



Applicant Name:				
Mailing address:				
Billing address:				
Web address:				
Type of operation:	Individual	Partnership	Corporation	
Contact name:			Phone number:	
FEIN number:		SIC code:	Years in business:	
Are you an IHRSA member?				Yes No
Have you taken a PASS assessment?				Yes No
If yes, PASS ID:		PASS Score (1-4 Bells):		

- Completed and signed / dated Health and Fitness Supplemental application
- Currently valued insurance company loss runs for the current policy period plus three (3) prior years
- Copy of health club membership application, including waiver language
- Copy of medical disclosure
- Brochure, advertising materials, and website information

	Carrier	Expiration	Annual Premium
Property			\$
General Liability			\$
Crime			\$

List any property or liability claims in the previous three (3) years:

General Aggregate	\$3,000,000	\$2,000,000	\$1,000,000	\$300,000
Products/Comp Ops Agg	\$3,000,000	\$2,000,000	\$1,000,000	\$300,000
Personal Injury	\$1,000,000	\$1,000,000	\$500,000	\$100,000
Occurrence	\$1,000,000	\$1,000,000	\$500,000	\$100,000
Fire Legal	\$50,000	\$50,000	\$50,000	\$50,000
Medical Expense	\$1,000	\$1,000	\$1,000	\$1,000

Increase Fire Legal limit to: \$		(only if other than \$50,000)
BI/PD deductible: \$250	\$500	\$1,000 Per Occurrence
Hired and Non-Owned coverage limit?	Yes	No
Umbrella policy limit requested?	Yes	No If yes, what limit? \$
Employers Liability limit: \$		Employers Liability carrier:

Additional Insured(s)
 Lessor of leased equipment:
 Lessor of premises:
 Mortgagee:
 Grantor of franchise:

SECTION III – PROPERTY SECTION

Building(s)

Loc. No.	Bldg. No.	ACV/RC	Limit of Insurance	Coinsurance	Address
			\$		
			\$		
			\$		
			\$		

Contents (Includes Improvements & Betterments)

Loc. No.	Bldg. No.	ACV/RC	Limit of Insurance	Coinsurance	Address
			\$		
			\$		
			\$		
			\$		

Deductible: \$500 \$1,000 Other: \$
 Business Income: Limit of Insurance: \$ (Monthly Limit of Indemnity Form)
 Monthly Limitation: 1/3 1/4 1/6

Construction of building:

Walls: Wood frame Brick / Brick Steel frame Other:
 Roof: Wood frame Poured concrete Steel frame Other:
 Floor: Wood frame Concrete Other:

Year built: Square footage: Age of roof:
 Does the property have automatic fire sprinklers? Yes No
 Distance to: Hydrant: Fire station:
 Burglar Alarms: Local Central station only w/keys Central station w/o keys
 Does the property have aluminum wiring? Yes No
 If yes, has it been retrofitted with one of the PHLI approved connectors and by a licensed electrician? Yes No
 (Indicate which one): COPALUM? Yes No AlumiConn? Yes No
 Date updated?
 Please supply retro-fit documentation or statement from installing contractor.
 Does the Applicant own the building? Yes No
 If no, who does?
 Mortgagee: Loss Payee:

Signs

Type	Value	Location
1.	\$	
2.	\$	
3.	\$	

Flood

Does the Applicant have a current flood policy in force?	Yes	No
If yes, attach a copy of the declarations sheet.		
If no, would you like a flood quote with our proposal?	Yes	No

(Flood quote will be secured through the Write Your Own Flood Program)

Crime Coverage

Theft, Disappearance & Destruction

Loss Inside the Premises: \$

Loss Outside the Premises: \$

Employee Dishonesty: \$

Number of officers and employees who have custody of the money:

By whom is financial audit completed?

Frequency of audits?

Is there a countersignature procedure in place?

Yes No

Frequency of bank deposits:

Are accounts reconciled by someone not authorized to deposit or withdraw monies?

Yes No

SECTION IV – RISK SURVEY QUESTIONNAIRE

- | | | | | |
|--|--------------------------|-------------------|--------------------|-----------|
| 1. Gross sales: \$ | Memberships: % | Retail: % | Alcohol % | Tanning % |
| 2. Payroll: \$ | | | | |
| 3. Number of members at this location (both active and non-active): | | | | |
| 4. Number of active members: | | | | |
| (Number of members, not number of active members is used as GL rating base) | | | | |
| 5. Number of employees: | Management: | Physical Therapy: | Personal Trainers: | |
| | Administrative: | Other: | | |
| 6. Number of sub-contractors: | Services sub-contracted: | | | |
| 7. Are certificates of insurance obtained from Applicant's sub-contractors? | | | Yes | No |
| If yes, provide a copy. | | | | |
| 8. Is the Applicant looking to provide coverage for any of the above under the policy? | | | Yes | No |
| If yes, who? | | | | |
| 9. How many personal trainers are employed / sub-contracted at Applicant's facility? | | | | |
| 10. What percent of the personal trainers are certified by ACE, NSCA, NCSF, or other agency accredited through NCCA? | % | | | |
| 11. Any property leased to others? | | | Yes | No |
| If yes, explain: | | | | |
| Please provide square footage leased: | | | | |
| 12. Any events held off premises by the Applicant? | | | Yes | No |
| If yes, explain: | | | | |
| 13. Number of guests per month: | | | | |
| 14. Are guests required to sign waiver of liability forms? | | | Yes | No |
| 15. Are waivers obtained for all adult users of the club, including spouses / partners on family memberships? | | | Yes | No |
| 16. Are medical disclosure forms requested of all members? | | | Yes | No |
| 17. Is an incident log kept of all injuries and accidents? | | | Yes | No |
| 18. Are all guests and members instructed on how to use equipment on a continuing basis? | | | Yes | No |
| 19. Is a pre-workout evaluation done by a fitness trainer for new members? | | | Yes | No |
| 20. Are written instructions of use on each piece of equipment? | | | Yes | No |

21.	Are "spotters" required for all free weights?	N/A	Yes	No
22.	Are showers and locker rooms disinfected and cleaned daily? How often?		Yes	No
23.	Are there non-slip surfaces in shower areas?		Yes	No
24.	How many Automatic External Defibrillators (AED) does the Applicant have at each location?			
25.	How many employees at each location are trained to operate an AED?			
26.	Was full CPR training included with the AED training?		Yes	No
27.	What are the Applicant's hours of operation?			
28.	Is staff present during all hours of operation?		Yes	No
29.	Is there a snack bar or restaurant on the premises? If yes, square footage occupied?		Yes	No
30.	Is there a bar serving liquor? If yes, square footage occupied?		Yes	No
31.	Is there any volunteer labor or "free membership / work exchange"?		Yes	No
32.	Is there a pro shop? If yes, square footage occupied?		Yes	No
33.	Are any products sold with the Applicant's name or label on them?		Yes	No
34.	Are dietary supplements sold? If yes, what brand names:		Yes	No

FACILITIES AND SERVICES

(Supply an inventory list with values where applicable.)

Free weights:	lbs.	Masseuse / Masseur	Yes	No
Lifecycles : #		Is this sub-contracted?	Yes	No
Rowing machines: #		Aerobics	Yes	No
Step machines: #		Is this sub-contracted? (please attach a schedule)	Yes	No
Roller blading or skating: #		Martial Arts	Yes	No
Treadmills: #		Is this sub-contracted?	Yes	No
Rock climbing apparatus: #		Barber	Yes	No
Racquetball courts: #		Is this sub-contracted?	Yes	No
Locker rooms: #		Dance instruction	Yes	No
Jogging track: #		Is this sub-contracted?	Yes	No
Showers: #		Walking program off premises?	Yes	No
Steam room: #		Physical therapists	Yes	No
Sauna: #		Is this sub-contracted?	Yes	No
Tennis Bubbles: #	sq. ft =	Number of therapists:		
Tennis courts: Indoor: #	sq. ft. =	Outdoor #	sq. ft. =	
Whirlpools / Jacuzzi: #	Indoor	or Outdoor	How often is water tested?	
What temperature is the water kept?			How many are in the club?	
Basketball courts: Indoor #		Outdoor #		
Circuit equipment: # of pieces:		Square footage:		

ABUSE AND MOLESTATION

1.	Is Applicant seeking a quote for Abuse & Molestation coverage? If no, skip this section.	Yes	No
2.	Does the Applicant's employment process (for employees and volunteers) include verification of whether the individual has ever been convicted of any crime, including sex-related or child abuse offenses, before an offer of employment is made?	Yes	No
3.	Does Applicant's state permit criminal background investigations? If yes, does the Applicant routinely request and receive such background investigations?	Yes	No
4.	Does the Applicant verify employment-related references?	Yes	No
5.	Does the Applicant conduct a personal interview?	Yes	No
6.	Does the Applicant have written procedures for dealing with sexual abuse? If yes, attach a copy.	Yes	No

- | SWIMMING POOLS | |
|----------------|--|
|----------------|--|

- | | |
|---------------------------|--|
| DAY NURSERY / BABYSITTING | |
|---------------------------|--|

8. Is there a playground? Yes No
 If yes, type of equipment?
 If outdoor, what type of surface is under the equipment?
 What type of supervision is given to the playground?

TANNING APPARATUS

1. Number of units?
 Type:
 Manufacturer:
2. Are goggles required? Yes No
 3. Are token timers used? Yes No
 4. Are operators present? Yes No
 5. Are controls on the outside of the booth/bed? Yes No
 6. Tanning booth waiver signed by members? Yes No
 7. Are *only* the manufacturer suggested bulbs used? Yes No
 8. Type of bulbs used: UVA %: UVB %:
 9. Are warning signs posted regarding ultraviolet rays? Yes No

SPA OPERATIONS

(If the Applicant performs spa operations, please complete the following.)

1. Please check the professional services that you perform and for which you desire coverage under the policy, and provide the annual receipts for each.

NOTE: Any professional service for which the Applicant does not provide such information will not be covered under the policy.

NOTE: Checking a professional service does not obligate us to insure it.

<u>Professional Service</u>	<u>Annual Receipts</u>
Electrolysis	\$
Microdermabrasion**	\$
Waxing	\$
Manicure or Pedicure	\$
Body wraps for weight / water reduction	\$
Hair cutting / Styling / Coloring	\$
Facial / Scalp massage	\$
Personal trainers / Yoga instructors	\$
Ear piercing	\$
Body piercing (other than ear lobe)	\$
Facial and skin cleansing	\$
Hydrotherapy	\$
Aromatherapy	\$
Endermology	\$
Body wraps for other than weight / water reduction	\$
Body massage	\$
Cosmetics / Make-up application	\$
Tanning beds / booths / units	\$
Tattoo or Micropigmentation	\$
Teeth whitening	\$
Chemical Peels –	\$
What percentage concentration of active ingredients? %	
Exercise / Workout	\$
Beautician service / Hair	\$
Sale of products	\$

Tanning \$
 Other services not listed above (describe):
 \$
 \$
 \$

2. Does the Applicant provide any of the following services?

Acupuncture Permanent make-up
 Chiropractic Tattooing
 Laser Hair Removal Botox or injections of any kind

IF ANY SERVICES ABOVE ARE PROVIDED, YOU ARE NOT ELIGIBLE FOR THIS PROGRAM.

3. Provide the number for each: Employees (part-time is less than 10 hrs/week) and independent contractors. Do not include the owner.

Staff	Employees		Independent Contractors	
	Full-time	Part-time	Full-time	Part-time
Aestheticians				
Masseuse				
Body wrap technicians				
Manicurists				
Beauticians				
Electrologist				
Pilates instructors				
Yoga instructors				
Fitness instructors				
Aerobic instructors				
Students (Aesthetician or Electrologist)				
Office Staff				

4. Are all technicians licensed if required by law? Yes No
5. Please provide the number of the following: Pools: Jacuzzis: Steam/Saunas:
 Tanning Beds / Booths : Hydrotherapy Tables / Tubs: Exercise Equipment:
6. Does the Applicant's equipment comply with, and are you aware of, all requirements of federal and state regulatory agencies? Yes No
7. Do independent contractors or booth renters conduct operations on applicant's premises? Yes No
8. Are the work areas where acrylics are used well ventilated? Yes No
9. Do all employees receive safety instruction to avoid potential eye contamination by chemicals? Yes No
10. Are all body contact supplies sanitized after each use? Yes No
11. Are toxic chemicals stored away from the access of customers? Yes No
12. If the Applicant's clients operate any exercise equipment, are they instructed and monitored? Yes No
13. Is the Applicant's business located in a private residence? Yes No
 If yes, is there a separate entrance? Yes No
14. Does the Applicant manufacture or re-package any product? Yes No
15. Is any product manufactured and distributed under your private label? Yes No
 If yes, describe the product and attach proof of manufacturer coverage:
16. Does the Applicant use, and save as a permanent record, a hazard disclosure and personal injury disclaimer or waiver for each customer for all services performed? Yes No
17. Does the Applicant have a medical crisis plan? Yes No
18. Does the Applicant require health histories, intake questionnaires? Yes No
 If yes, how long are they kept?
19. Does the Applicant require signed waivers from all clients? Yes No
20. Is signage used throughout the facility to prevent injury? Yes No

- | | | |
|---|-----|----|
| 21. Does the Applicant have non-slip surfaces in all wet areas? | Yes | No |
| 22. Does the Applicant sub-lease any space to others? | Yes | No |
| 23. Does the Applicant's facility have a restaurant / snack bar? | Yes | No |
| 25. Name and address of equipment lessor who requires inclusion as additional interest: | | |

No application will be accepted unless signed by the Applicant.

The applicant warrants that all answers to the questions on this application are true and correct. 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 facts thereto, commits a fraudulent insurance act, which is a crime.

Application Addendum

Philadelphia Insurance Companies or its authorized representatives is hereby authorized to conduct such inquiries as necessary to verify all information contained in this application. Authorization is also given to obtain a personal credit report on the principal of the company.

FRAUD NOTICE STATEMENTS

NOTICE TO APPLICANTS: "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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF ALASKA APPLICANTS: "A PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURANCE COMPANY FILES A CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW."

RESIDENTS OF ARKANSAS 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."

RESIDENTS OF ARIZONA APPLICANTS: "FOR YOUR PROTECTION ARIZONA LAW REQUIRES THE FOLLOWING STATEMENT TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF 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 POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."

RESIDENTS OF 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."

RESIDENTS OF FLORIDA RESIDENTS APPLICANTS: "ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE."

RESIDENTS OF KANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO, OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF 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."

RESIDENTS OF 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."

RESIDENTS OF 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 A DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF MARYLAND APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

RESIDENTS OF MINNESOTA APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

RESIDENTS OF 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."

RESIDENTS OF 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."

RESIDENTS OF NEW YORK APPLICANTS: "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 FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

RESIDENTS OF OHIO APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

RESIDENTS OF OKLAHOMA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY."

RESIDENTS OF OREGON APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW."

RESIDENTS OF 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 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF 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."

RESIDENTS OF TEXAS APPLICANTS: IF A LIFE, HEALTH AND ACCIDENT INSURER PROVIDES A CLAIM FORM FOR A PERSON TO USE TO MAKE A CLAIM, THAT FORM MUST CONTAIN THE FOLLOWING STATEMENT OR A SUBSTANTIALLY SIMILAR STATEMENT: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

RESIDENTS OF VERMONT APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW."

RESIDENTS OF 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 MAY INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF WASHINGTON APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSES OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF WEST VIRGINIA 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."

Name (Please Print/Type)

Title **(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN OR CEO)**

Signature

Date

The above signed warrants that he/she is authorized and has the power to complete and execute this Application, including the Warranty Statement on behalf of the **Applicant** and their respective Directors, Officers or other insured persons.

Produced By: (Section to be completed by Producer/Broker)

Producer

Agency

Producer License Number

Agency Taxpayer ID or SS Number

Address (Street, City, State, Zip)

Peril Assessment Scoring System - P.A.S.S.

Health and Fitness Assessment Questions

Management / Operations

1. Number of Members

2. What year was the facility established?

3. Is there a Facility Orientation program implemented and signed by all members and guests?

Yes / No

4. Is there a waiver, release of liability and assumption of the risks signed by all members and guests?

Yes / No

5. Do you have a Medical Health History Questionnaire Form completed by all members?

Yes / No

6. Is there a Physical Activity Readiness (PAR) Form completed by all members (including minors)?

Yes / No

7. Do you obtain a Medical Referral Form completed by all members who answered "Yes" on PAR Form? Are forms signed

Yes / No

8. Is warning signage appropriately posted (sauna area, cardiovascular area, swimming pool area, whirlpool/spa area, weight room area, tanning

Yes / No

9. Does the facility have a written corporate risk management & loss control statement formulated and posted?

Yes / No

10. Does the facility have a contracted snow & ice removal program?

Yes / No

11. Do Instructors received Red Cross or equivalent training in first aid/ CPR?

Yes / No

12. Does your facility have an Emergency Response Plan developed for all areas (weight room, swimming pool, courts, child care areas, etc.) &

Yes / No

13. Are Fitness equipment maintenance and inspection logs developed and kept on file?

Yes / No

14. Does the facility have a guest Policy developed and implemented?

Yes / No

15. Incident/Accident Report Form developed and implemented?

Yes / No

16. AED (Automatic External Defibrillator) available?

Yes / No

A. AED (Automatic External Defibrillator) training provided to all employees?

Yes / No

17. New employee safety orientation program recorded & documented?

Yes / No

Property

1. Is the building owned?

2. What year was the building constructed?

3. Select from the following types of construction.

- Class I (Frame)
- Class II (Joisted Masonry)
- Class III (non-combustible)
- Class IV (Masonry Non-Combustible)
- Class VI (Fire Resistive)
- Class V (Modified Fire Resistive)

4. Is there an automatic sprinkler system installed throughout the facility?

Yes / No

A. Date of last sprinkler system maintenance contract service/inspection

5. Are automatic sprinklers installed in the Sauna Area?

Yes / No

6. Is a hard-wired smoke detection system provided?

Yes / No

7. Is the fire alarm system connected to a constantly attended UL-listed alarm central station?

Yes / No

A. Is a fire protection maintenance contract provided?

Yes / No

8. Is a UL Listed central station burglar alarm system provided?

Yes / No

9. Is Commercial Cooking provided?

Yes / No

A. Cooking equipment protected by an automatic fire suppression system?

UL 300

Wet Chemical

Dry Chemical

B. Cooking equipment maintenance contract provided?

Yes / No

C. What was the date of the last commercial cooking maintenance contract service?

Automobile

1. Number of Vehicles:

2. Number of Drivers:

3. Is personal use prohibited?

Yes / No

4. Are all drivers 21 years of age and older?

Yes / No

5. Are certificates of insurance obtained from those who operate personal vehicles for business?

Yes / No

6. Are all vehicle accidents reviewed for preventability with measures to prevent recurrence?

Yes / No

7. Is there a Formal Preventive Maintenance Program

Yes / No

A. Is preventive automotive maintenance services contracted out to professional mechanics?

Yes / No

8. Are there initial and annual driver motor vehicle checks (MVRs) conducted on new employees who drive with annual rechecks thereafter?
Yes / No
9. Does the MVR Check Program address those who operate personal vehicles on company business?
Yes / No
10. Does the facility have a Drivers License Verification Program - New Hire and annual?
Yes / No
11. Is there an initial road test for vehicles with commercial registration and large vans?
Yes / No

General Liability

1. Does the Club have a formalized Slip and Fall prevention program?
Yes / No
2. Is Child Care provided?
Yes / No
- A. Are Child Care sign in/out sheets used?
Yes / No
- B. Are outdoor recreation areas fenced?
Yes / No
- C. Are Child Care parental release forms completed?
Yes / No
- D. Are background checks and reference checks conducted on all employees and volunteers that handle children?
Yes / No
- E. Is a Video Camera present or observation windows provided for child care rooms?
Yes / No
3. Are patron parking areas and sidewalks provided with adequate lighting?
Yes / No
4. Does the facility have swimming Pool/s?
Yes / No
- A. Are there diving boards?
Yes / No
- i. Is the diving board(s) less than 1 meter in height?
Yes / No
- ii. Are the following diving board safeguards in place:
1. Diving is only allowed when supervised.
Yes / No
 2. Diving area is delineated from regular swim area by a rope line.
Yes / No
 3. Parental waivers are obtained.
Yes / No
 4. An accident policy is in place.
Yes / No
- iii. Has the diving board / equipment been inspected and maintained in accordance with manufacturer's specifications, with accurate records kept on-site for
Yes / No
- B. Are there lifeguards?
Yes / No

C. Does the facility have a waterslide?

Yes / No

i. Is the water slide an open ladder "residential type" water slide?

Yes / No

ii. Are the following waterslide safeguards in place?

1. Warning signs are posted showing proper sliding techniques.

Yes / No

2. Headfirst sliding is prohibited.

Yes / No

3. An accident policy is in place.

Yes / No

iii. Is the waterslide provided with constant adult supervision during operation: (Minimal adequate supervision includes a spotter attendant at the bottom of the slide or a red light-green light system to reduce the

Yes / No

iv. Has the waterslide / equipment been constructed and installed by a manufacturer, with a certificate from a registered professional engineer (PE) or qualified vendor, stating that the construction meets either the ASTM F 2376-06 Standard Guide for Classification, Design, Manufacture, Construction and Operation of Water Slide Systems, or the Consumer Products Safety Commission (CPSC) standard

Yes / No

v. Has the waterslide / equipment been inspected and maintained in accordance with manufacturer's specifications, with accurate records kept on-site for

Yes / No

5. Does the facility have a climbing wall/s or challenge course?

Yes / No

A. Is there a waiver or release of liability and assumption of risk form signed by all members and guests?

Yes / No

B. Has the staff been trained on: 1) rules of use, 2) harness and rope inspection, 3) Set-up and take-down procedures, 4)

Emergency take-down procedures and 5) Belay Techniques?

Yes / No

C. Is the climbing wall / challenge course provided with constant adult supervision during operation and properly secured when closed down?

Yes / No

D. Has the equipment been constructed and installed by a manufacturer, with a certificate from a registered professional engineer (PE) or qualified vendor, stating that the construction guidelines meet the Association for Challenge Course Technology (ACCT) Standards.

Yes / No

E. Has the climbing wall / challenge course equipment been inspected and maintained by a qualified firm within the past 12 months?

Yes / No

6. Does the facility have tanning beds?

Yes / No

A. What type of bulbs are used in the beds?

UVA

UVB

B. Is an employee present to assist and monitor members using tanning equipment?

Yes / No

C. Are goggles required?

Yes / No

D. Is a tanning booth waiver signed by members?

Yes / No

E. Are timers utilized or supervision monitors provided?

Yes / No

7. Does the facility maintain Certificates of Insurance from all Subcontractors?

Yes / No

A. Is the facility named as an additional insured?

Yes / No

8. Does the facility have spas/whirlpools?

Yes / No

A. Is there a spa emergency cut-off switch located near the spa?

Yes / No

B. Are spa drain covers inspected regularly to make sure they are not cracked or missing?

Yes / No

C. Is there a locked safety cover provided whenever the spa is not in use, or access to the room locked?

Yes / No

D. Is the spa equipped with two drains per pump to reduce the suction at each opening or approved vacuum release mechanism?

Yes / No

9. Does the facility have sauna/s?

Yes / No

A. Is the heating element guarded?

Yes / No

10. Does the facility have a day spa or body treatment operation?

Yes / No

A. Is there a waiver or release of liability and assumption of risk form signed by all members and guests?

Yes / No

B. Are clients required to fill out a pre-treatment questionnaire that is reviewed by the therapist to look for contraindications?

Yes / No

C. Are all professional spa staff employees or contractors properly licensed (ie: estheticians, cosmetologists, etc.)?

Yes / No

11. Are there shower mats or non-skid surfaces for all damp/wet areas?

Yes / No

12. Does the facility have an anti-scald program in place? - showers, sinks.

Yes / No

Professional Liability

1. What percentage of the trainers / instructors are certified by any one of the three organizations: American Council on Exercise (ACE), American College of Sports Medicine (ACSM), National Sports Club Association

0 to 49%
50% to 74%
75 % to 100%

2. Do aerobics instructors require their classes to warm-up before each session?

Yes / No

3. Does the club conduct weight reduction programs that include suggesting diets?

Yes / No

A. Has the weight loss program been approved by a physician?

Yes / No

4. Does Club advise customers to consult their own physicians before beginning any weight reduction program?

Yes / No

5. Has legal reviewed all promotional / advertising materials to determine whether Club makes claims as to weight loss?

Yes / No

6. Does the Club sell vitamins/dietary supplements?

Yes / No

A. Do Club employees recommend or prescribe vitamins or dietary supplements to members?

Yes / No

7. Does the Club sell alcoholic beverages?

Yes / No

A. Have alcohol servers passed a Training for Intervention Procedures by Servers of Alcohol (TIPS) course?

Yes / No

B. Are signs offering transportation services posted in prominent locations throughout the premises?

Yes / No