

# HEALTH and EXERCISE SALON SUPPLEMENTAL QUESTIONNAIRE

(Complete in Addition to Acord Application)

1. Name of Applicant: \_\_\_\_\_
2. Do you conduct any other business other than an exercise salon?  Yes  No  
If Yes, please explain: \_\_\_\_\_
3. What are the estimated annual gross receipts from the exercise salon operation? \$ \_\_\_\_\_
4. What are the estimated annual gross receipts from all operations? \$ \_\_\_\_\_
5. Do you provide any of the following facilities or activities?

Aerobic Exercise Classes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number _____	Running Track	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number _____
Athletic Contests	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number _____	Sauna	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number _____
Handball Courts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number _____	Spa	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number _____
Martial Arts Classes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number _____	Swimming Pool	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number _____
Martial Arts Exhibitions	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number _____	Team Sports	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number _____
Racquetball Courts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number _____	Tennis Courts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number _____
Trampoline	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number _____			

*(Provide separately full details of any Yes answers)*
6. Give brief description of type of exercise equipment you have available for use: \_\_\_\_\_  
\_\_\_\_\_  
  - a. Number of free weights and brand? \_\_\_\_\_
  - b. Are spotters available?  Yes  No
  - c. Is equipment inspected?  Yes  No  
How often? \_\_\_\_\_ Inspection performed by whom? \_\_\_\_\_  
Are records of inspections kept?  Yes  No
  - d. Who maintains and repairs equipment? \_\_\_\_\_
7. Are customers asked:  
If they are under a doctor's care?  Yes  No  
If they have had any recent operations?  Yes  No  
If any of these are answered Yes, is a doctor's written approval obtained before permitting use?  Yes  No
8. Are waivers signed by each customer?  Yes  No  
If customer is under the legal age, is parent required to also sign waiver?  Yes  No  
Are female customer advised not to use exercise equipment if pregnant?  Yes  No  
Are signs posted?  Yes  No
9. Is information on exercise units given to each customer?  Yes  No
10. What are first aid and emergency procedures? \_\_\_\_\_  
\_\_\_\_\_
11. Number of employees? Fulltime \_\_\_\_\_ Parttime \_\_\_\_\_
  - a. Describe any formal training/educational requirements? \_\_\_\_\_  
\_\_\_\_\_
  - b. Is staff required to have CPR and/or First Aid training?  Yes  No  
If not, is training provided by employer?  Yes  No

- c. If club includes aerobics, are instructors and/or head instructor certified?  Yes  No
- 12. If there is a swimming pool, is there a lifeguard on duty in pool area at all times  Yes  No
  - a. Is there proper lifesaving equipment available?  Yes  No  
 Type (hook, rope, etc.)? \_\_\_\_\_
  - b. Are pool rules posted?  Yes  No
  - c. Diving Board?  Yes  No  
 Height? \_\_\_\_\_
- 13. Premise information:
  - a. Number of fire extinguishers on premises \_\_\_\_\_ b. Number of exits? \_\_\_\_\_  
 Fire extinguishers serviced and tagged within the past year?  Yes  No
  - b. Smoke detectors?  Yes  No

I agree to maintain all signed waivers as permanent records. I also agree to have all customers read and sign a waiver form for use of exercise equipment.

***(Copy of waiver form used must accompany this application)***

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

**Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.**

Applicant: \_\_\_\_\_

Producer: \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Producer Signature: \_\_\_\_\_