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 Scottsdale, Arizona 85258

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 Scottsdale, Arizona 85258

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

Name of Applicant: _____

Web Site Address: _____

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 pools: _____
 Number of diving boards or platforms: _____ Height: _____
 Number of slides: _____ Height: _____
 Rules posted and life-safety equipment available at poolside? 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: _____

Hydro-Massage Beds 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

If you do provide protein diet plans, please describe: _____

8. Premises exposures:

Hours of operation from _____ to _____

Are staff members always present when clients are on the premises?..... Yes No

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

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

Unarmed 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 or 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

Limits that you require the independents to carry: _____

10. Does applicant have other business ventures for which coverage is not requested?..... Yes No

If yes, explain and advise where insured: _____

FRAUD WARNINGS:

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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.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING 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.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____