

## Exercise/Health Club Supplemental Application

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)  
All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name \_\_\_\_\_ Agent \_\_\_\_\_

Applicant's Phone Number \_\_\_\_\_ Web Address \_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_

Inspection Contact \_\_\_\_\_ Phone # for Inspection Contact \_\_\_\_\_

Proposed Policy Period \_\_\_\_\_ to \_\_\_\_\_

Applicant is:     Individual     Partnership     Corporation     Joint Venture  
Other \_\_\_\_\_

Location #1 \_\_\_\_\_  
Location #2 \_\_\_\_\_  
Location #3 \_\_\_\_\_

|   |   |  |
|---|---|--|
| Aerobics <input type="checkbox"/>   | Tennis Courts <input type="checkbox"/>                | Body Toning <input type="checkbox"/>         |
| Barber I Beauty Shop <input type="checkbox"/>   | Trampolines <input type="checkbox"/>                  | Dance Instruction <input type="checkbox"/>   |
| Basketball Courts <input type="checkbox"/>  | Tumbling <input type="checkbox"/>                     | Diet Counseling <input type="checkbox"/>     |
| Bicycle Tracks <input type="checkbox"/>   | *Whirlpool <input type="checkbox"/>                   | Game Room <input type="checkbox"/>           |
| Jogging Tracks <input type="checkbox"/>   | Gymnastics <input type="checkbox"/>                   | Martial Arts <input type="checkbox"/>        |
| Kick Boxing <input type="checkbox"/>  | Handball/ Racquetball Courts <input type="checkbox"/> | Masseuse <input type="checkbox"/>            |
| Locker Rooms <input type="checkbox"/>   | Health Seminars <input type="checkbox"/>              | Nursery* <input type="checkbox"/>            |
| Steam Rooms <input type="checkbox"/>  | Jacuzzi <input type="checkbox"/>                      | Physical Therapists <input type="checkbox"/> |
| *Sun Tanning Units <input type="checkbox"/>   | Health Seminars <input type="checkbox"/>              | Sauna* <input type="checkbox"/>              |
| *Swimming Pools <input type="checkbox"/>  | Pro Shop <input type="checkbox"/>                     | Shower Rooms <input type="checkbox"/>        |
| Other <input type="checkbox"/> (describe below) *(complete section OP on page 2 if item is starred) |   |  |

Describe all other operations not listed above: \_\_\_\_\_

### UNDERWRITING INFORMATION

1. Number of years in business? \_\_\_\_\_ If new describe prior experience \_\_\_\_\_  
 Number of members at this location \_\_\_\_\_ Hours of Operation \_\_\_\_\_
2. What is your estimated Gross Sales?  Yes  No
3. Does applicant own the building?  Yes  No
4. Are all instructors employees of the applicant?  Yes  No
5. Are employees trained in CPR, First aid, etc.?  Yes  No
6. Are eye guards required on racquetball courts?  Yes  No
7. Are incident reports compiled daily for all injuries?  Yes  No
8. Signed release forms required? (Attach a copy)  Yes  No
9. If customer is under 16 years of age, is parent's signature required on the release form?  Yes  No

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10. Any cooking on premises?  Yes  No  
If yes, describe. \_\_\_\_\_

11. Any food or beverages sold on premises?  Yes  No  
If yes, describe. \_\_\_\_\_

12. Is alcohol served?  Yes  No

**SWIMMING EXPOSURE** (complete when applicable)

Indoor Pool- Max Depth       Outdoor Pool- Max Depth       Lap Pool - Max Depth

|                      |  |   |  |
|----------------------|--|---|--|
| Rules Posted         | <input type="checkbox"/> Yes <input type="checkbox"/> No | Non-slip surface in pool area?                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Lifeguards           | <input type="checkbox"/> Yes <input type="checkbox"/> No | Non-slip surface in locker, shower and sauna areas? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Lifesaving Equipment | <input type="checkbox"/> Yes <input type="checkbox"/> No | Saunas have emergency shutoff                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Diving Boards        | <input type="checkbox"/> Yes <input type="checkbox"/> No | Whirlpool emergency shutoff in same area?           | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Number of meters in height \_\_\_\_\_  
Warnings posted regarding use; i.e., pregnancy, alcohol, etc?  Yes  No

**NURSERY**

1. Maximum number of children allowed at any one time \_\_\_\_\_ Ages \_\_\_\_\_

2. Number of attendants \_\_\_\_\_ Ages \_\_\_\_\_

3. Are attendants trained in childcare?  Yes  No

4. Are children allowed to stay if parents leave the premises?  Yes  No

5. Describe procedures for supervision of the children. \_\_\_\_\_  
\_\_\_\_\_

6. List all play equipment \_\_\_\_\_  
\_\_\_\_\_

7. Is play area separated from exercise area?  Yes  No

**SUN TANNING UNITS**

1. Do you own or operate any Sun Tanning equipment?  \*\*\*Yes  No

\*\*\*IF YES, SUN TANNING- SUPPLEMENTAL APPLICATION (A008S) MUST BE COMPLETED IN ITS ENTIRETY

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### COMMERCIAL PROPERTY

(Please provide complete information for each insured location. Attach separate sheet, if necessary.)

