

## HEALTH & FITNESS CLUB RISK

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

Program Group Code: ZSJ

Named Insured: \_\_\_\_\_

Agency: \_\_\_\_\_ Agency Code: \_\_\_\_\_

### Please attach the following to submission requirements:

- Company Loss Runs (minimum 3 years)                       ACORD Applications for all coverages desired  
 Brochure, advertising materials and website information     Copy of liability waivers/release forms  
 Copy of health club membership application including  health assessment forms and  medical disclosure

## GENERAL INFORMATION

1. Please provide the following operation information:
  - a. Total gross sales revenue: \$ \_\_\_\_\_
  - b. Breakdown of gross sales by:  
Annual member dues: \$ \_\_\_\_\_ Court time: \$ \_\_\_\_\_ Food: \$ \_\_\_\_\_  
Tanning: \$ \_\_\_\_\_ Pro Shop sales: \$ \_\_\_\_\_ Liquor: \$ \_\_\_\_\_  
Other products sold \$ \_\_\_\_\_ Describe products: \_\_\_\_\_  
Products sold with the Insured's name or label on them?  Yes  No  
If Yes, describe: \_\_\_\_\_  
Do you sell dietary supplements?  Yes  No  
If Yes, what brand names? \_\_\_\_\_  
Miscellaneous fees: \$ \_\_\_\_\_ Describe: \_\_\_\_\_
  - c. Number of Employees: Full time: \_\_\_\_\_ Part time: \_\_\_\_\_
  - d. Number of total members: \_\_\_\_\_ Number of Active members: \_\_\_\_\_
  - e. Number of guests per month: \_\_\_\_\_
  - f. Total square footage of facility: \_\_\_\_\_
  - g. Are events held off premises by Insured?  Yes  No  
If Yes, please explain: \_\_\_\_\_
2. Prior Carrier Information: Insurance Company: \_\_\_\_\_
3. Please provide number of personnel employed:  
Administrators \_\_\_\_\_ Managers \_\_\_\_\_ Massage Therapist \_\_\_\_\_  
Personal Trainers \_\_\_\_\_ Physical Therapists \_\_\_\_\_ Aerobics Instructors \_\_\_\_\_  
Nonprofessional Employees \_\_\_\_\_ Volunteer Workers \_\_\_\_\_ All Other \_\_\_\_\_
4. Number of sub-contractors: \_\_\_\_\_ Describe services of sub-contracted: \_\_\_\_\_
  - a. Are certificates of insurance obtained from your sub-contractors?  Yes  No
  - b. Do you desire to provide coverage for the sub-contractors?  Yes  No



5. Indicate any of the following hiring practices followed by the administration:
- Signed employment applications are obtained for all potential employees
  - Employee referrals are used
  - Complete personal references are checked
  - Criminal background checks on all employees are required
  - Criminal background checks on volunteer workers working with youth are required
  - Documentation of employment applications and background/reference checks maintained
  - We conduct an employee orientation covering all written policies with documentation kept in file
  - Written employee handbook (provide copy)

