



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

## GYMNASIUM OR FITNESS CENTER SUPPLEMENTAL APPLICATION

COMPLETE IN ADDITION TO ACORD APPLICATIONS.

ATTACH ADDITIONAL SHEETS AS NECESSARY.

ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

### GENERAL INFORMATION

1)

Named Insured:			
Brokerage/Broker:		Agency/Agent:	
Renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>		Policy Number:	
Effective Date:			
Website:			

2)

Current Carrier Information:

Carrier:			
Limit of Insurance:			
Deductible:			
Premium:			
Offering renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>	Claims made? Yes <input type="checkbox"/> No <input type="checkbox"/>	Retroactive date:	

*Please attach copies of the following:*

- a) *Currently valued five year loss runs, including claim detail for all losses open or exceeding \$15,000*
- b) *Applicant's brochure or marketing materials if a website is not available*
- c) *List of equipment available for client use and course maps for any obstacle or challenge courses*

3)

What are your operations? Check all that apply:

- General Fitness Gym
- Women's Fitness Gym
- Specialty Fitness Gym (CrossFit, Powerlifting, etc.) *(Parkour please complete Kinsale Gymnastics/Dance App)*
- Rock Climbing or Bouldering
- Aerobics/Group Classes
- Spin/Stationary Cycle Classes
- Family Gym
- Boot Camp
- Athletic Club
- Gym Employee Swimming Lessons or Aquatic Aerobics
- Gym Employee Personal Training

*\*\*\*Independent Contractor Personal Trainers, Yoga Studios, Dance/Gymnastics Studios, Martial Arts, Team Sports Leagues, School Athletic Facilities, Trampoline Parks, Camps, and Country Clubs, please complete the Kinsale Supplemental Application specific to those operations\*\*\**

- 4) What are your projected receipts for the coming year? \$ \_\_\_\_\_
- 5) Are you subject to any state or local licensing or regulation? Yes  No   
 a. If yes, list regulations/licenses: \_\_\_\_\_  
 \_\_\_\_\_
- 6) How many years have you been in operation? \_\_\_\_\_
- 7) Do you run criminal background checks on all employees? Yes  No   
 a. Are past convictions for violent crimes, offenses involving minor children, or sexual misconduct exclusionary criteria for hiring? Yes  No   
 b. What is the minimum age for employment? \_\_\_\_\_
- 8) Does your operation have any age restrictions for participants? Yes  No   
 a. If yes, what age? \_\_\_\_\_
- 9) Is one or more staff members with CPR and First Aid certification on premise at all times? Yes  No
- 10) Do you strictly prohibit any participation by persons under the influence of drugs or alcohol? Yes  No   
 a. If no, do you have regular or special events involving substance consumption (beer bike spin classes, Cannarobics, etc.)? Yes  No   
 b. Do you serve alcohol? Yes  No
- 11) Are all participants required to sign a waiver absolving you of all liability for bodily injury? Yes  No
- 12) Do you sell any dietary supplements, herbal supplements, vitamins or other nutrition products? Yes  No   
 a. If yes, please provide a complete, detailed products list.
- 13) Is your facility open 24 hours a day? Yes  No
- 14) Do you keep a written log of accident and incidents? Yes  No   
 a. How long are these records maintained? \_\_\_\_\_
- 15) Is membership to your facility by invitation or sponsorship only? Yes  No   
 b. Is your facility considered to be part of a private club? Yes  No   
 a. Is membership limited to legacy (prior familial membership), gender, or religious fellowship? Yes  No
- 16) Are gym members required to sign a contract of service for a minimum amount of time? Yes  No   
 a. How long is the contract? \_\_\_\_\_

