



HEALTH AND EXERCISE CLUBS QUESTIONNAIRE

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

Named Insured: _____

Website: _____

PROHIBITED CIRCUMSTANCES

If any of the questions in the section below are answered "YES," you are not eligible for coverage.

- | | | |
|----------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 1. Are you open 24 hours and unstaffed at any time? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does the risk offer sensory deprivation chambers, blood analysis or stress testing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Do you recommend any diet or weight loss drugs to customers?* | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Is this risk a stand alone diet center? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Do you offer the use of trampolines or other gymnastics apparatus? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Do you offer diet counseling, sports medicine or physical therapy services?* | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Do you employ a dietician or nutritionist?* | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Do you have any diving boards/platforms that are over 3 feet high? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If any of the questions in the section below are answered "NO," you are not eligible for coverage.

- | | | |
|-------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 9. Are signed release forms required? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Do release forms require a parent's signature for customers under 18 years old? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Are instructions and warnings posted for all equipment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Are all members pre-screened for health or physical issues?* | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

*These only apply if professional coverage is requested. Attach CG 21 16 to exclude professional if it is not eligible.

GENERAL INFORMATION

- | | |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1. How many of each of the following types of courts do you have: | |
| a. Handball/racquetball courts? | _____ |
| b. Basketball/volleyball courts? | _____ |
| c. Tennis courts? | _____ |
| 2. Do you have at least 3 years of prior experience in owning/managing a health or exercise club? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Do you offer martial arts, boxing or hockey training? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Do you have a climbing wall? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Do you manufacture or re-label any food, vitamins or supplements? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Does the club grant voting rights to members?* | <input type="checkbox"/> Yes <input type="checkbox"/> No |

*Clubs that grant voting rights to members should be classified using class 44311, all others use class 44315.



PROFESSIONAL INFORMATION (Complete if requesting coverage)

1. Have you incurred any professional liability claims in the past three years? Yes No
2. Average number of personal and/or fitness trainers? Part time: _____
Full time: _____

POOLS / SAUNAS / STEAM ROOMS / WHIRLPOOLS (COMPLETE WHEN APPLICABLE)

1. Number of each:
 - a. Pools – complete the swimming pool questionnaire, if any? _____
 - i. Diving board or platforms? Yes No
 - b. Hot tubs / Jacuzzis _____
 - c. Whirlpools _____
 - d. Saunas / Steam Rooms _____
2. If any hot tubs, Jacuzzis, steam rooms or saunas; please certify that the following requirements are met:
 - a. Warnings and directions for use clearly posted.
 - b. All thermostats are tamper-resistant.
 - c. All emergency shutoffs are in the same area.
 - d. All of these features are equipped with a timer for automatic shut-off.

I certify that all the statements above in number 2 are verified: Yes – I certify this

OTHER OPERATIONS

- Swimming pools, complete: **Swimming Pool Questionnaire – CGE 160**
- Martial arts, complete: **Martial Arts Questionnaire – CQU 013**
- Beauty/barber, massage or spa services, complete: **3B and Day Spa Questionnaire – CGE 006**
- Sun tanning services, complete: **Sun Tanning Questionnaire – CGE 182**
- Child day care services, complete: **Child Day Care Questionnaire – CQU 002**



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 _____

Sample Form

Waiver And Release Of Liability

In consideration of _____ furnishing services and/or equipment to enable me to participate in _____, I agree as follows;

I fully understand and acknowledge that;

- (A) Risk and dangers exist in my use of _____ equipment and my participation in _____ activities.
- (B) My participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that could cause serious disability.
- (C) These risks and dangers may be caused by the negligence of the participants, or the negligence of others, accidents, breaches of contract, the forces of nature or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes.
- (D) By my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the owner or employees of _____.

I, on behalf of myself, my personal representatives and my heirs hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify _____ and its owner and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of ALL _____ equipment or my participation in _____ activities. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owner or employees of _____.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE _____ FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

SIGNATURE _____ AGE _____

DATE _____

SIGNATURE OF PARENT OR GUARDIAN _____