

GYM & WORKOUT FACILITIES APPLICATION

SUBMISSION REQUIREMENTS:

- Completed ACORD Application for all submitted lines
- 5 Years Currently Valued Loss Runs for all submitted lines
- Copy of Waivers and Releases
- Copy of Health Club Membership Application
- Copy of Medical Disclosure
- Standard Vendor/Subcontractor Contract
- Facility Lease Agreement (if building rented/leased)

GENERAL INFORMATION

Full Named Insured:								
Mailing Address:				City:			State:	Zip:
Physical Address:				City:			State:	Zip:
Entity Type:	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other:			
Email:				Phone:				
Year Established:				In business under current management since:				
Is operation part of a franchise?*							<input type="checkbox"/> Yes <input type="checkbox"/> No	
*If yes, what is the franchise name?								
Facility is:							<input type="checkbox"/> Owned <input type="checkbox"/> Leased	
Is a safety manager on premises at all times the facility is open?							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the Applicant have a formal safety training program for employees in place?							<input type="checkbox"/> Yes <input type="checkbox"/> No	

EXPOSURE INFORMATION

<i>Provide estimated count:</i>							
	Upcoming Year				Prior Year		
Total Members							
# of Active Members							
# of Guests per Month							
<i>Operating Hours:</i>							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							
Is staff present during all hours of operation?						<input type="checkbox"/> Yes <input type="checkbox"/> No	

<i>Provide estimated receipts:</i>		
	Upcoming Year	Prior Year
Membership Fees	\$	\$
Personal Training	\$	\$
Classes	\$	\$
Court Rental	\$	\$
Salon/Spa Services	\$	\$
Pro Shop Sales	\$	\$
Tanning Beds	\$	\$
Restaurant	\$	\$
Alcohol Sales	\$	\$
Other*	\$	\$
Total Gross Receipts	\$	\$
<i>*If Other Receipts, describe:</i>		

FACILITY INFORMATION

Any storage, treating, discharging, applying, disposing, or transporting hazardous materials?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Any operations sold, acquired, or discontinued in the last five (5) years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are any structural alterations or demolitions contemplated?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<i>*If so, please advise:</i>				
Machinery, equipment, or attractions rented to others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Any watercraft docks or floats on premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<i>Advise who is responsible for the following:</i>				
	Applicant	Facility Owner	Subcontractor	N/A
Building Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liquor Sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Merchandise/Gift Shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Answer the following with regards to contracts and certificates of insurance with subcontractors and vendors:</i>				
	Applicant	Sub/Tenant	Mutual	N/A
a. Hold Harmless/Indemnification wording is in favor of:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Additional Insured status is in favor of:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. COI showing at least \$1M liability limit required by:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does Applicant's facility host or sponsor such events?*	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>*If yes, explain:</i>				
Does Applicant's facility lease out/contract the property for events?*	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>*If yes, does Applicant require COI including AI status for Applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No</i>				

LIFE SAFETY

Is there cooking on premises? <i>*If yes, answer the following questions.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the cooking area, hood and duct system protected by a fire extinguishing system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant have a written agreement in place for grease removal, hood, duct, and filter cleaning with an outside company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How often is the hood and duct serviced? <input type="checkbox"/> Annually <input type="checkbox"/> Every 6 months <input type="checkbox"/> Quarterly <input type="checkbox"/> Other (explain): Date Last Serviced:	
Indicate any Fire Protection in place: <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Sprinklered Facility <input type="checkbox"/> Alarm-Central Station <input type="checkbox"/> Alarm-Local	
Central station burglar alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Closed-circuit surveillance cameras?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any medical facilities provided?*	
<i>*If yes, who provides?</i> <input type="checkbox"/> City Paramedics <input type="checkbox"/> Venue Staff <input type="checkbox"/> Contracted Service	
Does Applicant have at least one (1) Automated External Defibrillator?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*If yes, are staff members trained to use it?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does Applicant have backup emergency lighting and/or emergency generators in the event of a power failure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Evacuation/egress plan arranged with civil authorities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant have an emergency evacuation plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are evacuation procedures and floor plans posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exits clearly marked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are parking lots well-lit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Outdoor Venue: Weather monitoring system in place? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there fencing around the perimeter? <input type="checkbox"/> Yes <input type="checkbox"/> No	

MEMBER/GUEST SERVICES

Indicate which of the following member/guest practices Applicant follows: <input type="checkbox"/> General health application is completed or health examination required on all new members. <input type="checkbox"/> Qualified staff completes pre-activity evaluation for all new members (including a cardio risk screening). <input type="checkbox"/> Members/participants are required to sign an assumption-of-risk disclosure and waiver/release of liability prior to participating in any physical activity. <input type="checkbox"/> All members and guests are instructed on how to properly use equipment. <input type="checkbox"/> Applicant has a written incident report system (accident log kept of all injuries and accidents).
Indicate which of the following member/guest practices Applicant follows: <input type="checkbox"/> Written instruction of proper use is posted on each piece of equipment? <input type="checkbox"/> Parent's signature is required on the release form for customers under 16 years of age. <input type="checkbox"/> Employees, instructors, and trainers are available in each area of the facility for supervision, spotting, and emergencies.

