

Capitol Specialty Insurance Corporation

P.O. Box 5900
Madison, WI 53705

**GENERAL LIABILITY/PROFESSIONAL LIABILITY
EXERCISE AND HEALTH CLUB SUPPLEMENT**

First Named Insured _____
The name shown first is the first Named Insured and is responsible for premium payment, cancellation, and changes – refer to policy wording.

OPERATIONS

1. Number of years in business: _____
If new describe prior experience _____
2. Number of members: _____
3. Hours of Operation: _____
Does applicant own building? Yes No
4. Any cooking on premises? If yes, describe: _____
5. Any food or beverages sold on premises? Yes No If yes, describe: _____
6. Is alcohol served? Yes No

Check all applicable items

- | | | |
|------------------------|---------------------|------------------------|
| *Aerobics | Jogging Tracks | *Sun Tanning Units |
| Barber / Beauty Shop | Judo | *Swimming Pools |
| Basketball Courts | Karate | Tennis Courts |
| Bicycle Tracks | Locker Rooms | Trampolines |
| Body Toning | Masseuse | Tumbling |
| Dance Instruction | *Nursery | *Whirlpool |
| Diet Counseling | Physical Therapists | Other (describe below) |
| Game Room | Pro Shop | |
| *Gymnastics | *Sauna | |
| Handball / Racquetball | Shower Rooms | |
| Courts | Sports Medicine | |
| Jacuzzi | *Steam Rooms | |

*(complete section on reverse if item is starred)

Describe all other operations not listed above _____

RISK MANAGEMENT INFORMATION

- | | | |
|--|-----|----|
| 1. Are all instructors employees of the applicant? | Yes | No |
| 2. Are employees trained in CPR, First aid, etc? | Yes | No |
| 3. Are eye guards required on racquetball courts? | Yes | No |
| 4. Signed release forms required? (Attach a copy) | Yes | No |
| 5. If customer is under 16 years of age, is parent's signature required on the release form? | Yes | No |
| 6. Are incident reports compiled daily for all injuries? | Yes | No |

SWIMMING EXPOSURE (COMPLETE WHEN APPLICABLE)

Indoor Pool Maximum Depth _____ Lap Pool Maximum Depth _____
Outdoor Pool Maximum Depth _____

- | | | |
|---|-----|----|
| 1. Are rules posted? | Yes | No |
| 2. Are lifeguards present at all times? | Yes | No |

- | | | |
|---|-----|----|
| 3. Lifesaving Equipment | Yes | No |
| 4. Are there diving boards? | Yes | No |
| If yes, Number of meters in height _____ | | |
| 5. Non-slip surface in pool area? | Yes | No |
| 6. Non-slip surface in locker, shower and sauna areas? | Yes | No |
| 7. Are there clear markings on the pool regarding the depth of the water? | Yes | No |

AEROBICS (COMPLETE WHEN APPLICABLE)

- | | | |
|---|-----|----|
| 1. Do instructors have each participant monitor his/her heart rate? | Yes | No |
| 2. Are participants asked to stop if they appear to be overexerting themselves? | Yes | No |
| Are instructors trained to make such judgment? | Yes | No |
| 3. Are aerobic instructors certified? | Yes | No |
| 4. Is the floor padded and/or made of a slip-resistant surface? | Yes | No |
| 5. Are there participant limitations to prevent overcrowding? | Yes | No |

NURSERY (COMPLETE WHEN APPLICABLE)

- | | | |
|---|-----|----|
| 1. Maximum number of children allowed at any one time: _____ | | |
| 2. Minimum age of children allowed: _____ | | |
| 3. Describe supervision of children (adult/child ratios). _____ | | |
| 4. Are employees trained in childcare? | Yes | No |

GYMNASTICS (COMPLETE WHEN APPLICABLE)

