



Risk Name:

Effective Date:

Description of Operations:

1.0 General Operations – On a Per Location Basis

1.1 Number of years in business?

1.2 Type of Management

- On site general manager
- Off site – Management Firm
- Other

1.3 Does applicant have a position that oversees a safety program for the operations? Yes No

Name

Phone

Email

1.4 Does applicant have the following risk management program in place? If yes, please provide copy.

- a) Evacuation Program? Yes No
- b) Emergency Response Plan? Yes No
- c) Self-Inspection Program? Yes No
- d) Incident Investigation Program? Yes No
- e) Formal AED Program? Yes No

1.5 Total Number of Employees: Full Time Part Time

# of Employees # of Independent Contractors

- Management
- Administration
- Physical Therapist
- Personal Trainers
- Doctors/Physicians
- Licensed Nutritionist
- Unlicensed Nutritionist
- Other

Describe services provided by Doctors/Physicians:

## 1.0 General Operations – On a Per Location Basis (cont'd)

1.6 Are procedures in place for screening prospective employees with formal evaluation criteria? Yes  No

If YES, do you complete the following:

	Employees		Contractors/1099s	
	Yes	No	Yes	No
a) Criminal?	Yes	No	Yes	No
b) Drug Test?	Yes	No	Yes	No
c) Background & Reference Checks	Yes	No	Yes	No

1.7 What type of Events do you Sponsor?

1.8 Do you require all Independent Contractors to be Certified and Licensed? Yes  No

If NO, explain:

1.9 Are Hold Harmless clauses signed that hold the Facility harmless from damages caused by subcontractors during operational activities and/or completed work? Yes  No

1.10 Do you provide medical center services? Yes  No

If YES, please describe:

1.11 Do you have on-site surveillance camera systems in place? Yes  No

If YES, how long are the recordings maintained?

1.12 Do you have signage Prohibiting the Use of Cell Phones in Locker Rooms? Yes  No

## 2.0 Insured Activities

2.1 Please identify all activities that exist at your business

Operation	Owner Operated		Sub-Contracted	
	Yes	No	Yes	No
Fitness Center	Yes	No	Yes	No
Ninja Training	Yes	No	Yes	No
CrossFit Affiliate	Yes	No	Yes	No
Water Sports & Activities	Yes	No	Yes	No
Pilates	Yes	No	Yes	No

## 2.0 Insured Activities (cont'd)

2.1 Please identify all activities that exist at your business

Operation	Owner Operated		Sub-Contracted	
	Yes	No	Yes	No
Parkour Training	Yes	No	Yes	No
Non-Traditional Adventure Training	Yes	No	Yes	No
Trampoline	Yes	No	Yes	No
Playground	Yes	No	Yes	No
Martial Arts/Combat/Contact Sports	Yes	No	Yes	No
Stroller Fit/Stroller Stride	Yes	No	Yes	No
Sports Performance Center	Yes	No	Yes	No
Cardio Classes	Yes	No	Yes	No
Aquatic Pools	Yes	No	Yes	No
Extreme Sports	Yes	No	Yes	No
If YES, please describe:				
Wellness Center	Yes	No	Yes	No
Spa	Yes	No	Yes	No
Nutrition Advice	Yes	No	Yes	No
Masseuse/Masseur	Yes	No	Yes	No
Dietician Advice	Yes	No	Yes	No
Cryotherapy	Yes	No	Yes	No
Bikram Yoga	Yes	No	Yes	No
Spartan/Warrior Events	Yes	No	Yes	No
Equestrian	Yes	No	Yes	No
Tennis/Racquet Courts	Yes	No	Yes	No
Day Care & Day Camp	Yes	No	Yes	No
Dance Instruction	Yes	No	Yes	No
Run Sports Leagues	Yes	No	Yes	No
If YES, is a stand-alone Sports Accident Policy in place?			Yes	No
Sponsored Events	Yes	No	Yes	No
# of Events				
Other	Yes	No	Yes	No
Please describe:				