## FACILITY DETAILS

- 17) What pool and spa amenities does your facility have? Check all that apply:
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Lap Pool                    | <input type="checkbox"/> Diving Pool            | <input type="checkbox"/> Outdoor Pool     |
| <input type="checkbox"/> Current/Stationary Lap Pool | <input type="checkbox"/> Wading/Children's Pool | <input type="checkbox"/> Hot tub/Jacuzzi  |
| <input type="checkbox"/> Float Tank                  | <input type="checkbox"/> Tanning booth/bed      | <input type="checkbox"/> Steam Room       |
| <input type="checkbox"/> Sauna (traditional)         | <input type="checkbox"/> Sauna (electric)       | <input type="checkbox"/> Sauna (infrared) |
| <input type="checkbox"/> Inversion Table             | <input type="checkbox"/> Vibration Table        | <input type="checkbox"/> Massage Chairs   |
| <input type="checkbox"/> Other: _____                | <input type="checkbox"/> Other: _____           |   |
- a. If you have any pools, are lifeguards on duty at all times when the pool is open? Yes  No

- b. If you have outdoor pools, how are pools secured when they are closed? \_\_\_\_\_  
 \_\_\_\_\_
- c. What is the maximum pool depth? \_\_\_\_\_
- d. How frequently is water pH checked? \_\_\_\_\_
- e. What type(s) of water sanitation is used? \_\_\_\_\_
- f. Is all applicable pool and spa equipment Virginia Graeme Baker Pool and Spa Safety Act compliant? Yes  No
- g. Please provide copies of all warning signage posted around pool areas.
- 18) Do you have a locker room or showers available for client use? Yes  No
- a. If yes, are locker rooms separated by gender? Yes  No
- b. Do you have a family locker room? Yes  No
- c. Is an employee of each gender on duty during all times where locker rooms or showers may be in use? Yes  No
- d. How frequently are locker rooms sanitized? \_\_\_\_\_
- e. Does locker room signage indicate that you are not responsible for theft of or damage to personal property? Yes  No
- f. Do all showers and shower-adjacent areas have nonslip flooring or mats in place? Yes  No
- 19) Does all equipment have instructional diagrams displaying correct use? Yes  No
- a. Do you have employees rotating on the equipment floor to observe for improper use? Yes  No
- b. Does all electronic equipment have an emergency stop button? Yes  No
- 20) Are sanitation stations abundant and signage present requiring clients to wipe down equipment after use? Yes  No
- 21) Do you have trampolines? Yes  No
- a. If yes, are trampolines mini/fitness or vaulting use only? Yes  No
- b. Do trampolines have cages/safety netting? Yes  No
- c. How many people may jump on a trampoline at one time? \_\_\_\_\_
- 22) Do you have any height based training equipment that is not specifically a rock climbing/bouldering wall (high jump blocks, warped walls, pole vaults, climbing nets or ropes, etc.)? Yes  No
- a. If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_
- b. What is the maximum height of this equipment? \_\_\_\_\_

## OPERATIONS DETAILS

- 23) If you have employee personal training services, are trainers certified by an independent third party sport sciences/sport medicine organization? Yes  No
- 24) Are all new facility members required to attend a gym safety presentation or an initial consultation with a personal trainer? Yes  No
- 25) If your gym has group classes, are instructors your employees? Yes  No
- a. If no, do you require instructors to carry liability insurance? Yes  No
- b. Are you responsible for any class equipment (steps, bands, weights, etc.)? Yes  No
- c. If yes to b., who is responsible for sanitizing equipment between each class? \_\_\_\_\_

d. Do you have any prenatal or "mommy and baby" classes? Yes  No

26) If you are offering swimming lessons or aquatic aerobics classes, what is the minimum age student you will accept?

a. Is class progression age based or skill based? \_\_\_\_\_

b. How many students maximum are allowed in each class? \_\_\_\_\_

c. Do you offer courses for adults or children with physical or mental disabilities? Yes  No

d. Is a lifeguard who is not involved in instruction on duty during all classes? Yes  No

