

HEALTH AND EXERCISE CLUBS QUESTIONNAIRE

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

Named Insured: _____

Website: _____

PROHIBITED CIRCUMSTANCES

If any of the questions in the section below are answered "YES," you are not eligible for coverage.

- | | | |
|--|------------------------------|-----------------------------|
| 1. Are you open 24 hours and unstaffed at any time? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does the risk offer sensory deprivation chambers, blood analysis or stress testing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Do you recommend any diet or weight loss drugs to customers?* | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Is this risk a stand alone diet center? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Do you offer the use of trampolines or other gymnastics apparatus? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Do you offer diet counseling, sports medicine or physical therapy services?* | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Do you employ a dietician or nutritionist?* | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Do you have any diving boards/platforms that are over 3 feet high? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If any of the questions in the section below are answered "NO," you are not eligible for coverage.

- | | | |
|---|------------------------------|-----------------------------|
| 9. Are signed release forms required? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Do release forms require a parent's signature for customers under 18 years old? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Are instructions and warnings posted for all equipment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Are all members pre-screened for health or physical issues?* | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**These only apply if professional coverage is requested. Attach CG 21 16 to exclude professional if it is not eligible.

GENERAL INFORMATION

- | | |
|---|--|
| 1. How many of each of the following types of courts do you have: | |
| a. Handball/racquetball courts? | _____ |
| b. Basketball/volleyball courts? | _____ |
| c. Tennis courts? | _____ |
| 2. Do you have at least 3 years of prior experience in owning/managing a health or exercise club? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Do you offer martial arts, boxing or hockey training? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Do you have a climbing wall? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Do you manufacture or re-label any food, vitamins or supplements? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

PROFESSIONAL INFORMATION (Complete if requesting coverage)

1. Have you incurred any professional liability claims in the past three years? Yes No
2. Average number of personal and/or fitness trainers? Part time: _____
 Full time: _____

POOLS / SAUNAS / STEAM ROOMS / WHIRLPOOLS (COMPLETE WHEN APPLICABLE)

1. Number of each:
- a. Pools – complete the swimming pool questionnaire, if any? _____
 - i. Diving board or platforms? Yes No
 - b. Hot tubs / Jacuzzis _____
 - c. Whirlpools _____
 - d. Saunas / Steam Rooms _____
2. If any hot tubs, Jacuzzis, steam rooms or saunas; please certify that the following requirements are met:
- a. Warnings and directions for use clearly posted.
 - b. All thermostats are tamper-resistant.
 - c. All emergency shutoffs are in the same area.
 - d. All of these features are equipped with a timer for automatic shut-off.

I certify that all the statements above in number 2 are verified: Yes – I certify this

OTHER OPERATIONS

- Swimming pools, complete: **Swimming Pool Questionnaire – CGE 160**
- Martial arts, complete: **Martial Arts Questionnaire – CQU 013**
- Beauty/barber, massage or spa services, complete: **3B and Day Spa Questionnaire – CGE 006**
- Sun tanning services, complete: **Sun Tanning Questionnaire – CGE 182**
- Child day care services, complete: **Child Day Care Questionnaire – CQU 002**



Capitol Indemnity Corporation
 Capitol Specialty Insurance Corporation
 Platte River Insurance Company

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature

Title

Date

Producer Signature

Date