



# Fitness & Wellness Supplemental Application

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**APPLICANT'S NAME**

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Location Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Mailing Address (if different than location) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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**Broker Name**

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Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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**Name of Primary Contact**

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Email of Primary Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

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Current Insurance Carrier \_\_\_\_\_ Desired Effective Date \_\_\_\_\_

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**GENERAL UNDERWRITING INFORMATION & ELIGIBILITY**

Annual revenue from membership/personal training sales: \_\_\_\_\_ Facility owned or rented: \_\_\_\_\_

Revenue from snack bar: \_\_\_\_\_ Facility occupied square footage: \_\_\_\_\_

Revenue from dietary supplements: \_\_\_\_\_ Business personal property coverage limit: \_\_\_\_\_

Annual payroll for admin staff: \_\_\_\_\_ Weight and machine equipment value: \_\_\_\_\_

Annual payroll for training staff: \_\_\_\_\_ Electronic cardio equipment value: \_\_\_\_\_

Average per hour training fee: \_\_\_\_\_ Hours of operation: \_\_\_\_\_

Do clients have open access to the facility during business hours or by appointment only? YES  NO

Copy of membership or training agreement with hold-harmless  SEE ATTACHED

Any claims in the past 3-years?  SEE ATTACHED  NO

Does the applicant require certificates of insurance from the sub-contractors?

Does the applicant sublease any space?

Are products sold with the applicant's name or label on them?

Does the applicant require waivers to be obtained for all adult users of the club, including spouses or partners of family members?



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|   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| Does the applicant require medical disclosure forms of all members?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Is an incident log is kept of all injuries and accidents?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Are guests and members instructed on how to use equipment on a continuing basis?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there exercise instructions and demonstrations given on each exercise and workout of the day?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there written Instructions for use on each piece of equipment?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there warning signs posted in clear view of all fitness equipment?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there a CPR certified staff member on duty at all times?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Is a staff member present during all hours of operation?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there functioning and operational smoke and/or heat detectors in all units and/or occupancies?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Are the showers and locker rooms disinfected and cleaned daily?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there non-slip surfaces in the shower area?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there a swimming pool on the premises?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Are pole dance classes offered?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there martial arts or boxing activities?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there a rock wall or climbing activities?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Are classes offered for children under the age of 12?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the applicant employ or contract beauticians, massage therapists or body wrapping services?                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the applicant offer any medical services, blood analysis, stress testing, weight loss or diet clinics?                         | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the applicant offer any chiropractic, physical therapy or rehabilitation services or any other similar professional services?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there a childcare center on the premises?  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>If Yes, please answer the following questions:</b>   |                          |                          |
| a. Are there criminal and background checks performed on all potential employees having exposure to or responsibility for children? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are children under 6 weeks of age accepted?  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Are children required to be signed in and signed out?  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Are members required to stay on the premises at all times?   | <input type="checkbox"/> | <input type="checkbox"/> |

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Name (Please Print)

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Authorized Signature

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Date