



# DECOTIS

SPECIALTY INSURANCE

## EXERCISE & HEALTH STUDIO SUPPLEMENT

Include Acord application

Applicant's Name: \_\_\_\_\_ Location Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

- Operation:**  Exercise Equipment  Free-weight Lifting  Aerobics  Dance Studio  Personal Trainer  
 Physical Therapist  Masseuse  Spa  Massage Parlor  Gymnastics School

Annual gross receipts from all operations: \$ \_\_\_\_\_

- Is all equipment inspected regularly?  Yes  No  
 Is inspection documentation maintained?  Yes  No If yes, how long? \_\_\_\_\_  
 Do you use equipment that you have built?  Yes  No If yes, attach a description.  
 Does membership agreement include a Hold Harmless clause (Liability Waiver)?  Yes  No If yes, attach a copy.  
 Members age range from \_\_\_\_\_ to \_\_\_\_\_.

**Other operations:**

- Day Care  Pro Shop  Snack Bar  Climbing Wall  If yes, how high? \_\_\_\_\_  
 Swimming Pool Number of diving boards \_\_\_\_\_ Height \_\_\_\_\_ ft.  
 Rules posted?  Yes  No Life saving equipment?  Yes  No  
 Toning beds Number \_\_\_\_\_  
 Tanning beds Number \_\_\_\_\_ Are goggles provided?  Yes  No  
 Are all timers operated by an attendant?  Yes  No Are beds U.L. approved?  Yes  No  
 Are all beds manufactured in the US?  Yes  No Are all beds cleaned after each use?  Yes  No  
 Do signs prohibit use of the beds during pregnancy or if on medication?  Yes  No  
 Tennis Courts/Racquetball Courts/Handball/Squash Courts/Basketball Courts Number \_\_\_\_\_  
 Describe off-site activities you sponsor: \_\_\_\_\_

**Please indicate any of the following that you provide to your customers:**

- Protein Diet Plans  Body wraps – other than organic  Blood Analysis  Stress Testing  
 Weight loss or diet clinics  Products manufactured by or sold under club's name  Health Supplements

**Premises exposures:**

- Hours of operation from \_\_\_\_\_ to \_\_\_\_\_  
 Is parking lot well lit?  Yes  No Security Guard on premises?  Yes  No  
 Any trampolines?  Yes  No Any electrode machines?  Yes  No  
 Shower/sauna/steam Jacuzzi facilities?  Yes  No Do the floors for these areas have non-skid surfaces?  Yes  No

Number of Employees	Employed	Leased	Independent	Number of Employees	Employed	Leased	Independent
Certified aerobic instructors				Personal trainers			
Uncertified aerobic instructors				Masseuses			
Total number of employees				Other: <i>(describe)</i>			
Number of employees trained in CPR							

- If any independent contractors, are they licensed and insured?  Yes  No  
 Do they provide certificates of insurance?  Yes  No

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

\_\_\_\_\_  
 Applicant's Signature                      Producer's Signature                      Date