<input type="checkbox"/> "Spotters" are required for all free weights. <input type="checkbox"/> An equipment maintenance program is in place, including a regular schedule of inspection and preventive maintenance of all apparatus and exercise equipment. <input type="checkbox"/> There a regular schedule for cleaning and disinfecting equipment with records maintained. <input type="checkbox"/> Equipment inspection and repair logs are maintained (with details, date/time and repair service). <input type="checkbox"/> Certificate of insurance & hold harmless agreements are required from vendors repairing equipment.	
How often does Applicant inspect equipment? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:	
Does a professional servicing company inspect equipment at least annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Minimum age required to use the facility:	
Are minors required to be accompanied by parent or guardian?	<input type="checkbox"/> Yes <input type="checkbox"/> No

FACILITY OPERATIONS

<i>Advise if Applicant offers any of the following:</i>		
<input type="checkbox"/> Aerobics	<input type="checkbox"/> Jacuzzi/Whirlpool: #	<input type="checkbox"/> Showers: #
<input type="checkbox"/> Basketball Courts: #	<input type="checkbox"/> Jogging Tracks: #	<input type="checkbox"/> Spa or Salon
<input type="checkbox"/> Circuit Equipment: #	<input type="checkbox"/> Kickboxing and/or Martial Arts	<input type="checkbox"/> Step Machines: #
<input type="checkbox"/> Climbing/Rock Walls: #	<input type="checkbox"/> Locker Rooms	<input type="checkbox"/> Swimming Pools: #
<input type="checkbox"/> Crossfit	<input type="checkbox"/> Nursery/Daycare	<input type="checkbox"/> Tanning Beds: #
<input type="checkbox"/> Dance Instruction	<input type="checkbox"/> Physical Therapists	<input type="checkbox"/> Tennis Courts: #
<input type="checkbox"/> Gymnastics/Tumbling	<input type="checkbox"/> Racquetball Courts: #	<input type="checkbox"/> Trampolines: #
<input type="checkbox"/> Free Weights	<input type="checkbox"/> Rowing Machines: #	<input type="checkbox"/> Treadmills: #
<input type="checkbox"/> Handball Courts: #	<input type="checkbox"/> Sauna/Steam Room: #	<input type="checkbox"/> Zip Lines/Ropes Courses: #
Describe other operations not listed above:		
Advise if Applicant offers any of the following instructional services:		
<input type="checkbox"/> Aerobic or Yoga Classes	<input type="checkbox"/> Personal Training	<input type="checkbox"/> Other (describe):
<input type="checkbox"/> Nutritional Coaching/Counseling	<input type="checkbox"/> Weight Training	
<i>Advise if Applicant offers any of the following services:</i>		
<input type="checkbox"/> Youth Camps	<input type="checkbox"/> Chiropractic, Physical Therapy, Rehab, or similar service	
<input type="checkbox"/> Acupuncture, electrolysis, hair removal, or similar service	<input type="checkbox"/> Medical services, blood analysis, stress testing, weight loss, or diet clinic	
<input type="checkbox"/> Manufacture or alter the packaging of diet aids, vitamins, supplements, or similar products		

SWIMMING POOLS

 N/A

Complete the following section if Applicant has swimming pools at the facility.

Is the pool a lap pool?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all swimming pools & spas compliant with Virginia Graeme Baker Pool & Spa Safety Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the water treatment/filtration system have a device to prevent Cryptosporidium outbreaks?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*If yes, what kind of device?</i>	
Is the facility staffed with certified lifeguards during open swim times?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*If yes, are lifeguards Red Cross certified?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>*If no, are "Swim At Your Own Risk" signs with pool rules posted?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is proper lifesaving equipment available (shepherd's hook, rope, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are pool rules clearly posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Non-slip surface in pool area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the swimming pool(s) under video surveillance at all times?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any diving boards, platforms or slides?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*If yes, describe design (number, height, etc.):</i>	
Does Applicant offer swimming lessons or pool parties?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*If yes, explain:</i>	
Does Applicant sponsor swim clubs?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*If yes, explain:</i>	

TANNING APPARATUS

 N/A

Complete the following section if Applicant has tanning units/beds at the facility.

Number of tanning units:	
Are attendants on duty?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all units equipped with timers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are waivers signed by each customer/member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all tanning units/beds UL-approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are individuals required to wear protective goggles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are units disinfected after each use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are logs kept on each person's use and maximum # of uses enforced?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are units inspected regularly and maintenance logs maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No

RESTAURANT/FOOD SERVICE OPERATIONS INFORMATION

 N/A

Complete the following section if Applicant has restaurant/food services at the facility.

