

**HEALTH CLUB FACILITY SUPPLEMENTAL
GENERAL LIABILITY APPLICATION**
(Separate application required for each location)



Date of Application: _____ Effective Date: _____

I. GENERAL INFORMATION

NAMED INSURED: _____ DBA: _____

FACILITY ADDRESS: _____

WEBSITE: _____ EMAIL: _____

Total Number of Members at this Location: _____ Number of Active Members: _____

1. Square footage of facility? _____ Do you own/lease/manage this facility? ☐ Own ☐ Lease ☐ Manage

2. How long has club been in business? _____ (If new facility, provide a copy of a business plan and financial statement.)

3. Manager's Name _____ How long has manager been employed at this facility? _____

Qualifications/Experience of Manager: _____

4. Number of Staff: Full Time Employees _____ Part Time Employees _____ Sub-Contractors _____

5. Number of Staff present during operational hours that are certified in CPR? _____ First Aid? _____ AED? _____

6. Are there written medical emergency and evacuation procedures in place that are rehearsed? ☐ Yes ☐ No

7. Does your facility have an employee manual including staff screening, selection & training procedures? ☐ Yes ☐ No

8. Do all of your instructors/trainers have certification for their designated field of operation? ☐ Yes ☐ No

9. Is Staff available in each area of the facility for supervision, spotting, and emergencies? ☐ Yes ☐ No

10. Does your facility provide to a general orientation to all new members and guests? ☐ Yes ☐ No

11. Do any of your employees provide services away from premises on the facilities behalf? ☐ Yes ☐ No

If yes, please explain: _____

12. Does your facility offer a pre-activity screening and advise all new participants to consult with their healthcare provider before beginning a new physical activity program? ☐ Yes ☐ No

13. Does your facility provide help with designing suitable physical activity programs and instructions on proper use of equipment to be used with that program? ☐ Yes ☐ No

14. Does each adult participant sign a waiver/hold harmless and each parent/guardian for minor participants, noting that one adult cannot waive the rights of another adult? ☐ Yes ☐ No

15. What is the minimum age requirement of a minor for unsupervised facility activities by either parent or staff? _____

16. Does the facility have written maintenance procedures including checklists and logs? ☐ Yes ☐ No

17. Who repairs the equipment? _____

18. At the time of incident/accident, who completes the reporting form? _____

Staff? ☐ Yes ☐ No Witnesses? ☐ Yes ☐ No Injured party? ☐ Yes ☐ No

II. SERVICES OFFERED AT THE LOCATION

<input type="checkbox"/> Free Weights _____ lbs.	<input type="checkbox"/> Locker Rooms <input type="checkbox"/> Showers	<input type="checkbox"/> Martial Arts Classes
<input type="checkbox"/> Circuit Equipment _____ Number	<input type="checkbox"/> Sauna _____ Number	<input type="checkbox"/> Gymnastics Classes
<input type="checkbox"/> Cardio Equipment _____ Number	<input type="checkbox"/> Steam Room _____ Number	<input type="checkbox"/> Registered Dietician
<input type="checkbox"/> Jogging Track (Indoor / Outdoor)	<input type="checkbox"/> Whirlpools _____ Number/Temperature	<input type="checkbox"/> Playground
<input type="checkbox"/> Fitness Classes (Attach Schedule)	<input type="checkbox"/> Physical Therapists _____ Subcontractors (Y/N)	<input type="checkbox"/> Botox / Chemical Peels
<input type="checkbox"/> Spinning Classes _____ Number	<input type="checkbox"/> Massage Therapists _____ Subcontractors (Y/N)	<input type="checkbox"/> Salon Services
<input type="checkbox"/> Basketball Courts _____ Number	<input type="checkbox"/> Trampolines	<input type="checkbox"/> Off-Premises Operations

☐ Tennis Courts _____ Number
 ☐ Batting Cages
 ☐ Bubble/Air supported structures

☐ Racquetball Courts _____ Number
 ☐ Kickboxing (Contact / Non-Contact)
 ☐ Keycard Access

1. Does your facility have a:

- Restaurant: ☐ Owned ☐ Non-owned Square footage: _____
If non-owned, please list operating company: _____
- Snack/Juice Bar: ☐ Owned ☐ Non-owned Square footage: _____
If non-owned, please list operating company: _____
- Pro Shop: ☐ Owned ☐ Non-owned Square footage: _____
If non-owned, please list operating company: _____
- If any are non-owned, is certificate of insurance naming facility as Additional Insured obtained? ☐ Yes ☐ No
- If any are non-owned, is a Rental Agreement obtained? ☐ Yes ☐ No
- Are there any grills and deep fryers? ☐ Yes ☐ No Equipped with Hoods? ☐ Yes ☐ No UL300 Compliant? ☐ Yes ☐ No
Hoods/filters cleaned regularly and degreased? ☐ Yes ☐ No Do you have a cleaning contract in place? ☐ Yes ☐ No
Automatic fire suppression systems and fuel shutoff controls? ☐ Yes ☐ No
- Do you serve alcoholic beverages? ☐ Yes ☐ No Are you licensed? ☐ Yes ☐ No
- Are all employees serving liquor TIPS trained? ☐ Yes ☐ No
- Are any supplements sold under your own label? ☐ Yes ☐ No

