

NORTHERN CALIFORNIA: (209) 472-7042 - (800) 472-7043 SOUTHERN CALIFORNIA: (714) 550-5050 - (800) 660-1125

SAN DIEGO: (800) 660-1125

License #0705050

Exercise and Health Studio Supplemental Application

(Complete in addition to ACORD General Liability Application)

Na	me of Applica	nt:						
1.	Operation:	θ Exercise Equipmentθ Personal Trainerθ Spa	θ Free-weight Liftingθ Physical Therapistθ Gymnastics School	θ Aerobicsθ Masseuse	θ Dance Studio θ Massage Parlor			
2.	Annual gross receipts from all operations: \$							
3.	Is inspection If so, how lor	documentation maintained ng?equipment you have built?.	? ::::::::::::::::::::::::::::::::::::		0	Yes	o No	
4.	-	ges range from	to					
5.		ership agreement includ	e a Hold Harmless clause	(Liability Waiver)	?	Yes	o No	
	θ Swimmii Number	ng Pool of diving boards:	mbing Wall Questionnaire, Height:	ft.		Voo	. No	
	θ Tanning	Beds Number:			0	Yes	0 N0	
	Are all til Are beds Are all b Are all b	mers operated by an attendary of the control of the	dant?nited States?		0	Yes Yes Yes Yes	o No o No o No o No	
	θ Tennis Cθ Pro Shoθ Snack B	Courts/Racquetball/Handba p	uring pregnancy or if on me Ill/Squash Courts Num			Yes	o No	

7.	Please indicate any of the following that you provide to your customers:								
	θ Protein diet plans θ Body wraps—								
	θ Stress testing θ Weight loss or	by or sold under club's name							
8.	Premises exposures:								
	Hours of operation from to								
	Is parking lot well lit?								
	Security Guard on premises?								
	Shower/sauna/steam or Jacuzzi facilities?								
	Do the floors for these areas have non-skid surfaces?								
	Any trampolines? O N								
	Any electrode machines?								
9.	Number of Employees	Employed	Leased	Independent					
	Certified aerobic instructors								
	Uncertified aerobic instructors								
	Personal trainers								
	Masseuses								
	Other (describe)								
	Total number of employees								
	Number of employees trained in CPR								
	Do independents provide you with certificates of insurance?								
	Are you included as an additional insur								
ΔΡ	PLICABLE IN THE STATE OF NEW YO	ORK.							
sur fori	y person who knowingly and with intent rance or statement of claim containing a mation concerning any fact material the pject to a civil penalty not to exceed five	any materially false ereto, commits a frai	information, or conceals for udulent insurance act, which	the purpose of misleading, in a scrime, and shall also be					
FR	AUD WARNING:								
sur ma	y person who knowingly and with intent rance or statement of claim containing a tion concerning any fact material there rson to criminal and civil penalties.	ny materially false ir	formation or conceals for th	e purpose of misleading, infor-					
PR	ODUCER'S SIGNATURE:		DATE	≣:					
ΑP	PLICANT'S SIGNATURE:		DATE	Ξ:					

AGENT NAME: _____ AGENT LICENSE NUMBER: _____