- | | | |
|--|-----|----|
| 1. Are there any trampolines? | Yes | No |
| 2. List other equipment available: _____ | | |
| 3. Describe procedures in case of an accident. _____ | | |
| _____ | | |

SAUNAS/STEAMROOMS/WHIRLPOOLS (COMPLETE WHEN APPLICABLE)

- | | | |
|--|-----|----|
| 1. Are warnings and directions for use clearly posted? | Yes | No |
| 2. Do doors open outward? | Yes | No |
| 3. Do they have a visibility window? | Yes | No |
| 4. Does the heating element in the sauna have a guardrail? | Yes | No |
| 5. Are thermostats tamper-resistant? | Yes | No |
| 6. Is the sauna, steam room, and/or whirlpool cleaned daily? | Yes | No |
| 7. Saunas have emergency shutoff? | Yes | No |
| 8. Whirlpool emergency shutoff in same area? | Yes | No |
| 9. Warnings posted regarding use; i.e. pregnancy, alcohol, etc.? | Yes | No |

TANNING BEDS (COMPLETE WHEN APPLICABLE)

List tanning Equipment

Manufacturer	# Beds	# Booths	# Facial Units	Other	UA %	UVB %

- | | | |
|---|-----|----|
| 1. Are any of the units equipped with accelerator bulbs? | Yes | No |
| 2. Are timers located on each unit? | Yes | No |
| 3. Operated only by employees? Yes No If no, are they operated by the customer? | Yes | No |
| 4. Are all employees trained in the use of the timers? | Yes | No |
| 5. What is the maximum exposure time allowed at each session? _____ | | |
| 6. Are goggles required to be worn? | Yes | No |
| 7. Are all units cleaned by employees between patrons? | Yes | No |
| 8. Is medical history taken for new customers? | Yes | No |
| 9. Are hold harmless cards and sing-in cards retained permanently? | Yes | No |

10. Do customers receive information on potentially harmful medications that react to Tanning? Yes No

WEIGHT REDUCTION PROGRAMS (COMPLETE WHEN APPLICABLE)

1. If diets are suggested, have they been approved by a physician for general use?	Yes	No
2. Are customers advised to consult their own physician prior to beginning a weight reduction program?	Yes	No
3. Do you manufacture, sell (own label), or repackage any food, cosmetic, or Vitamin product?	Yes	No
4. Do you employ a dietician?	Yes	No

WEIGHT ROOMS (COMPLETE WHEN APPLICABLE)

1. Are there capable assistants present for all lifters?	Yes	No
2. Is there storage for free weights?	Yes	No
3. Are electric exercise machines properly maintained?	Yes	No
4. Are proper warnings and instructions for use posted?	Yes	No

EMERGENCY INFORMATION

1. Is emergency medical care easily accessible?	Yes	No
2. Are emergency numbers posted by all phones?	Yes	No
3. Are members of staff trained to administer first aid? If yes, how often are they recertified? _____	Yes	No
4. Are exits properly marked and easily accessible?	Yes	No
5. Is there a back-up power system?	Yes	No

STAFF

1. List the qualifications of employees who plan programs for members: _____ _____		
2. Are instructors trained in specialized areas?	Yes	No
3. Are the instructors employees of the club or professionals who function as independent contractors?	Yes	No
a. If the professional independent contractor has assistants, are they employees of the club or of the independent contractor?	Yes	No
b. Does the club have an ongoing program of training and staff evaluation?	Yes	No

MEMBERS

1. Do new club members go through a complete introduction/evaluation process to develop a personal exercise program?	Yes	No
2. Is the progress of members periodically evaluated?	Yes	No
3. Are minors permitted to join the club?	Yes	No

FRAUD STATEMENT

I DECLARE THAT THE STATEMENTS MADE IN THIS SUPPLEMENT ARE COMPLETE AND TRUE. Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. Any changes in your operation must be reported to your agent.

Signature of Applicant Title Date

Signature of Producing Agent Date

Agent Name and Address