2. Does your facility provide Childcare?

- ☐ Owned ☐ Non-owned Square footage: _____
If non-owned, please list operating company: _____
- If non-owned, is certificate of insurance naming facility as Additional Insured obtained? ☐ Yes ☐ No
- If non-owned, is a Rental Agreement obtained? ☐ Yes ☐ No
- Maximum number of Children at any one time: _____ Age range of Children: _____
- What is the ratio of attendants to children? _____ What is the maximum length of stay? _____
- Are criminal history checks run on all childcare employees where allowed by State law? ☐ Yes ☐ No
- Are attendants trained in childcare? ☐ Yes ☐ No
- Are parents allowed to leave facility while children are still in your care? ☐ Yes ☐ No
- What systems do you use for checking the children in and out as they arrive and depart? _____

- Do parents sign waivers? ☐ Yes ☐ No
- Are meals or snacks provided? ☐ Yes ☐ No
- Is a playground area available? ☐ Yes ☐ No
- Describe the kind of equipment and surface under equipment _____

Is Abuse & Molestation coverage desired? ☐ Yes ☐ No If yes, complete Abuse & Molestation Supplemental Questionnaire.

3. Does your facility have Tanning?

- ☐ Owned ☐ Non-owned Square footage: _____
If non-owned, please list operating company: _____
- If non-owned, is certificate of insurance naming facility as Additional Insured obtained? ☐ Yes ☐ No
- If non-owned, is a Rental Agreement obtained? ☐ Yes ☐ No
- Number of Tanning Unit? _____ Type _____ Manufacturer _____

- Is a separate waiver utilized for tanning operations?
- Are records kept on each customer tracking visits and exposure times and medical history?
- Are warnings and photo sensitizing medication advisories posted?
- Are tanning bed-timing controls operated by the facility with no access by customers?
- Are protective eye goggles require to be worn?
- Does facility disinfection the tanning beds after each use?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

4. Does your facility have a swimming pool?

- Number of Pools? Indoor _____ Outdoor _____
- Depth of Pools? Indoor: _____ Outdoor: _____

If depth of pool is greater than 5ft, outdoors or has diving boards or waterslides, complete Swimming Pool Questionnaire.

- Is Diving or Jumping permitted? ☐ Yes ☐ No
- How often is water tested? _____
- Is water maintained in accordance with State and Local codes to verify water quality? ☐ Yes ☐ No
- Depth markings are located at what interval? _____
- Are all appropriate SWIM AT YOUR OWN RISK, Pool Rules and State required Notices posted in pool area? ☐ Yes ☐ No
- Is pool rented out for parties? ☐ Yes ☐ No Explain: _____
- Are certified lifeguards present? ☐ Yes ☐ No
- Is all appropriate life safety equipment present?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

5. Do all "wet areas" have non-skid surfaces and proper drainage?

6. Are all "wet areas" regularly observed?

7. Are there GFI protectors on all outlets in all the "Wet Areas" including lockers and showers?

8. Does your facility have Climbing Walls? (If yes, complete Climbing Wall Questionnaire)

9. Does your facility conduct any Spa Service operations?

- ☐ Owned ☐ Non-owned Square footage: _____

- If non-owned, please list operating company. _____
- If non-owned, is certificate of insurance naming facility as Additional Insured obtained?
- If non-owned, is a Rental Agreement obtained?
- If owned, provide promotional materials that identify all provided services.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

10. Does your facility conduct on site Day Camp operations?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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- What is the camper to supervisor ratio? _____
- Dates of Camp: _____
- Maximum number of Campers per Day: _____
- Provide copies of all promotional materials identifying all scheduled activities.
- Does facility have any off-site camps? (If yes, complete all applicable sections of the Camp application.)

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

11. Does your facility provide transportation to/from the facility for any activates?

If yes, please complete Transportation Questionnaire.

12. Does your facility have any special events?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, please list and describe: _____

IV FINANCIAL INFORMATION

Fiscal Year End	Dollars	Percentage
Total Gross Receipts:	_____	100%
1. Membership Fees:	_____	_____
2. Personal Training	_____	_____
3. Lessons	_____	_____
4. Food and Beverage:	_____	_____
Restaurant	_____	_____
Snack Bar/Vending	_____	_____
Functions	_____	_____
5. Liquor Revenue:	_____	_____
6. Spa Services Revenue:	_____	_____
7. Tanning Revenue:	_____	_____
8. Camp Revenue:	_____	_____
Other Revenue (describe):	_____	_____

Please include either an Income Statement from prior tax return OR a most recent year-end balance sheet and income statement and most recent interim balance sheet and income statement.

V SUMMARY OF REQUESTED ITEMS

- Fully Completed & Signed Applications:
 - Facility Insurance Supplemental
 - ACORD Applications for each requested coverage lines
 - Liquor Liability Supplemental (if applicable)
 - Abuse & Molestation Supplemental (if applicable)
 - Swimming Pool Supplemental (if applicable)
 - Climbing Wall Supplement (if applicable)
 - Camp Supplemental (if applicable)
 - Non Owned/Hired Supplemental (if applicable)
 - Public Transportation Supplemental (if applicable)
- 5 Year Currently Valued Hard Copy Loss Runs
- Copies of all Waiver/Hold Harmless agreements signed by member and guests.
- Fiscal year end financial statement including both income statement and balance sheet.
- If new venture, provide copies of business plan, financial Performa and résumé for manager.
- Pictures and brochure(s).
- Certificate of Insurance from all contracted/subcontracted services naming club as additional insured.
- Certificate if Insurance from all contracted instructors naming the club as additional insured.

Insured Signature: _____

Date: _____