



EXERCISE AND HEALTH CLUB SUPPLEMENTAL APPLICATION
ACORD apps must also be submitted

1. Operation includes:

- | | |
|--|--|
| <input type="checkbox"/> Exercise Equipment | <input type="checkbox"/> Masseur |
| <input type="checkbox"/> Free-weight Lifting | <input type="checkbox"/> Massage Parlor |
| <input type="checkbox"/> Aerobics | <input type="checkbox"/> Gymnastics School |
| <input type="checkbox"/> Personal Trainer | <input type="checkbox"/> Dance Studio |
| <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Spa |

2. Annual gross receipts

Club \$ _____ Food \$ _____ Other Items \$ _____ Total Receipts \$ _____

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.

Are there instructions and warnings for equipment and machines clearly posted? Yes No

4. Members age 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. Maxum Day Care Supplemental App must also be submitted.
- Electrode machines
- Boxing Gyms
- Climbing Wall
- Swimming Pool Number of diving boards: ____ Height: ____ft. Rules posted? Yes No
- Toning Beds. Number _____
- Trampolines
- Tanning Beds. Maxum Tanning Salon Supplemental Application must be submitted.
- Tennis Courts/Racquetball/Handball/Squash Courts Number _____
- Pro Shop Snack Bar
- Describe off-site activities you sponsor: _____
- Exercise equipment for rent or sale. Please describe: _____
- Doctor on staff

7. Please indicate any of the following that you provide to your customers:

- Protein diet plans Body wraps. Describe: _____
- Blood analysis Stress testing Weight loss or diet clinics Products manufactured by or sold under club's name. Please describe: _____

8. Premises exposures: Hours of operation from ____ to ____

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

9. Number of employees:	Employed	Leased	Independent
Certified aerobic instructors			
Uncertified aerobic instructors			
Personal trainers			
Masseuses			
Other describe):			
Total # of employees			
# of employees trained in CPR			

Is at least one staff member trained in CPR and First Aid on duty at all times? Yes No

Do independents provide you with certificates of insurance? Yes No

Are you included as an additional insured? Yes No

APPLICANT'S SIGNATURE: _____ DATE: ___ / ___ / ___