#### **FACILITY POLICY AND PROCEDURES**

1. Please indicate any of the following building access and safety procedures that are in place:
- Member sign-in procedures                       Guest sign-in procedures     Security cameras utilized
  - Fire and emergency drills conducted     Other security measures \_\_\_\_\_
2. Please indicate any of the following member/guest practices followed by the administration:
- General health application completed or health examination required on all new members
  - A pre-activity evaluation completed by qualified staff for all new members (cardio risk screening)  
If not completed, do you require sign-off if declined assessment and/or training?                       Yes     No
  - All members/participants required to sign an assumption-of-risk disclosure and waiver/release of liability prior to participating in any physical activity
  - All guests are required to sign waiver-of-liability forms
  - All members and guests are instructed on how to properly use equipment
  - Written incident report system (accident log kept of all injuries and accidents)
3. Please indicate any of the following procedures for fitness equipment followed by the administration:
- Written instruction of proper use posted on each piece of equipment
  - Member/user age restriction with no youth < 16 years of age  
If No, please explain: \_\_\_\_\_
  - Regular schedule of inspection and preventive maintenance of all apparatus, exercise equipment  
If applies, how often do you inspect your equipment?     Daily     Weekly     Monthly     Other: \_\_\_\_\_
  - Regular schedule for cleaning and disinfecting of equipment with records maintained
  - All equipment inspection and repair logs maintained (with details, date/time, and repair service)
  - Require certificate of insurance and hold harmless agreement for any vendors repairing equipment
  - Equipment inspected annually by a professional servicing company  
If applies, please provide company name: \_\_\_\_\_
4. Do you have procedures in place for staff to conduct regular facility reviews to identify unsafe conditions and take corrective action to prevent accidents in the following areas:
- Trained staff on duty to actively monitor/supervise the fitness floor and all activity areas
  - Established closing procedures with checklists covering all activity areas and accountability for completion
  - Inspection of interior/exterior walking surfaces.  
Please describe the frequency of inspections and how documented: \_\_\_\_\_
  - Written snow/ice removal procedures if applicable
  - Life safety: adequate number of exits, emergency lighting, emergency procedures, and crowd controls)



5. Please indicate any of the following procedures for wet areas (showers, whirlpools/saunas, poolside) followed by the administration:
- Showers and locker rooms are disinfected and cleaned daily
  - Slip-resistant mats placed in all wet areas (poolside, showers, whirlpool/saunas, etc.)
- If No, what precautions are taken to prevent slips and falls? \_\_\_\_\_
- Temperature limiters or other anti-scalding devices are installed on showers
  - Sauna(s)/steam-room(s) facilities procedures implemented as follows:
    - Monitored regularly for usage during open hours. If Yes, how often: \_\_\_\_\_
    - Rules are posted regarding the proper use and safety precautions
    - Maximum recommended exposure time posted
    - Heating element and thermometer have protective covers to keep inaccessible and prevent burns
    - All manufacturer recommendations followed for usage and maintenance
6. Do you have an all-hazards emergency response plan in place?  Yes  No
- (a) Does your plan include response procedures for medical emergencies?  Yes  No
- (b) Does your plan include response procedures to disease/pandemic outbreaks?  Yes  No
- (c) Indicate if your plan includes response procedures for the following:
- Lightning safety if applicable
  - Heat illness
  - Recognizing head concussions

**BUSINESS OPERATIONS—MANAGEMENT—PERSONNEL**

1. Please provide management experience and qualifications: \_\_\_\_\_
2. What certifications do your trainers/instructors have? \_\_\_\_\_
3. What percentage of your trainers/instructors are certified by ACE, NSCA, NCSF or other agency accredited through NCCA? \_\_\_\_\_%
4. Are all the staff trained in CPR and/or First Aid?  Yes  No
- a. If No, how many are trained? \_\_\_\_\_
5. Do you provide training for CPR and/or First Aid by a certified organization?  Yes  No
6. Is someone with CPR/AED/First Aid training on duty at all times?  Yes  No
7. How many Automatic External Defibrillators (AED) does the applicant have at each location? \_\_\_\_\_
8. How many employees at each location per shift are trained to operate an AED? \_\_\_\_\_
9. Are employees, instructors, trainers available in each area of the facility for supervision, spotting, and emergencies?  Yes  No
10. Do you verify all staff credentials (experience/certification) during the hiring process?  Yes  No
11. Are you a member of IHRSA or other trade association?  Yes  No
- If Yes, provide: \_\_\_\_\_
12. Do you have an organized written procedure for all your recordkeeping collecting and keeping business records?  Yes  No
13. Do you have appropriate caution, danger, and warning signs posted throughout facility where existing conditions and situations warrant?  Yes  No
14. Do you operate a facility that is accessible 24 hours a day via key or access card?  Yes  No
- If Yes, please advise if the following are in place:
- Owner/manager on site
  - Security cameras
  - Warning sign—no supervision
  - Communication action steps in an emergency situation
15. Do you employ independent contracted personal trainers?  Yes  No
- a. If yes, please advise how many employed: \_\_\_\_\_
- b. Do you require them to carry own insurance and provide you certificate of insurance?  Yes  No



**SERVICES:** Please review list and check off all services offered by your facility

<input type="checkbox"/> Locker Room <input type="checkbox"/> Steam: How many? _____ <input type="checkbox"/> Sauna: How many? _____ <input type="checkbox"/> Whirlpools: How many? _____ <input type="checkbox"/> Mini or Rebound Trampoline <input type="checkbox"/> Trampoline–Other <input type="checkbox"/> Spinning <input type="checkbox"/> Pilates <input type="checkbox"/> Aerobics <input type="checkbox"/> Yoga <input type="checkbox"/> Running Track <input type="checkbox"/> Dance <input type="checkbox"/> Gymnastics	<input type="checkbox"/> Youth Camps <i>(Refer to the Day Camp Questions on Page 6)</i> <input type="checkbox"/> Rock Climbing Walls <i>(Refer to the Climbing Wall Questions on Page 7)</i> <input type="checkbox"/> Racquet Ball Courts Square Footage _____ Number of Courts _____ <input type="checkbox"/> Indoor Tennis Courts Square Footage _____ Number of Courts _____ Number of Outdoor Courts _____ <input type="checkbox"/> Indoor Basketball Courts Square Footage _____ Number of Courts _____ Number of Outdoor Courts _____ <input type="checkbox"/> Golf <input type="checkbox"/> Batting Cages	<input type="checkbox"/> Air Supported Structures <input type="checkbox"/> Sports Rehab/Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Blood Analysis <input type="checkbox"/> Masseur/Masseuse <input type="checkbox"/> Spa services <input type="checkbox"/> Diet Center (Registered Dietician) <input type="checkbox"/> Beauty Parlor <input type="checkbox"/> Pro Shop <input type="checkbox"/> Snack/Juice Bar <input type="checkbox"/> Inflatable Equipment <i>(If Yes, please complete Inflatable Equipment Supplemental Application)</i> <input type="checkbox"/> Nursery/Babysitting <i>(Refer to Questions on Page 4)</i> <input type="checkbox"/> Other (Describe) _____
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**SWIMMING POOLS**  N/A

- Please indicate the number of pools: # \_\_\_\_\_ Indoor# \_\_\_\_\_ Outdoor
- Hours of operation: \_\_\_\_\_
- Please indicate any of the below safety procedures that are in place at facility:
  - Safety pool rules posted       Warning sign "Swim at your own risk" posted       Depth markings
  - Pool area locked when not in use       Life Safety equipment available
  - Testing of water quality throughout the day       Outside pool closed in severe weather
  - Working phone available near pool in case of emergency
- Are there any diving boards?  Yes     No  
 If Yes, describe design (i.e., number/height) \_\_\_\_\_
- Are there any slides?  Yes     No  
 If Yes, describe design (i.e., number/height) \_\_\_\_\_
- Is the facility staffed with certified lifeguards during open swim times?  Yes     No
- Is the pool rented out for parties?  Yes     No  
 If Yes, describe: \_\_\_\_\_
- Is pool leased for rehabilitation?  Yes     No  
 If Yes, do you require certificate of insurance?  Yes     No

**DAY NURSERY/BABYSITTING SERVICES**  N/A

- What are the hours of operation for the babysitting services? \_\_\_\_\_
- What is the age range of the children under your care? \_\_\_\_\_
- Do you require parents to sign liability waivers?  Yes     No
- What is the ratio of staff to children? \_\_\_\_\_
- Are parents/guardians required to be on premises at all times while the child is in your care?  Yes     No
- Do you have written sign-in and sign-out procedures?  Yes     No
- Please provide qualifications of staff: \_\_\_\_\_



8. Do you have formal and written Sexual Abuse Prevention Policy?  Yes  No  
If Yes, attach a copy
9. Do you have formal policies and procedures for screening the character and criminal history of your staff, whether paid employees or volunteers?  Yes  No  
If Yes, please attach these policies to application
10. Please advise what policies are in place for investigating and reporting an allegation of child sexual abuse against your staff: \_\_\_\_\_
11. What training program(s) do you require or provide your staff concerning sexual abuse prevention? \_\_\_\_\_
12. What type of activities do you have available for the children? \_\_\_\_\_
13. Is this a licensed daycare center?  Yes  No

**TANNING APPARATUS**  N/A

1. Please provide the total number of units in facility: \_\_\_\_\_  
Are all tanning beds UL listed?  Yes  No  
(a) Type: \_\_\_\_\_ Manufacturer: \_\_\_\_\_
2. What is the age of each unit? \_\_\_\_\_  
Do you have a service contract?  Yes  No
3. Are ONLY the manufacturer's suggested bulbs used?  Yes  No
4. Are warning signs regarding ultraviolet rays posted?  Yes  No
5. Are goggles required?  Yes  No
6. Do you require a tanning booth waiver to be signed by members?  Yes  No
7. Are records kept on each customer for each visit and exposure time?  Yes  No
8. Are all timers tested regularly?  Yes  No  
If Yes, how often tested: \_\_\_\_\_
9. Are employees trained in safe tanning procedures and use of timers?  Yes  No
10. Who controls the timing of tanning?  Client  Employee  
Where are timing controls located? \_\_\_\_\_

**SEXUAL MISCONDUCT LIABILITY**  N/A

Please Check Desired Limits of Liability :

- \$100,000/\$100,000  \$100,000/\$200,000  \$100,000/\$300,000  \$300,000/\$300,000  
 \$300,000/\$600,000  \$500,000/\$500,000  \$500,000/\$1,000,000  \$1,000,000/\$2,000,000

1. Current coverage written on  Occurrence form  Claims made
2. Please advise details on your current policy coverage terms:  Policy excludes sexual abuse coverage  
 Coverage provided, please provide policy limit: \_\_\_\_\_  
 Policy neither excludes or provides limit for abuse coverage
3. Have you ever had a claim involving abuse (physical or sexual)?  Yes  No  
If Yes, please provide details, including final resolution: \_\_\_\_\_
4. Are you aware of any situation which may present a claim in the future?  Yes  No  
If Yes, please provide details, including final resolution: \_\_\_\_\_

**POLICIES/PROCEDURES**

1. Do your employment applications for both staff and volunteers include questions pertaining to prior convictions for any crime, including sex-related or child-abuse related offenses?  Yes  No
2. Is documentation of employment applications and background/reference checks maintained?  Yes  No



3. Do you have a written policy(s) designed to prevent abuse, molestation, and sexual harassment?  Yes  No
  - a. Are these policies and guidelines communicated to all employees and volunteers?  Yes  No
  - b. Is documentation of the communication of your policies prohibiting abuse maintained?  Yes  No
  - c. Do they contain guidelines for reporting suspected abuse or neglect of children?  Yes  No
  - d. Are criminal background checks performed on all youth staff/volunteer positions?  Yes  No
4. Do you discuss the following items at staff orientation:
  - a. Child/sexual abuse?  Yes  No
  - b. How to recognize the signs?  Yes  No
  - c. What to do if a member/child reports someone molested him/her?  Yes  No
5. Please indicate all additional administrative practices you have implemented to prevent abuse situations:
  - We have all youth activities conducted in highly visible area (windows/open doors)
  - We limit our staff from being alone with any child (requiring more than one adult at all times)
  - All staff and volunteers are required to sign an acknowledgement of receipt and understanding of our abuse policy
  - We have appointed a coordinator to review and investigate any allegation of an abusive or harassment situation
  - Our sexual abuse policy contains the required reporting and investigation procedures for employees and volunteers

**FOOD AND LIQUOR SALES  N/A**

**Please indicate if your facility has the following operations:**

**Restaurant/Snack or Juice Bar/Vending sales:**  Yes  No

If Yes, please answer below questions.