27) Do you offer any of the following wellness services (check all that apply):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Massage                           | <input type="checkbox"/> Hair Stylists/Salon Services | <input type="checkbox"/> Manicure/Pedicure        |
| <input type="checkbox"/> Aesthetician/Beautician Services  | <input type="checkbox"/> Aromatherapy                 | <input type="checkbox"/> Acupuncture or Needling  |
| <input type="checkbox"/> Chiropractic                      | <input type="checkbox"/> Reflexology                  | <input type="checkbox"/> Cupping or Acupressure   |
| <input type="checkbox"/> Nutritional Counseling            | <input type="checkbox"/> Cryogenic Chambers           | <input type="checkbox"/> Ice Baths or Ice Packing |
| <input type="checkbox"/> Reiki/Energy Healing, Chakra Work | <input type="checkbox"/> Sound/Acoustic Therapy       | <input type="checkbox"/> Guided Meditation        |
| <input type="checkbox"/> Other: _____                      | <input type="checkbox"/> Other: _____                 |   |

a. If yes, are all services strictly rendered on a non-medical basis? Yes  No

b. If no to a., is a licensed physician on staff or contracted? Yes  No

c. If yes to b., are they required to carry liability coverage? Yes  No

28) If you are operating any extreme fitness facilities or classes (CrossFit, P90X, Boot Camps, etc.), are staff educated on the warning signs for rhabdomyolysis? Yes  No

29) Do you have any after school or childcare operations? Yes  No

a. What is the minimum age for childcare? \_\_\_\_\_

b. What is the maximum number of children under the supervision of a single employee at one time? \_\_\_\_\_

c. Do you pick up children from school campuses directly? Yes  No

d. If no to c., how far is the bus stop from your location? \_\_\_\_\_

e. Does an employee meet children at the bus stop? Yes  No

f. Do you ever hold any "lock in" overnight youth events? Yes  No

**ROCK CLIMBING FACILITIES** Complete only if you operate rock climbing or bouldering facilities

30) How tall is your highest harness required rock wall? \_\_\_\_\_

31) How tall is your highest free climbing wall or boulder? \_\_\_\_\_

32) Do you require climbers to wear UIAA approved helmets? Yes  No

33) Do you require harnesses, ropes, and carabiners to be UIAA approved? Yes  No

34) Do you rent any equipment? Yes  No

35) Do you have any restrictions on the type of belay climbers may use? Yes  No

a. If yes, what? \_\_\_\_\_

36) Do you require climbers who are free climbing or bouldering to have a spotter? Yes  No

37) How frequently are hand holds and pulleys inspected? \_\_\_\_\_

38) How frequently are ropes replaced? \_\_\_\_\_

39) Do you offer any climbing classes taught by your employees? Yes  No

- 40) Do you offer any belay classes taught by your employees? Yes  No
- 41) If you allow minor children to climb, please complete the following:
- a. If helmets are not required of all climbers, are they required for children? Yes  No
- b. Are children allowed to free climb or boulder? Yes  No
- c. Are children required to have adult spotters at all times? Yes  No
- 42) How thick is the crash pad beneath all free climbing and bouldering equipment? \_\_\_\_\_

### ACCOUNT HISTORY

- 43) During the past five years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for nonpayment of premium by any insurance or finance company. If Yes, please attach and explanation. Yes  No
- 44) Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages or accidents arising out of or related to your operations that a reasonably prudent person might expect to give rise to a claim or lawsuit whether valid or not which might directly or indirectly involve the company? If yes, please attach an explanation. Yes  No

### FRAUD WARNING

**NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS:** In some states, 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 in many states.

**NOTICE TO COLORADO APPLICANTS:** 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 policy holder 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.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** 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.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**NOTICE TO LOUISIANA APPLICANTS:** 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.

**NOTICE TO MAINE APPLICANTS:** 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 denial of insurance benefits.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** 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.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud an 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.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he/she 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.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 the person to criminal and civil penalties.

**NOTICE TO TENNESSEE APPLICANTS:** 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.

**NOTICE TO VIRGINIA APPLICANTS:** 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.

**The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.**

**The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.**

**Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.**

**All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.**

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

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

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_