| BUILDING INFORMATION  | Loc.1   | Loc. 2  | Loc. 3  |
|-----------------------|---|---|---|
| CONSTRUCTION          |   |   |   |
| YEAR BUILT            |   |   |   |
| #OF STORIES           |   |   |   |
| TOTAL SQ. FOOTAGE     |   |   |   |
| PROTECTION CLASS      |   |   |   |
| ALARM                 | <input type="checkbox"/> Central Station<br><input type="checkbox"/> Local<br><input type="checkbox"/> None | <input type="checkbox"/> Central Station<br><input type="checkbox"/> Local<br><input type="checkbox"/> None | <input type="checkbox"/> Central Station<br><input type="checkbox"/> Local<br><input type="checkbox"/> None |
| YEAR OF LATEST UPDATE | _____ Roof<br>_____ Plumbing<br>_____ Wiring  | _____ Roof<br>_____ Plumbing<br>_____ Wiring  | _____ Roof<br>_____ Plumbing<br>_____ Wiring  |

### LIMITS & COVERAGE- PROPERTY

| COVERAGE         | COINSURANCE %                              | DEDUCTIBLE | CAUSES of Loss   | VALUATION   | Loc. 1 | Loc. 2 | Loc. 3 |
|------------------|--|------------|--|---|--------|--------|--------|
| BUILDING         |  | \$         | <input type="checkbox"/> Basic<br><input type="checkbox"/> Broad<br><input type="checkbox"/> Special | <input type="checkbox"/> A.C.V.<br><input type="checkbox"/> R.C.<br><input type="checkbox"/> Market<br>Value (Submit) | \$     | \$     | \$     |
| BPP              | %  | \$         |  |   | \$     | \$     | \$     |
| BUSINESS INCOME  | _____ %<br>or<br>Monthly Limit<br>\$ _____ | \$         |  |   | \$     | \$     | \$     |
| SIGNS (DESCRIBE) |  |            |  |   | \$     | \$     | \$     |
| TOTAL LIMITS     |  |            |  |   | \$     | \$     | \$     |

### ADJACENT EXPOSURES

|        | RIGHT | LEFT | FRONT | REAR |
|--------|-------|------|-------|------|
| Loc.1  |       |      |       |      |
| Loc. 2 |       |      |       |      |
| Loc. 3 |       |      |       |      |

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### CONTRIBUTING INSURANCE

| NAME & ADDRESS OF COMPANY | % PARTICIPATION | LIMITS |
|---------------------------|-----------------|--------|
| _____<br>_____            | _____           | _____  |
| _____<br>_____            | _____           | _____  |
| _____<br>_____            | _____           | _____  |

### LIMITS- GENERAL LIABILITY (PER OCCURRENCE)

|  |          |
|--|----------|
| GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS)   | \$ _____ |
| PRODUCTS & COMPLETED OPERATIONS AGGREGATE                      | \$ _____ |
| PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION) | \$ _____ |
| EACH OCCURRENCE  | \$ _____ |
| DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES)            | \$ _____ |
| MEDICAL EXPENSE (ANY ONE PERSON)                               | \$ _____ |

### CERTIFICATE RECIPIENTS I ADDITIONAL INTERESTS

| NAME AND ADDRESS | RELATIONSHIP TO APPLICANT | ADDITIONAL INSURED       | CERTIFICATE              |
|------------------|---------------------------|--------------------------|--------------------------|
| _____<br>_____   | _____                     | <input type="checkbox"/> | <input type="checkbox"/> |
| _____<br>_____   | _____                     | <input type="checkbox"/> | <input type="checkbox"/> |
| _____<br>_____   | _____                     | <input type="checkbox"/> | <input type="checkbox"/> |

### PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

**IMPORTANT NOTICE:** As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

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### **FRAUD STATEMENT**

#### **To Insureds in the States of:**

##### **Louisiana**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

##### **Maine**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

##### **Maryland**

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

##### **Minnesota**

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

##### **New Hampshire**

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

##### **New Jersey**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

##### **New Mexico**

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

##### **New York**

The following statement is to be attached to and form a part of the policy application: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

##### **Ohio**

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.

##### **Oklahoma**

WARNING -Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is

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### Oregon

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:

- A. The misinformation is material to the content of the policy;
- B. We relied upon the misinformation; and
- C. The information was either:
  - 1. Material to the risk assumed by us; or
  - 2. Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests.

With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional.

Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

### Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

### Tennessee

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

### Virginia

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

### Washington

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

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**Producer's Signature**

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**Date**

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**Applicant's Signature**

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**Date**