

EXERCISE AND HEALTH CLUB SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability Application)

1. **Operation:** Exercise Equipment Free-weight Lifting Aerobics Dance Studio
 Personal Trainer Physical Therapist Masseuse Massage Parlor
 Spa Gymnastics School

2. **Annual gross receipts from all operations:** \$ _____
Are there any food sales? If so, please advise gross receipts \$ _____

3. **Is all equipment inspected regularly?** Yes No
Is inspection documentation maintained? Yes No If so, how long?
Do you use equipment you have built? Yes No If yes, attach description.
Are there instructions and warnings for equipment and machines clearly posted? Yes No

4. **Members age range from** _____ **to** _____

5. **Does membership agreement include a Hold Harmless clause (Liability Waiver)?** Yes No If yes, attach a copy.

6. **Other operations:**
 Day Care
 Climbing Wall (please complete Climbing Wall Questionnaire, GLS-APP-47s)
 Swimming Pool Number of diving boards: Height: ft. Rules posted? Yes No
 Toning Beds Number
 Trampolines
 Tanning Beds Number Goggles provided? Yes No
Are all timers operated by an attendant? Yes No Are beds U.L. approved? Yes No
Are all beds manufactured in the United States? Yes No Are all beds cleaned after each use?
 Yes No
Do signs prohibit use of the beds during pregnancy or if on medication? Yes No
 Tennis Courts/Racquetball/Handball/Squash Courts Number
 Pro Shop Snack Bar
 Describe off-site activities you sponsor:
 Exercise equipment for rent or sale. Yes No

7. **Please indicate any of the following that you provide to your customers:**
 Protein diet plans Body wraps—other than organic Blood analysis Stress testing
 Weight loss or diet clinics Products manufactured by or sold under club's name

