

**Applicant Name:** \_\_\_\_\_  
**Applicant Website:** \_\_\_\_\_  
 What year did the business start: \_\_\_\_\_. If a new venture describe prior experience: \_\_\_\_\_

Is Professional Liability requested?  Yes  No

**Does Applicant operate as a:**  
 Facility/Club (with premises)  Yes  No  
 Trainer or Instructor acting as an independent contractor  Yes  No

**Gross Receipts - Total Gross Receipts: \$** \_\_\_\_\_

Year	Facility/Club, Training, Instruction	*Food & Beverages	*Alcohol	*Clothes & Sporting Goods	*Equipment (new / used)	*Vitamins/Dietary Supplements
Next 12 months						
Prior Year						
Prior Year						
<b>*Provide complete details:</b> _____						

**Services/Instruction/Training Provided**

Check all that apply. Complete - \*Additional Information section with details and/or \*\* additional questions below.

<input type="checkbox"/>	"Aerial" activities, training, instruction	<input type="checkbox"/>	Martial Arts without Contact
<input type="checkbox"/>	Aerobics	<input type="checkbox"/>	Martial Arts with Weapons training
<input type="checkbox"/>	Amusement/Gaming Room/Center	<input type="checkbox"/>	Martial Arts without Weapons training
<input type="checkbox"/>	Basketball courts	<input type="checkbox"/>	Massage/Masseuse
<input type="checkbox"/>	Bicycle Track	<input type="checkbox"/>	Medical/Health Care services
<input type="checkbox"/>	Boxing, Kick Boxing	<input type="checkbox"/>	Mixed Martial Arts
<input type="checkbox"/>	Cheerleading	<input type="checkbox"/>	OCR (Obstacle Course Races)
<input type="checkbox"/>	**Child care services	<input type="checkbox"/>	Paddleboard Instruction
<input type="checkbox"/>	Chiropractic/Physical Therapy/Rehab services	<input type="checkbox"/>	Parkour
<input type="checkbox"/>	Cold Water Plunge/Immersion/Cryotherapy baths	<input type="checkbox"/>	Personal Training
<input type="checkbox"/>	*Cross Fit	<input type="checkbox"/>	Pro Shop
<input type="checkbox"/>	CVAC Pods (hyperbaric/pressure/Ozone chambers)	<input type="checkbox"/>	Rock Walls/Climbing
<input type="checkbox"/>	Dance classes	<input type="checkbox"/>	**Sauna/Steam Room
<input type="checkbox"/>	Diet/Weight Loss/Nutrition center/services/counseling	<input type="checkbox"/>	Shower Rooms
<input type="checkbox"/>	Diving, scuba, lifeguard and life safety	<input type="checkbox"/>	*Spa services
<input type="checkbox"/>	Exercise and resistance machines	<input type="checkbox"/>	Spinning/Cycling
<input type="checkbox"/>	Extreme sports	<input type="checkbox"/>	*Sports Facility (list all types below)
<input type="checkbox"/>	*Floatation or sensory tanks	<input type="checkbox"/>	*Sports Leagues (list all types below)
<input type="checkbox"/>	Group Instruction (Pilates, Spinning, Yoga, Zumba etc)	<input type="checkbox"/>	Sports medicine
<input type="checkbox"/>	Gymnastics	<input type="checkbox"/>	*Sports skills instruction/training (list all types below)
<input type="checkbox"/>	Gymnastics - Toddler - Mommy/Daddy & Me	<input type="checkbox"/>	Surfing &/or Skiing Instruction
<input type="checkbox"/>	Handball/Racquetball/Tennis	<input type="checkbox"/>	**Swimming Pool
<input type="checkbox"/>	*Health Seminars	<input type="checkbox"/>	**Tanning Beds/Booths
<input type="checkbox"/>	HIIT (High Intensity Interval Training)	<input type="checkbox"/>	*Trampolines
<input type="checkbox"/>	Jogging/Walking/Running Track	<input type="checkbox"/>	Weights
<input type="checkbox"/>	Locker Rooms	<input type="checkbox"/>	**Whirlpool/Hot Tubs/ Jacuzzi
<input type="checkbox"/>	Martial Arts with Contact	<input type="checkbox"/>	"Other" (describe below)

Describe "Other" activities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*Additional Information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**If you operate a Health and Exercise Club or Facility:**

Location #	Address	# of Members	Open 24 hours

**General Questions:**

1. Are any locations open to the general public without being a member?  Yes  No
  - a. Are all members/guests using the facility required to sign a release/waiver of liability? (attach copy)  Yes  No
  - b. Does the release/waiver contain a medical disclaimer?(if separate form attach copy)  Yes  No
  - c. If member/guest is a minor, are parents required to sign release?  Yes  No
2. Hours of operation? \_\_\_\_\_
3. If facility is open 24 hours:
  - a. Does facility have staffing on duty during all hours of operation?  Yes  No
  - b. If not staffed, do all members have personal access cards/keys?  Yes  No
  - c. Are all locations monitored on a 24 hours basis? (describe how)  Yes  No
4. Are all trainers and instructors employees of the applicant?  Yes  No
5. Are all trainers and instructors licensed/certified for the services being provided?  Yes  No
6. If Independent Contractors are utilized for these services, do all carry GL and Professional with equal or greater limits as the applicant's limits being requested and name them as an additional insured?  Yes  No
7. Is there an employee on site at all times who is First Aid, CPR, etc certified?  Yes  No
8. Do you train or provide services for professional, semiprofessional &/or collegiate, athletes and dancers &/or celebrities, etc?  Yes  No
9. Are there any off-premises activities/competitions/tournaments, special events or similar activities?  Yes  No  
If yes describe: \_\_\_\_\_
10. Does applicant sponsor &/or host competitions, tournaments, special events or similar activities?  Yes  No  
If yes, describe: \_\_\_\_\_
11. Are formal incident records kept daily for all injuries?  Yes  No
12. Do you sell/distribute any vitamins, supplements and other similar products manufactured, packaged/re-packaged &/or labeled/re-labeled by or under your name or entities you trade under?  Yes  No
13. Who is responsible for the premises and equipment maintenance (exercise equipment, premises/janitorial, pool, etc)? \_\_\_\_\_
14. If any subcontractors are used for premises or equipment maintenance, or other services, etc, do all carry GL with equal or greater limits as the applicant and name them as additional insured?  Yes  No

