



**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? _____ | | | |
| Does pool meet the design and construction standards of the National Spa and Pool Institute? | | <input type="checkbox"/> | <input type="checkbox"/> |
| d. 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"/> |
| e. Are there clear markings on the pool regarding the depth of the water? | | <input type="checkbox"/> | <input type="checkbox"/> |
| f. 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"/> |

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|--|--|--------------------------|--------------------------|
| 6. SNACK BAR/RESTAURANT | <input type="checkbox"/> Not Applicable | Yes | No |
| 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"/> Not Applicable | | |
| 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"/> Not Applicable | | |
| 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"/> Not Applicable | | |
| 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

- | | | |
|---|--------------------------|--------------------------|
| EMERGENCY INFORMATION | Yes | No |
| 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

- | | | |
|--|--------------------------|--------------------------|
| 1. List employees of the Named Insured and their duties (attach separate sheet if necessary):

_____ | | |
| 2. Is there a staff member trained in CPR on duty at all times? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. List the qualifications of employees who plan programs for members:
_____ | | |
| 4. Are instructors trained in specialized areas? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are the instructors employees of the club or professionals who function as independent contractors? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If the professional independent contractor has assistants, are they employees of the club or of the independent contractor? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Does the club have an ongoing program of training and staff evaluation? | <input type="checkbox"/> | <input type="checkbox"/> |

MEMBERS

- | | | |
|--|--------------------------|--------------------------|
| 1. Do new club members go through a complete introduction/evaluation process to develop a personal exercise program? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the progress of members periodically evaluated? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are minors permitted to join the club? | <input type="checkbox"/> | <input type="checkbox"/> |