## 2.0 Insured Activities (cont'd)

2.2	Are guests required to sign waiver(s) of liability form prior to using facilities/services? If YES, please provide a copy of each waiver.	Yes	No
2.3	Is there on-site supervision of the facilities by employees at all times? If YES, please provide a copy of each waiver.	Yes	No
2.4	Are minors permitted to use the fitness facilities?	Yes	No
	a) Are they required to – accompanied by a parent or guardian – receive an introductory overview of the equipment with the club’s certified staff and must they agree to abide by the club’s rules?	Yes	No
	b) Does the club require a parental or guardian waiver to be in place?	Yes	No
	c) For youth ages 13-15, must a parent or guardian accompany the minor at all times?	Yes	No
	d) For youth ages 16-17, must a parent or guardian accompany the minor at all times?	Yes	No

## 3.0 Property – Please provide a completed Acord 140

3.1 Please include a signed Statement of Values; a plot plan; or a property appraisal

## 4.0 General Liability – Please provide a completed Acord 126

4.1	Is there a fire annunciator panel?	Yes	No
4.2	Are fire exits and stairways lighted and marked?	Yes	No
4.3	Total Number of Members: _____ Total number of <b>Active</b> Members by Month: _____ (Active Member is defined as: attending the facility 2+ times a month)		
4.4	Is facility part of a franchise operation? If YES, who?	Yes	No
4.5	Average Monthly Member Rate:     \$		
4.6	Average Occupancy:		
4.7	Total Gross Receipts:                     \$		
	% Membership                                     % Retail                                     % Spa		
	% Tanning   % All Other Receipts                     % Restaurant/Concessions		
4.8	Does the Facility sell any products or rebrand any products under their name? If YES, please provide details on each product:	Yes	No

Any additional comments to questions above or related responses:

## 5.0 Automobile – Please provide a completed Acord 127

- |     |   |     |    |
|-----|---|-----|----|
| 5.1 | Does the Facility provide any passenger/guest transport?<br>If YES, please provide details on each product: | Yes | No |
|     |   |     |    |
| 5.2 | Is valet service offered for guests? (If yes*, please answer questions below)                               | Yes | No |
|     | Are valet services contracted out?  | Yes | No |
|     | Is a “walk around” inspection report completed prior to parking?  | Yes | No |
|     | How are keys controlled?  |     |    |
|     |   |     |    |
|     | Is there formal selection criteria in place (including MVR checks) for all valet driver?                    | Yes | No |
|     | What is the total number of drivers?  |     |    |
|     | What is the minimum age of any driver?  |     |    |
|     | What is the maximum age of any driver?  |     |    |

*\*Provide a schedule of drivers to include Name, Date of Birth, Driver’s License Number and State of License.*

Any additional comments to questions above or related responses:

## The following Sections only need to be completed if the exposure is present:

### 6.0 Fitness Center – If NO EXPOSURE, please check here:

Otherwise, please complete

- |     |  |                  |        |
|-----|--|------------------|--------|
| 6.1 | Facility open to:  |                  |        |
|     | Members Only   | Members & Guests | Public |
| 6.2 | Are releases/waivers signed by guests? (If YES, please attach a copy)                      | Yes              | No     |
|     | Are copies of all signed waivers kept?   | Yes              | No     |
|     | Are copies of waivers kept as hard copies?   | Yes              | No     |
|     | Are copies of waivers kept as cloud-based or electronic?                                   | Yes              | No     |
| 6.3 | Is personnel employed by the facility? (i.e. NOT Independent Contractors)                  | Yes              | No     |
|     | If personnel are independent contractors, are they required to provide proof of insurance? | Yes              | No     |

## 6.0 Fitness Center (cont'd)

6.4	Are Personal Trainers and other instruction services available?			Yes	No
	If yes, please list all services:				
6.5	Are there certified trainers on staff? If yes, how many:			Yes	No
6.6	Hours of Operation:	Open		Closed	
6.7	Are staff members required to know CPR/AED?			Yes	No
6.8	Are introductory classes given to all for proper use of machines prior to being allowed access?			Yes	No
6.9	Is instruction posted concerning proper use of equipment?			Yes	No
6.10	Are safety/warning signs clearly posted?			Yes	No
6.11	How often are machines inspected by a certified professional, manufacturer representative, or applicant?				
	Describe the frequency of staff cleaning/disinfecting the exercise equipment:				
	Hourly	Daily		Weekly	
6.12	Is a first aid kit available on-site?			Yes	No
6.13	Types of equipment in facility:				
	Tanning Beds			Yes	No
	Climbing Wall/Apparatus: #			Yes	No
	Cable Machines: #			Yes	No
	Free Weights			Yes	No
	Over 75 lbs?	Yes	No	Over 100 lbs?	Yes
	Life Cycling/Spinning: #			Yes	No
	Aerobic Classes			Yes	No
	Nutrition Classes			Yes	No
	Is exercise equipment secured to prevent tip over?			Yes	No

