

Supplemental Application – Health and Exercise Clubs

The ACORD 125 – Commercial Insurance Application must be completed in addition to this Supplement.

1. Named Insured: _____
2. Named Insured Mailing Address:

3. Premises Address: _____
4. Years in business at this location? _____ If less than 3 years, # of years of management experience in this field? _____
5. Does this club offer membership? Yes _____ No _____ If yes:
 - Number of members? _____
 - Minimum age of members? _____
 - Non-members allowed access to facility? Yes _____ No _____
 - Are release / waiver forms signed by members and guests? Yes _____ No _____
6. Open 24 hours? Yes _____ No _____ If yes, what security and safety procedures are in place for after regular business hours? _____
7. Are instructors and trainers employees? Yes _____ No _____

If *not* employees, are certificates of insurance required from the contractors naming the applicant as an Additional Insured? Yes _____ No _____
8. Are instructors and trainers certified in their field? Yes _____ No _____
9. Is the staff required to have CPR and/or First Aid certification? Yes _____ No _____
10. Are background checks conducted for all employees and contractors? Yes _____ No _____
11. Please check which equipment / facilities / activities are available to members:
 - Swimming Pool Yes _____ No _____ If yes, please provide the following information:
 - ✓ Size _____ X _____
 - ✓ Depth _____ Is depth marked? Yes _____ No _____
 - ✓ Diving Board? _____ Height? _____
 - ✓ Slide? _____
 - ✓ Safety equipment accessible? Yes _____ No _____

Supplemental Application – Health and Exercise Clubs

- ✓ Is a life guard on duty at all times? Yes _____ No _____
- ✓ Are all pools and spas in compliance with the Virginia Graeme Baker Pool and Spa Safety Act? Yes _____ No _____

- Basketball courts? Yes _____ No _____ Boxing? Yes _____ No _____
- Racquetball courts? Yes _____ No _____ Gymnastics? Yes _____ No _____
- Handball courts? Yes _____ No _____ Trampoline? Yes _____ No _____
- Aerobics / yoga? Yes _____ No _____ Hot tubs? Yes _____ No _____
- Martial Arts? Yes _____ No _____ Exercise classes? Yes _____ No _____

- Sun tanning operations? Yes _____ No _____ If yes, please provide the following information:

- ✓ Is there an attendant on duty? Yes _____ No _____
- ✓ Are all units equipped with timers? Yes _____ No _____
- ✓ Are waivers signed by each user? Yes _____ No _____

- Other: _____

12. Are there operational heat and smoke detectors as required by local code? Yes _____ No _____

13. Is an automatic sprinkler system in place and operational? Yes _____ No _____

14. Have there been any assault and battery claims or physical or sexual abuse claims in the last five years?

Y ___ N ___ If yes, please explain in detail: _____

15. Indicate security provided on premises:

Surveillance cameras? Yes _____ No _____ ID checks or key cards to enter buildings? Yes _____ No _____

16. Are exits accessible, unlocked and illuminated? Yes _____ No _____

17. Is there a daycare operation on the premises? Yes _____ No _____ If yes, please answer the following:

- ✓ Does the risk have a current valid license for these operations? Yes _____ No _____
- ✓ Maximum # of children at any one time? _____ Minimum # of attendants at any one time? _____
- ✓ Are children allowed to stay if parents leave the facility / building? Yes _____ No _____
- ✓ Is there a security procedure in place for signing children out? Yes _____ No _____

18. Is there a pro shop, snack bar or other facility selling products located on premises? Yes _____ No _____

If yes, please describe the products. _____



Supplemental Application – Health and Exercise Clubs

Named Insured Signature: _____

Date: _____

FRAUD WARNINGS

To All Prospective Insureds: 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties in many states.

To Prospective Insureds in:

Colorado: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia: "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."

Florida and Oklahoma: Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

New York: 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 \$5,000 and the stated value of the claim for each such violation.

New York (Fire insurance applications): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

New York (Automobile): Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the value of the subject motor vehicle or stated claim for each violation."

Pennsylvania (Automobile): Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information, shall, upon conviction, be subject to imprisonment for up to seven (7) years and the payment of a fine of up to \$15,000.