
2. Are instructors trained in specialized areas?  □ Yes □ No
3. Are the instructors independent contractors? (As opposed to employees.)  □ Yes □ No
   - Do the independent contractors use assistants?  □ Yes □ No
   - Are the assistants your employees?  □ Yes □ No
4. Do you have an ongoing program of training and staff evaluation?  □ Yes □ No
5. What is the minimum number of years experience for all trainers / counselors?

### MEMBERS

1. Do new club members go through a complete introduction/evaluation process to develop a personal exercise program including training on all equipment?  □ Yes □ No
2. Is the progress of members periodically evaluated?  □ Yes □ No
3. Are minors permitted to become members?  □ Yes □ No
4. Do members give a medical history noting any adverse physical conditions?  □ Yes □ No
5. How often is a members medical information updated?  
6. Are there specialized programs for pregnant members?  □ Yes □ No
7. Are pregnant members required to obtain a release from their physician?  □ Yes □ No

### HEALTH CLUB PROFESSIONAL (COMPLETE IF COVERAGE IS DESIRED)

1. Are all trainers / counselors certified by a state, municipality or professional organization if required?  □ Yes □ No
2. Does the insured publish recipes, cookbooks or general nutritional guides?  □ Yes □ No
3. Does the insured periodically test members to measure their ability and performance and assess their progress to prevent injury from an overly strenuous a regime?  □ Yes □ No
   If yes, How often?

### SWIMMING EXPOSURE (COMPLETE WHEN APPLICABLE)

1. Indoor pool: Minimum depth: _________ Maximum Depth: _________  □ Yes □ No
2. Outdoor Pool: Minimum depth: _________ Maximum Depth: _________  □ Yes □ No
3. Lap Pool: Minimum depth: _________ Maximum Depth: _________  □ Yes □ No
4. Diving Pool: Minimum depth: _________ Maximum Depth: _________  □ Yes □ No
5. Are rules posted? (No running, no diving, etc.)  □ Yes □ No
6. Are lifeguards present during all hours of operation?  □ Yes □ No
7. Is lifesaving equipment readily available in the immediate pool area?  □ Yes □ No
8. Are there diving boards?  □ Yes □ No
   - If yes, number of meters in height:  
9. Does the pool area floor have a non-slip surface?  □ Yes □ No
10. Do the locker room, shower and sauna area floors have a non-slip surface?  □ Yes □ No
12. Are depth markings of water level clearly indicated?  □ Yes □ No
13. Is a “key” or other authorization necessary for pool access? □ Yes □ No
14. Are outdoor pools enclosed by a secure fence? □ Yes □ No
  - Is there either no gate or a self-locking gate? □ Yes □ No
15. Please describe storage of pool chemicals: ____________________________

**AEROBIC CLASSES (COMPLETE WHEN APPLICABLE)**

1. Do instructors have each participant monitor his/her heart rate? □ Yes □ No
2. Are participants encouraged to stop if they show symptoms of overexertion? □ Yes □ No
3. Do instructors receive training to identify signs of overexertion? □ Yes □ No
4. Are all instructors certified? □ Yes □ No
5. Is the floor padded and/or made of a slip-resistant surface? □ Yes □ No
6. Are there class size limitations to prevent overcrowding? □ Yes □ No

**DAY CARE (COMPLETE WHEN APPLICABLE)**

1. Maximum number of children allowed at any one time: ____________
2. Minimum - maximum age of children allowed: ____________
3. Maximum adult/child ratios allowed: ________________________
4. Do employees receive any training in childcare? □ Yes □ No
5. Are guardians required to remain on premises while children are in day care? □ Yes □ No

**GYMNASTICS (COMPLETE WHEN APPLICABLE)**

1. Are any trampolines used? □ Yes □ No
2. Are instructors or supervisors present when gymnastic equipment is used? □ Yes □ No
3. List other gymnastic equipment available for use: ____________________________
4. Describe procedures in case of an accident: ____________________________

**SAUNAS/STEAMROOMS/WHIRLPOOLS (COMPLETE WHEN APPLICABLE)**

1. Are warnings and directions for use clearly posted? □ Yes □ No
2. Do all doors open outward? □ Yes □ No □ N/A
3. Do all doors have a visibility window? □ Yes □ No □ N/A
4. Does the heating element in the sauna have a guardrail? □ Yes □ No □ N/A
5. Are thermostats tamper-resistant? □ Yes □ No
6. Is the sauna, steam room, and/or whirlpool cleaned daily? □ Yes □ No
7. Do saunas have emergency shutoff? □ Yes □ No □ N/A
8. Is the whirlpool emergency shutoff in same area? □ Yes □ No □ N/A
9. Are warnings posted regarding use; i.e. pregnancy, alcohol, medications, etc.? □ Yes □ No

**TANNING EQUIPMENT (COMPLETE WHEN APPLICABLE)**

If applicable, complete Questionnaire – Sun Tanning, form #CGE 182.
WEIGHT REDUCTION PROGRAMS (COMPLETE WHEN APPLICABLE)

1. Are diets recommended to members? □ Yes □ No
   • If so, has a physician or licensed dietician approved them for general use? □ Yes □ No
2. Are members advised to consult a physician prior to beginning a program? □ Yes □ No
3. Do you sell prepackaged food, cosmetic, or Vitamin products or supplements? □ Yes □ No
   • Receipts from all products: $________
   • Are any of these products manufactured, repackaged, or relabeled by you? □ Yes □ No
   • If yes, provide details: ____________________________________________________
   • Receipts from these products: $________
4. Do you employ a dietician? □ Yes □ No
5. Do you recommend prescription diet drugs? □ Yes □ No
6. Does a physician oversee weight management programs? □ Yes □ No
7. Is Body Mass Index (BMI) or a body fat analysis considered before allowing clients to enter a program? □ Yes □ No

WEIGHT ROOMS (COMPLETE WHEN APPLICABLE)

1. Are instructors or supervisors present when weight-training equipment is used? □ Yes □ No
2. Are free weights properly stored on racks? □ Yes □ No
3. Is regularly scheduled maintenance performed on exercise machines? □ Yes □ No
4. Are proper warnings and instructions for use posted for exercise machines? □ Yes □ No
5. Does the insured offer sports instruction or personal training? □ Yes □ No

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature ___________________________ Title ___________________________ Date ____________

Producer Signature ___________________________ Date ____________

Producer Name and Address _______________________________________________________________________

Agent Name and Address _______________________________________________________________________

CGE 138 (05-07) Exercise and Health Club Copyright 2007, Capitol Transamerica Corporation Page 5 of 5