

## HEALTH AND EXERCISE CLUBS SUPPLEMENTAL APPLICATION

1. Named Insured: \_\_\_\_\_
2. What are the operations of the club? \_\_\_\_\_
3. How many members are there? \_\_\_\_\_
4. What types of activities or events are sponsored?  
\_\_\_\_\_
5. Do any activities or classes involve the customer or member being airborne or suspended above ground level?  Yes  No  
If yes, please describe: \_\_\_\_\_

**IF THIS SECTION DOES NOT APPLY, PLEASE INDICATE BY CHECKING NOT APPLICABLE.**

**Aerobics:**  Not Applicable

6. Are the instructors certified?  Yes  No
7. Is the floor padded and/or made of slip-resistant surface?  Yes  No
8. Are there participant limitations to prevent overcrowding?  Yes  No
9. Do instructors have each participant monitor his/her heart rate?  Yes  No
10. Are participants asked to stop if they appear to be overexerting themselves?  Yes  No

**Babysitting:**  Not Applicable

11. What is the minimum age of children allowed? \_\_\_\_\_
12. What is the maximum number of children allowed at any one time? \_\_\_\_\_
13. Is the service provided for members only and only when they are using the facility?  Yes  No
14. Are employees trained in child care?  Yes  No
15. Describe the supervision provided (adult/child ratios): \_\_\_\_\_

**Gymnastics:**  Not Applicable

16. Are there any trampolines?  Yes  No
17. List the other equipment in use: \_\_\_\_\_  
\_\_\_\_\_
18. Describe the procedures in place in case of an accident: \_\_\_\_\_  
\_\_\_\_\_

**Pools:**  Not Applicable

19. Are there diving boards?  Yes  No

If yes, what is the height? \_\_\_\_\_

20. Does the pool meet the design and construction standards of the National Spa and Pool Institute?  Yes  No

21. Are non-slip, well-maintained and well-drained walking surfaces present around the pool and in the shower areas?

Yes  No

22. Are there clear markings on the pool regarding depth of the water?  Yes  No

23. Are pools clearly marked indicating the end of the lap?  Yes  No

24. Are lifeguards present at all times?  Yes  No

25. Is safety equipment conspicuously and conveniently located?  Yes  No

26. Is an analysis of the pool's temperature and chemical balance made and recorded daily?  Yes  No

27. Are the rules clearly marked?  Yes  No

28. Are food and beverages allowed in the pool area?  Yes  No

If yes, must they be in non-breakable containers?  Yes  No

**Saunas, Steamrooms & Whirlpools:**  Not Applicable

29. Are warnings and directions for use clearly posted?  Yes  No

30. Do doors open outward?  Yes  No

31. Do doors have visibility window?  Yes  No

32. Does the heating element in the sauna have a guard rail?  Yes  No

33. Are the thermostats tamper-resistant?  Yes  No

34. Are the areas monitored regularly by the staff?  Yes  No

35. Is the equipment cleaned and disinfected daily?  Yes  No

36. How often is maintenance performed on the equipment?  Yes  No

**Snack Bar/Restaurant:**  Not Applicable

37. What type of food and beverage are served? \_\_\_\_\_

38. Any liquor being served on premises?  Yes  No

**Tanning Beds:**  Not Applicable

39. How many tanning units are on premises (**units with UVA bulbs are acceptable, UVB bulbs cannot exceed 10%**)?

Yes  No

40. Are the beds UL listed?  Yes  No

41. Who is the manufacturer of the beds? \_\_\_\_\_

42. Do you own or lease the beds?  Own  Lease

43. How many of each type of tanning unit are on premises?

UVA Bulb Units: \_\_\_\_\_

UVB Bulb Units: \_\_\_\_\_

Spray Tanning Units: \_\_\_\_\_

Other (please describe): \_\_\_\_\_

44. Are the beds tested daily to ensure the timers and bulbs are working properly?  Yes  No

45. How often is maintenance performed on the beds? \_\_\_\_\_

46. Do the bulbs have a protective cover?  Yes  No

47. Are records kept on each customer for each visit and exposure time?  Yes  No

48. Are all customers furnished information regarding the beds and rays used?  Yes  No

49. Are goggles supplied and worn by each customer?  Yes  No

50. Are all beds disinfected after each use?  Yes  No

51. Does each customer sign a waiver of liability prior to using the beds?  Yes  No

52. Are all timers and controls operated by the attendant and not the customer?  Yes  No

53. Do the beds/booths have dual controls and automatic shut-off?  Yes  No

54. Are customers limited to a maximum of 30 minutes per session?  Yes  No

55. Does each customer sign a waiver of liability prior to using the beds?  Yes  No

56. Are signs posted prohibiting tanning while on medication and/or pregnancy?  Yes  No

57. Are instructions posted for use of the equipment?  Yes  No

58. Does the state require a license to operate a tanning salon  Yes  No

What is the expiration date of the license? \_\_\_\_\_

59. Has your license ever been revoked or suspended?  Yes  No

If yes, provide a detailed explanation for the cause: \_\_\_\_\_

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**MEMBERS**

60. Do new club members go through a complete introduction and evaluation process to develop a personal exercise program?  Yes  No

61. Is the progress of members periodically evaluated?  Yes  No

62. Are minors permitted to join the club?  Yes  No

63. Are members required to sign a waiver?  Yes  No

**STAFF**

64. Provide a description of the various duties by position (attach separate sheet if necessary):

\_\_\_\_\_  
\_\_\_\_\_

65. List the certifications/licenses or qualifications of employees who plan programs for members:

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66. Are instructors trained in specialized areas?  Yes  No

67. Are the instructors' employees of the club or professionals who are independent contractors?

Employees of Club  Independent Contractors

If Independent Contractors, are they required to provide evidence of insurance?  Yes  No

68. Does the club have an ongoing program of staff evaluation and training?  Yes  No

**EMERGENCY INFORMATION**

69. Is emergency medical care readily accessible?  Yes  No

70. Are emergency numbers posted by all the phones?  Yes  No

71. Are members of the staff trained to administer first aid?  Yes  No

72. Is there a staff member trained in CPR on duty at all times?  Yes  No

73. Are exits properly marked and easily accessible?  Yes  No

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_