**If you operate as a Trainer &/or Instructor (as an independent contractor)**

1. Are you licensed/certified for the services you are providing?  Yes  No
2. Do you require all customers to sign a release/waiver of liability? (attach copy)  Yes  No
  - a. Do all releases/waivers contain a medical disclaimer?(if separate form attach copy)  Yes  No
  - b. If you train/instruct minors, are parents required to sign release/waiver/medical disclaimer?  Yes  No
3. Do you offer private instruction/training at customers' residences?  Yes  No
  - a. If you train/instruct minors is a parent/guardian always required to be present?  Yes  No
  - b. What is the minimum age you will train/instruct? \_\_\_\_\_
4. Are you First Aid, CPR, etc certified?  Yes  No
5. If Independent Contractors are utilized do all carry GL and Professional Liability with limits equal to or greater than the limits being requested by applicant?  Yes  No
6. Do you train or provide services for professional, semiprofessional &/or collegiate, athletes and dancers &/or celebrities, etc?  Yes  No
7. Do you sell/distribute any vitamins, supplements and other similar products manufactured, packaged/re-packaged and/or labeled/re-labeled by or under your name or entities you trade under?  Yes  No

**\*\*Pools Or Other Water Exposures**  Check here if none

1. Number of Pools?  Indoor  Outdoor  Lap Pool  Other (describe) \_\_\_\_\_
2. Diving Boards?  Yes  No Height? \_\_\_\_\_
3. Slides?  Yes  No Height? \_\_\_\_\_
4. Are all pools either 100% fenced with self-latching/locking gate (outdoor) or have restricted access for club/facility members only?  Yes  No
5. Posted rules/warning signs and provide life safety equipment consistent with local ordinances?  Yes  No
6. Is pool open to the general public who are not members of club/facility?  Yes  No
7. Are children allowed access to pool/water without adequate supervision by parent or guardian?  Yes  No
8. Are Red Cross certified lifeguards on duty while pool is in use?  Yes  No  
If no, how is pool area monitored? \_\_\_\_\_
9. Do all pools meet Virginia Graeme Baker Pool & Spa Safety Act requirements  Yes  No
10. Are non-slip surfaces in pool areas, hot tubs, saunas, steam rooms etc?  Yes  No
11. Are non-slip surfaces in locker rooms/shower areas?  Yes  No
12. Is alcohol allowed in pool area?  Yes  No

**\*\*Child Care Services**  Check here if none

1. Are child care services provided by?  Applicant or  Independent contractor
2. Are parents/guardians allowed to leave facility while their child/children are in care?  Yes  No
3. What is the maximum length of stay for children? \_\_\_\_\_
4. Are all children cared for at least 6 weeks old?  Yes  No
5. Are written procedures in place outlining rules, regulations, guides and safety procedures for child care at the facility?  Yes  No
  - a. Are all care givers required to be familiar with these procedures?  Yes  No
  - b. Are parents/guardians required to sign release, waiver and medical disclaimer and provide emergency contact info?  Yes  No
  - c. Is there always a dedicated and trained employee on duty for child care?  Yes  No
  - d. Is there a First Aid/CPR certified individual available at all times for the child care?  Yes  No
6. Are there procedures in places for changing diapers and restroom use?  Yes  No
7. Maximum number of children allowed? \_\_\_\_\_
8. Do adult to child ratios meet state minimum day care requirements?  Yes  No
9. Are children ever allowed in exercise areas including pools, etc?  Yes  No
10. Are children allowed to leave the child care area without parent/guardian, or dedicated staff member?  Yes  No
11. Are children required to be signed-in and signed-out by parent or guardian?  Yes  No
12. Describe all play equipment: \_\_\_\_\_
13. Are volunteers &/or staff under the age of 16 used for child care?  Yes  No
  - a. If under 18 are they required to have a babysitting certificate and always be supervised by an adult?  Yes  No
14. Are criminal background checks performed on all potential employees and volunteers having exposure to or responsibility for children?  Yes  No
15. If an independent contractor provides child care do they carry General Liability with equal or greater limits and name applicant as an additional insured?  Yes  No

**\*\*Tanning Beds Or Services**  Check here if none

1. How many tanning units? \_\_\_\_\_
2. Are all units Underwriters Laboratories (UL) approved?  Yes  No
3. Are all minors required to have a parent or guardian sign a release prior to use?  Yes  No
4. Are individuals warned against using tanning units when pregnant or using photosensitive medication?  Yes  No
5. Are individuals required to wear goggles?  Yes  No
6. Does applicant/employee have exclusive access to controls?  Yes  No
7. Are logs kept on each person's use and maximum number of uses enforced?  Yes  No
8. Are all units disinfected after each use?  Yes  No

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agents Signature: \_\_\_\_\_ Date: \_\_\_\_\_