1. Is the restaurant or snack bar open to the general public?  Yes  No
2. Please indicate exposure:  Restaurant  Snack/juice bar  Vending
3. Does the facility have commercial cooking equipment?  Yes  No

If Yes, please advise type of equipment protected by:

Number of deep fat fryers: \_\_\_\_\_

Number of fire extinguishers: \_\_\_\_\_

- Hood and ducts protected by an automatic fire extinguishing system
- Deep fat fryers protected by the automatic fire extinguishing system
- The system is UL300 approved
- The hood and ducts are cleaned and serviced by outside contractor

If Yes, name of company: \_\_\_\_\_ and how often: \_\_\_\_\_

**Liquor Liability:**  Yes  No

If Yes, please answer below questions.

1. Do you serve alcoholic beverages at your facility?  Yes  No
2. Do you have a liquor license in your name?  Yes  No
3. Have you ever been assessed a fine or violation of a law concerning the sale, serving, or providing of alcohol?  Yes  No  
If Yes, please explain: \_\_\_\_\_
4. Do you currently have liquor liability coverage?  Yes  No  
If Yes, have you ever had your liquor liability canceled or non-renewed in the last three years?  Yes  No  
If Yes, please explain: \_\_\_\_\_
5. Are all employees serving liquor required to participate in alcohol awareness programs (TIPS)  Yes  No
6. Total annual sales: \$ \_\_\_\_\_ Beer: \$ \_\_\_\_\_ Liquor: \$ \_\_\_\_\_
7. Does your facility have a bar area?  Yes  No
8. Do you conduct "Happy hour" with discounted drink specials?  Yes  No



**YOUTH CAMP OPERATIONS  N/A**

Please attach copies of any brochures and contracts/releases in use.

1. Are any day camp activities held off site?  Yes  No  
If Yes, please list locations, whether they are owned or leased. Locations and activities held here:

\_\_\_\_\_

2. What is the ratio of counselors/instructors to campers? \_\_\_\_\_
3. Hour of operation of the day camps: Opens: \_\_\_\_\_ a.m./p.m. Closes: \_\_\_\_\_ a.m./p.m.
4. Please provide the age range of campers: \_\_\_\_\_
5. Please provide the estimated number of campers per day: \_\_\_\_\_
6. How many days per week? \_\_\_\_\_ Weeks per year: \_\_\_\_\_
7. Please indicate all the activities offered to campers?  
 Martial Arts  Gymnastics  Rock Climbing  Trampoline  Boxing  Kick-Boxing  
 Tennis  Basketball  Ropes Courses  Zip lines  Other: \_\_\_\_\_
8. Are children transported to various locations by employees?  Yes  No
9. Please provide staff qualifications in operating the day camps. \_\_\_\_\_
10. Are there any overnight stays?  Yes  No  
If Yes, please provide details: \_\_\_\_\_

**MARTIAL ARTS/BOXING/KICK-BOXING  N/A**

1. Describe the type of style taught: \_\_\_\_\_  
 Contact  Non-Contact  
If contact, is it:  Light Contact  Full Contact
2. Do you have weapons training?  Yes  No  
If Yes, explain: \_\_\_\_\_
3. Describe protective equipment (pads, gloves, headgear, etc.) if any, that is used:  
\_\_\_\_\_
4. Is there an Accident/Medical Policy in place?  Yes  No  
If Yes, what limits are carried (Per Accident)? \_\_\_\_\_
5. Are waivers signed by all participants?  Yes  No
6. How many participants are involved? \_\_\_\_\_
7. Is instruction provided by an employee or is it contracted? \_\_\_\_\_  
If contracted, are Certificates of Insurance secured that confirms  
Additional Insured language in favor of the Applicant?  Yes  No

**AIR SUPPORTED STRUCTURES (bubble)  N/A**

1. Describe the type of structure and use: \_\_\_\_\_
2. Age of structure: \_\_\_\_\_
3. Is there a formal emergency plan to address adverse weather conditions?  Yes  No
4. Is the pressurization & maintenance of HVAC systems adequate with pressure alarms?  Yes  No
5. Is a back-up generator present and tested at least monthly?  Yes  No

**CLIMBING WALLS  N/A**

1. Please attach the following documents for consideration and condition of coverage:  
 Liability waiver/release (*must be signed by all climbers*)  Photo of each wall  
 Club operating procedures  Belayer or qualification procedures  
 Equipment inspection log  Climbing wall employee training procedures



2. Please advise how many walls you have on the premises, heights and locations.

WALL NUMBER	MAXIMUM HEIGHT	LOCATED		ANNUAL RECEIPTS	COMPLIES TO LOCAL BUILDING CODES
		INSIDE	OUTSIDE		
1.		<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.		<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Please advise if there is a documented training program in place for staff that includes:

- a. Rules for the climbing walls  Yes  No
- b. Harness and ropes inspection  Yes  No
- c. Proper belay techniques  Yes  No
- d. Belay device failure or entrapment  Yes  No
- e. Set-up and take-down procedures  Yes  No
- f. Emergency take-down procedures  Yes  No
- g. Procedures for reporting problems  Yes  No

4. Please provide information on your access controls and procedures:

- a. What is your check-in procedure? \_\_\_\_\_
- b. What are age limits? \_\_\_\_\_ Is there a minimum age?  Yes  No  
If Yes, what age? \_\_\_\_\_
- c. How is the access to wall controlled? \_\_\_\_\_
- d. How is climbing area monitored when in use? \_\_\_\_\_
- e. What is the instructor to climber ratio you require? \_\_\_\_\_
- f. Are spotters required?  Yes  No  
If Yes, at what height? \_\_\_\_\_ (Feet)
- g. Is there any free climbing allowed?  Yes  No  
If Yes, what restrictions are in place? \_\_\_\_\_

5. Please provide information on construction and maintenance of the walls

- a. How often is equipment inspected? \_\_\_\_\_
- b. What are the maintenance procedures and schedules for the walls and equipment?  
\_\_\_\_\_
- c. Do you record and keep all inspection and maintenance records?  Yes  No
- d. Is maintenance conducted by outside professional firm with proof of insurance?  Yes  No
- e. Is there a program in place to identify equipment (ropes, harnesses, etc.) that needs to be retired and replaced?  Yes  No
- f. Are the belay system anchors backed-up?  Yes  No

6. Please advise if the following is always present when the wall is being used.

- a. First aid and emergency equipment onsite including AED's and phones  Yes  No
- b. Staff member who understands the safety rules and certified to belay on the wall  Yes  No
- c. Staff member who is certified in either Red Cross or National Safety Council First Aid and CPR  Yes  No
- d. A full-time staff member positioned to monitor the climbing wall and participants with a clear and unobstructed view.  Yes  No

7. Do you ever rent out the facility?  Yes  No

If Yes, provide details on waivers, supervision, how many times per year and to whom:  
\_\_\_\_\_

8. Do you have a portable wall?  Yes  No

If Yes, describe the type and frequency of its off-premises use:  
\_\_\_\_\_





**DECLARATION AND SIGNATURE**

**Authorized Entity Representative Designation**

The person named herein is authorized and designated to give and receive any and all notices on behalf of the entity and all insureds from the entity or their authorized representative(s) concerning this insurance.

Named individual: \_\_\_\_\_ Title or position: \_\_\_\_\_

**Attestation**

The authorized signer of this application represents to the best of his/her knowledge and belief that the statements and information set forth herein are true and include all material information. The authorized signer also represents that any fact, circumstance, or situation indicating the probability of a claim or legal action now known to any entity, official, or employee has been declared, and it is agreed by all concerned that the omission of such information shall exclude any such claim or action from coverage under the insurance being applied for. Signing of this application does not bind the Hanover Insurance Group, Inc. to offer, nor the authorized signer to accept insurance, but it is agreed this application and any attachments hereto shall be the basis of the insurance and will be incorporated by reference and made part of the policy should a policy be issued.

Signature of Authorized Entity Representative

\_\_\_\_\_ Date \_\_\_\_\_