

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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Do you require proof of insurance from all independent contractors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Are signed release forms required? (Attach a copy) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Do release forms require a parent's signature for customers under 18 years old? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Are all diets approved by a physician? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Do you recommend any prescription diet drugs to customers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Do you offer gymnastics programs or use trampolines or other gymnastics equipment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Do you have any past or pending claims for Professional Liability? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Do you provide any warranties or guarantees? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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? Yes No
 - If yes, describe: _____
6. Any food or beverages sold on premises? Yes No
 - 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:

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

* 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