Are all cooking installations in compliance with NFPA 96?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is the cooking area, hood and duct system protected by a fire extinguishing system?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does Applicant have a written agreement in place for grease removal, hood, duct, and filter cleaning with an outside company?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

*If yes, frequency of service: <input type="checkbox"/> Annually <input type="checkbox"/> Every 6 months <input type="checkbox"/> Quarterly <input type="checkbox"/> Other (explain): _____ Date Last serviced: _____	
Are hoods/duct work cleaned by outside service contractor? *If yes, frequency of service: <input type="checkbox"/> Annually <input type="checkbox"/> Every 6 months <input type="checkbox"/> Quarterly <input type="checkbox"/> Other (explain): _____ Date Last serviced: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

CHILD CARE OPERATIONS

 N/A

Complete the following section if Applicant offers childcare at the facility.

Is Applicant's nursery service required to be state licensed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List the hours of operation for the child-sitting services: From _____ To _____	
Does Applicant require parents to sign liability waivers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the ratio of staff to children? 1 <i>staff member</i> to _____ <i>children</i>	
Are children required to be signed in and signed out? * *If yes, describe system used: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are parents/guardians required to be on premises at all times while their child is in your care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are criminal and background checks performed on all potential employees having exposure to or responsibility for children?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Minimum age accepted: _____	

MANAGEMENT & PERSONNEL

<i>Advise number of personnel:</i>				
Types of Service	Employees		Independent Contractors	
	Part Time	Full Time	Part Time	Full Time
Management				
Office Staff				
Fitness/Group Instructors				
Massage Therapist				
Personal Trainers				
Other:				
Number of employees trained in CPR?: _____				
Do independent contractors provide Applicant with certificates of insurance?*			<input type="checkbox"/> Yes <input type="checkbox"/> No	
*If yes, does Applicant require to be listed as an Additional Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No				
*If yes, advise limits Applicant requires contractors to carry: \$ _____				
Is Applicant a member of IHRSA or other trade association?*			<input type="checkbox"/> Yes <input type="checkbox"/> No	
*If other, advise which trade association: _____				
Percentage of trainers/instructors certified by ACE, NSCA, NCSF or other agency accredited by NCCA: _____ %				
Does Applicant provide CPR and/or First Aid training by a certified organization?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is someone with CPR/AED/First Aid training on duty at all times?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
How many Automatic External Defibrillators (AED) does the Applicant have at each location?				
How many employees at each location, per shift, are trained to operate an AED?				

ABUSE OR MOLESTATION

If Abuse or Molestation coverage is requested, please complete the following section.

Does Applicant have custodial responsibility of minors?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant conduct any overnight operations?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Identify the following hiring practices in place:</i>		
Employment applications required for:	<input type="checkbox"/> Staff	<input type="checkbox"/> Volunteers
Reference Checks required for:	<input type="checkbox"/> Staff	<input type="checkbox"/> Volunteers
Criminal & Sexual Offender records checked for:	<input type="checkbox"/> Staff	<input type="checkbox"/> Volunteers
In-Person Interview required for:	<input type="checkbox"/> Staff	<input type="checkbox"/> Volunteers
Do any current staff or volunteers have any prior abuse or sexual convictions?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant have a formal, written Abuse Prevention Program in place?*		<input type="checkbox"/> Yes <input type="checkbox"/> No
*If yes, provide a copy.		
*If yes, does it include a supervision plan to monitor staff in day-to-day relationships with patrons? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has Applicant ever had an incident which resulted in an allegation of sexual abuse or molestation?		<input type="checkbox"/> Yes <input type="checkbox"/> No

COMMERCIAL AUTO/HIRED & NON-OWNED AUTO

If Commercial Auto and/or Hired & Non-Owned Auto (HNOA) coverage is requested, please complete the following section.

Does Applicant have any owned vehicles?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant allow employees to use their own personal vehicles for business purposes?*		<input type="checkbox"/> Yes <input type="checkbox"/> No
* If yes, how many?		
* If yes, how often?		
Does Applicant confirm all employees driving on its behalf carry at least state minimum personal auto liability limits?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does Applicant rent/lease vehicles to others?*		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
*If Yes, provide a List of Vehicles rented and a copy of the rental contract used.		
If HNOA is requested, please provide the following:		
Annual Cost of Hire: \$	Confirm Driver MVRs are screened: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

LOSS INFORMATION

Please explain any losses over \$25,000 (use an additional sheet if necessary).

1.
2.
3.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS QUESTIONNAIRE. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

I further acknowledge that I understand that this information is provided in conjunction with and in addition to the ACORD application(s) referenced above and that the information contained herein is subject to the same notices, disclaimers, warranties, and representations as on the referenced application(s).

Signature of Insured

Title

Click or tap to enter a date.

Date