



SUPPLEMENTAL EXERCISE, FITNESS, HEALTH AND SELF DEFENSE STUDIOS APPLICATION

1. Applicant's Name: _____
2. Estimated gross receipts _____
3. Number of employees _____ Full-time _____ Part-time _____
Independent Contractors _____ Other _____
4. Provide specific details on the licensing or certification requirements:

5. Please check each type of service provided:
 - Tanning beds/booths How many? _____
 - ___ UVA ___ UVB UVB output _____
 - Toning beds
 - Pools How many? _____
 - Diving board? ___ Yes ___ No
 - Depths marked? ___ Yes ___ No
 - Lifeguard on duty? ___ Yes ___ No
 - Whirlpool
 - Aerobics
 - Free weights
 - Nautilus – Universal weight machines
 - Sauna, Steam room
 - Racquetball, Tennis, Handball
 - Jogging track
 - Nutritional counseling
 - Restaurant, Snack bar

5. Please check each type of service provided: (cont'd)

Martial Arts If yes, explain: _____

Number of students _____

Light contact ____ Yes ____ No Full contact ____ Yes ____ No

Type of weapons taught _____

What belt rank must a student obtain before learning weapons? _____

Do students participate in tournaments? ____ Yes ____ No

If yes, explain (number of participants, ages, type of contact, etc. _____

6. What is the square footage of the premises you occupy? _____ Sq. ft.

7. Are childcare facilities provided? ____ Yes ____ No

If yes, provide complete details. _____

8. Provide a copy of any club membership contracts.

9. Describe any products sold on premises.

COVERAGE IS NOT BINDING UNTIL APPROVED BY THE COMPANY.

Applicant's Signature

Date