Any additional comments to questions above or related responses:

## 7.0 Aquatic Pools – If NO EXPOSURE, please check here:

Otherwise, please complete

7.1	Number of pools on premises:				
7.2	Are all pools Virginia Graeme Baker Compliant?			Yes	No
7.3	If outside, is the pool fenced?			Yes	No

## 7.0 Aquatic Pools (cont'd)

7.4	Are there any diving boards? If YES, answer the questions below.		Yes	No
	a) Number of diving boards			
	b) Height of diving board(s) in meters			
	c) Separate diving well		Yes	No
	c) Depth of Pool at entry from the Diving Board(s)			
7.5	Are lifeguards always on duty?		Yes	No
	If YES Are incident reports maintained and logged?		Yes	No
	If NO Is a sign posted?		Yes	No
	If NO Provide details as to when used and not used:			
7.6	Are all lifeguards certified in CPR/AED use?	Not Applicable	Yes	No
7.7	Does the pool have visible depth markers?		Yes	No
7.8	Is there a pool sliding board?		Yes	No
	If YES Height/type of slide:			
	If YES Are there enclosed stairs?		Yes	No
7.9	Are pool regulations prominently displayed?		Yes	No
7.10	Do indoor pools have surveillance cameras or regular security checks?		Yes	No
7.11	Is there an ongoing inspection and maintenance program for pool areas?		Yes	No
7.12	Is there a water quality program in place in accordance with ANSI/NSPI-1 1991 standard?		Yes	No
7.13	Is there a spa or hot tub?		Yes	No
	If YES Is it properly signed and monitored?		Yes	No
	If YES Is it controlled by a timer for shut-off at night?		Yes	No
	If YES How frequently is the hot tub emptied and disinfected:			
7.14	Do you maintain a "lazy river" or similar water feature?		Yes	No
	If YES Do you supply flotation devices?		Yes	No
	If YES Is it patrolled continuously by lifeguards?		Yes	No
7.15	Does the pool have starting blocks?		Yes	No
	If YES Are they unavailable outside of swim team/meet hours?		Yes	No

Any additional comments to questions above or related responses:

**8.0 Spa – If NO EXPOSURE, please check here:**

Otherwise, please complete

8.1 Indicate the types of spa services provided with annual receipts:

Type of Service		Annual Receipts
a)	Body Wrap	\$
b)	Facials	\$
c)	Hair Stylist (Including perms & coloring)	\$
d)	Manicure/Pedicure	\$
e)	Massage	\$
f)	Cool Sculpting	\$
g)	Waxing	\$
h)	Whirlpool	\$
i)	Laser Hair Removal	\$
j)	Crotherapy	\$
k)	Acupuncture	\$
l)	Microdermabrasion	\$
m)	Botox or injections of any kind	\$
n)	Electrolysis	\$
o)	Personal Trainers/Yoga Instructors	\$
p)	Ear Piercings	\$
q)	Body Piercings	\$
r)	Hydrotherapy	\$
s)	Laser Fat Removal/Lipo	\$
t)	Enterology	\$
u)	Chemical Peels	\$
v)	Tattoo or Micropigmentation	\$
w)	Physical Therapies	\$
	Active Release ( <a href="http://www.activerelease.com">www.activerelease.com</a> )	\$
	Neurokinetic ( <a href="http://neurokinetictherapy.com">http://neurokinetictherapy.com</a> )	\$
x)	Other:	\$

8.2 Does the spa sell any private label products?

Yes

No

If YES What are the total receipts for spa products? \$

If YES Please provide details on each product:



## 8.0 Spa (cont'd)

8.3	Do you conduct pre-employment background investigation for all spa staff (contracted or employed)?	Yes	No
8.4	Are written protocols for treatment in place?	Yes	No
8.5	Are safety inspections performed?	Yes	No
8.6	Do you obtain signed consent or release forms from customers?	Yes	No
8.7	Minimum age requirement for treatment with no parental consent or supervision:		
8.8	Are all staff members of the spa employees?	Yes	No
	If NO Are all contracted staff required to carry general liability insurance?	Yes	No
8.9	Do all staff members carry professional insurance?	Yes	No
8.10	Are all staff members required to be licensed?	Yes	No
8.11	Do you require all Independent Contractors to carry and provide evidence of General Liability and Professional Liability Insurance?	Yes	No

Any additional comments to questions above or related responses:

## 9.0 Child Watch – If NO EXPOSURE, please check here:

Otherwise, please complete

Child Watch is described as no more than two hours of on-site care while parents are using the facility.

9.1	Are these services for Member-only children?	Yes	No
	If for guests, is there a fee and a waiver obtained?	Yes	No
9.2	Is this care provided in an independent, secured room?	Yes	No
9.3	What are the professional qualifications and requirements of the director and staff?		
9.4	Are national criminal background checks obtained on all counselors?	Yes	No
9.5	Are employees trained in basic first aid and CPR?	Yes	No
9.6	Is more than one adult always in attendance?	Yes	No
9.7	Are any of the following provided for the children? (Check all that apply)		
	Meals	Swimming	Playground
	Arts & Crafts	Field Trips	
9.8	Is health information secured prior to accepting a child? (allergies, etc.)	Yes	No
9.9	Is there a written policy for dealing with sick or injured children?	Yes	No

## 9.0 Child Watch (cont'd)

9.10	Is there a means to contact the parties in an emergency?		Yes	No
9.11	What is the counselor to child ratio? (ex. 1 counselor to 6 children)			
9.12	Number of children in each of the following age groups:			
		0 to 5	6 to 10	11 to 14
9.13	Daily Hours? (example 9am to 2pm Monday through Friday)			
9.14	Is there a written policy for handling diaper changes and toileting?		Yes	No
9.15	Is there a separate waiver practice in place for the Child Watch		Yes	No
9.16	Please describe the sign in/sign out procedures in place:			

## 10.0 Tanning Apparatus – If NO EXPOSURE, please check here: Otherwise, please complete

10.1	Number of beds:			
10.2	Type of beds:			
10.3	Manufacturer:			
10.4	Is protective eyewear required?		Yes	No
10.5	Is time either token or staff controlled?		Yes	No
10.6	Are tanning booth/bed waivers signed by ALL users?		Yes	No
10.7	Are only the manufacturer suggested bulbs used?		Yes	No
10.8	Do you only use UVA bulbs?		Yes	No
10.9	Are warnings posted, in visible areas, regarding ultraviolet rays?		Yes	No
10.10	Is tanning limited to Adults ages 18 and over?		Yes	No
10.11	Do you have a preventative maintenance plan in place per the manufacturers' recommendations, or do product vendors conduct the product testing?		Yes	No
10.12	Do you ensure full compliance with federal mandate 21CFR1040.20 concerning warning labels, eye protection, emergency shut-offs, and timers on all equipment?		Yes	No

Any additional comments to questions above or related responses:

**11.0 Saunas or Steam Rooms – If NO EXPOSURE, please check here:**

11.1	Is sauna sprinklered?	Yes	No
11.2	Are proper warning signs posted for use of sauna/steam room?	Yes	No
11.3	Are temperature controls accessible only to staff?	Yes	No
11.4	Is the steam room steam release valve equipped with a diffuser/weep valve?	Yes	No

**12.0 Climbing Rock Walls – If NO EXPOSURE, please check here:**

12.1	Describe Usage		
	Supervised Programming Only	Yes	No
	Unsupervised Open Climbing Allowed	Yes	No
	Free Climbing or Bouldering Allowed	Yes	No
	Always Utilizes Certified Belay Instructors	Yes	No
12.2	For Unsupervised or Free Climbing, have all participants received training?	Yes	No
12.3	Are separate waivers utilized for all climbing programming?	Yes	No
12.4	Are daily inspections performed by staff (loose footholds, frayed ropes, etc.)	Yes	No
12.5	Does a qualified 3 <sup>rd</sup> party vendor inspect the entire system minimally once/year?	Yes	No
12.6	What is the height of the climbing wall?		