

HEALTH and EXERCISE SALON SUPPLEMENTAL QUESTIONNAIRE

(Complete in Addition to Acord Application)

1. Name of Applicant: _____
2. Do you conduct any other business other than an exercise salon? Yes No
If Yes, please explain: _____
3. What are the estimated annual gross receipts from the exercise salon operation? \$ _____
4. What are the estimated annual gross receipts from all operations? \$ _____
5. Do you provide any of the following facilities or activities?
- | | | | | | |
|--------------------------|--|--------------|---------------|--|--------------|
| Aerobic Exercise Classes | <input type="checkbox"/> Yes <input type="checkbox"/> No | Number _____ | Running Track | <input type="checkbox"/> Yes <input type="checkbox"/> No | Number _____ |
| Athletic Contests | <input type="checkbox"/> Yes <input type="checkbox"/> No | Number _____ | Sauna | <input type="checkbox"/> Yes <input type="checkbox"/> No | Number _____ |
| Handball Courts | <input type="checkbox"/> Yes <input type="checkbox"/> No | Number _____ | Spa | <input type="checkbox"/> Yes <input type="checkbox"/> No | Number _____ |
| Martial Arts Classes | <input type="checkbox"/> Yes <input type="checkbox"/> No | Number _____ | Swimming Pool | <input type="checkbox"/> Yes <input type="checkbox"/> No | Number _____ |
| Martial Arts Exhibitions | <input type="checkbox"/> Yes <input type="checkbox"/> No | Number _____ | Team Sports | <input type="checkbox"/> Yes <input type="checkbox"/> No | Number _____ |
| Racquetball Courts | <input type="checkbox"/> Yes <input type="checkbox"/> No | Number _____ | Tennis Courts | <input type="checkbox"/> Yes <input type="checkbox"/> No | Number _____ |
| Trampoline | <input type="checkbox"/> Yes <input type="checkbox"/> No | Number _____ | | | |
- (Provide separately full details of any Yes answers)*
6. Give brief description of type of exercise equipment you have available for use: _____

- a. Number of free weights and brand? _____
- b. Are spotters available? Yes No
- c. Is equipment inspected? Yes No
How often? _____ Inspection performed by whom? _____
Are records of inspections kept? Yes No
- d. Who maintains and repairs equipment? _____
7. Are customers asked:
- If they are under a doctor's care? Yes No
- If they have had any recent operations? Yes No
- If any of these are answered Yes, is a doctor's written approval obtained before permitting use? Yes No
8. Are waivers signed by each customer? Yes No
- If customer is under the legal age, is parent required to also sign waiver? Yes No
- Are female customer advised not to use exercise equipment if pregnant? Yes No
- Are signs posted? Yes No
9. Is information on exercise units given to each customer? Yes No
10. What are first aid and emergency procedures? _____

11. Number of employees? Fulltime _____ Parttime _____
- a. Describe any formal training/educational requirements? _____
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- b. Is staff required to have CPR and/or First Aid training? Yes No
 If not, is training provided by employer? Yes No
- c. If club includes aerobics, are instructors and/or head instructor certified? Yes No
12. If there is a swimming pool, is there a lifeguard on duty in pool area at all times Yes No
- a. Is there proper lifesaving equipment available? Yes No
 Type (hook, rope, etc.)? _____
- b. Are pool rules posted? Yes No
- c. Diving Board? Yes No
 Height? _____
13. Premise information:
- a. Number of fire extinguishers on premises _____ b. Number of exits? _____
 Fire extinguishers serviced and tagged within the past year? Yes No
- b. Smoke detectors? Yes No

I agree to maintain all signed waivers as permanent records. I also agree to have all customers read and sign a waiver form for use of exercise equipment.

(Copy of waiver form used must accompany this application)

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicant: _____

Producer: _____

Signature: _____

Date: _____

Producer Signature: _____