

Risk name:

Date completed:

- Please attach updated Vehicle and Driver schedules (if applicable).

Updated Property Information:

- Current Property Values: *(If more than 1 location, please attach an updated, current SOV signed by the insured.)*
 - Building
 - Contents
 - Improvements & Betterments
 - HVAC
 - Glass Values
- Year each of the following was last updated (if more than one location or building, include on SOV)

	Roof	Wiring	Plumbing	HVAC
Year Updated				

Updated Exposures:

- