

**GENERAL LIABILITY/PROFESSIONAL LIABILITY
EXERCISE AND HEALTH CLUB SUPPLEMENT**

First Named Insured _____
The name shown first is the first Named Insured and is responsible for premium payment, cancellation, and changes – refer to policy wording.

**ANSWER SPECIFIC RISK INFORMATION SECTION FOR THOSE AREAS WHICH APPLY.
INDICATE "N/A" IN THOSE AREAS THAT DO NOT APPLY.**

		<input type="checkbox"/> <i>Not Applicable</i>	Yes	No
1. AEROBICS		<input type="checkbox"/> <i>Not Applicable</i>		
a.	Do instructors have each participant monitor his/her heart rate?		<input type="checkbox"/>	<input type="checkbox"/>
b.	Are participants asked to stop if they appear to be overexerting themselves?		<input type="checkbox"/>	<input type="checkbox"/>
	Are instructors trained to make such judgment?		<input type="checkbox"/>	<input type="checkbox"/>
c.	Are aerobic instructors certified?		<input type="checkbox"/>	<input type="checkbox"/>
d.	Is the floor padded and/or made of a slip-resistant surface?		<input type="checkbox"/>	<input type="checkbox"/>
e.	Are there participant limitations to prevent overcrowding?		<input type="checkbox"/>	<input type="checkbox"/>
2. BABYSITTING		<input type="checkbox"/> <i>Not Applicable</i>		
a.	Maximum number of children allowed at any one time: _____			
b.	Minimum age of children allowed: _____			
c.	Describe supervision of children (adult/child ratios). _____			
d.	Are employees trained in child care?		<input type="checkbox"/>	<input type="checkbox"/>
3. GYMNASTICS		<input type="checkbox"/> <i>Not Applicable</i>		
a.	Are there any trampolines?		<input type="checkbox"/>	<input type="checkbox"/>
b.	List other equipment available: _____			
c.	Describe procedures in case of an accident. _____			

4. POOL		<input type="checkbox"/> <i>Not Applicable</i>		
a.	Are rules posted?		<input type="checkbox"/>	<input type="checkbox"/>
b.	Are lifeguards present at all times?		<input type="checkbox"/>	<input type="checkbox"/>
c.	Are there diving boards?		<input type="checkbox"/>	<input type="checkbox"/>
	If yes, height? _____		<input type="checkbox"/>	<input type="checkbox"/>
d.	Does pool meet the design and construction standards of the National Spa and Pool Institute?		<input type="checkbox"/>	<input type="checkbox"/>
e.	Are non-slip, well-maintained, and well-drained walking surfaces present around the pool and in the shower areas?		<input type="checkbox"/>	<input type="checkbox"/>
f.	Are there clear markings on the pool regarding the depth of the water?		<input type="checkbox"/>	<input type="checkbox"/>
g.	Are pools clearly marked indicating the end of a lap?		<input type="checkbox"/>	<input type="checkbox"/>
5. SAUNAS/STEAMROOMS/WHIRLPOOLS		<input type="checkbox"/> <i>Not Applicable</i>		
a.	Are warnings and directions for use clearly posted?		<input type="checkbox"/>	<input type="checkbox"/>
b.	Do doors open outward?		<input type="checkbox"/>	<input type="checkbox"/>
	Do they have a visibility window?		<input type="checkbox"/>	<input type="checkbox"/>
c.	Does the heating element in the sauna have a guard rail?		<input type="checkbox"/>	<input type="checkbox"/>
d.	Are thermostats tamper-resistant?		<input type="checkbox"/>	<input type="checkbox"/>
e.	Is the sauna, steamroom, and/or whirlpool cleaned daily?		<input type="checkbox"/>	<input type="checkbox"/>

- | | <input type="checkbox"/> <i>Not Applicable</i> | Yes | No |
|--|--|--------------------------|--------------------------|
| 6. SNACK BAR/RESTAURANT | <input type="checkbox"/> <i>Not Applicable</i> | | |
| a. Is there regular housekeeping of the premises? | | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Is liquor served on the premises? | | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. TANNING BEDS | <input type="checkbox"/> <i>Not Applicable</i> | | |
| a. Number of tanning beds _____ | | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are goggles provided? | | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Are self-timers provided? | | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Are beds U.L. approved? | | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Are proper warnings and instructions for use posted? | | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. WEIGHT REDUCTION PROGRAMS | <input type="checkbox"/> <i>Not Applicable</i> | | |
| a. If diets are suggested, have they been approved by a physician for general use? | | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are customers advised to consult their own physician prior to beginning a weight reduction program? | | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Do you manufacture, sell (own label), or repackage any food, cosmetic, or vitamin product? | | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Do you employ a dietician? | | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. WEIGHT ROOMS | <input type="checkbox"/> <i>Not Applicable</i> | | |
| a. Are there capable assistants present for all lifters? | | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Is there storage for free weights? | | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Are electric exercise machines properly maintained? | | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Are proper warnings and instructions for use posted? | | <input type="checkbox"/> | <input type="checkbox"/> |

MISCELLANEOUS UNDERWRITING INFORMATION

- | | Yes | No |
|---|--------------------------|--------------------------|
| EMERGENCY INFORMATION | | |
| 1. Is emergency medical care easily accessible? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are emergency numbers posted by all phones? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are members of staff trained to administer first aid?
If yes, how often are they recertified? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are exits properly marked and easily accessible? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is there a back-up power system? | <input type="checkbox"/> | <input type="checkbox"/> |

STAFF

- List employees of the Named Insured and their duties (attach separate sheet if necessary):

- Is there a staff member trained in CPR on duty at all times? Yes No
- List the qualifications of employees who plan programs for members:

- Are instructors trained in specialized areas? Yes No
- Are the instructors employees of the club or professionals who function as independent contractors? Yes No
 - If the professional independent contractor has assistants, are they employees of the club or of the independent contractor? Yes No
 - Does the club have an ongoing program of training and staff evaluation? Yes No

MEMBERS

- Do new club members go through a complete introduction/evaluation process to develop a personal exercise program? Yes No
- Is the progress of members periodically evaluated? Yes No
- Are minors permitted to join the club? Yes No