



## 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:  
\_\_\_\_\_

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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 \_\_\_\_\_

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- ✓ 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. \_\_\_\_\_

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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.