



SCOTTSDALE INSURANCE COMPANY®

Home Office: One Nationwide Plaza • Columbus, Ohio 43215
Administrative Office: 8877 North Gainey Center Drive • Scottsdale, Arizona 85258
1-800-423-7675 • Fax (480) 483-6752

Exercise and Health Studio Supplemental Application
(Complete in addition to ACORD General Liability Application)

Name of Applicant: \_\_\_\_\_

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

2. Annual gross receipts from all operations: \$ \_\_\_\_\_

- 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.

4. Members' ages 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: \_\_\_\_\_
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: \_\_\_\_\_

**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

**8. Premises exposures:**

Hours of operation from \_\_\_\_\_ to \_\_\_\_\_

Is parking lot well lit? .....  Yes  No

Security Guard on premises? .....  Yes  No

Shower/sauna/steam or Jacuzzi facilities?.....  Yes  No

Do the floors for these areas have non-skid surfaces?.....  Yes  No

Any trampolines? .....  Yes  No

Any electrode machines? .....  Yes  No

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? .....  Yes  No

Are you included as an additional insured?.....  Yes  No

**APPLICABLE IN THE STATE OF NEW YORK:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**FRAUD WARNING:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_

***(Applicable to Florida Agents Only.)***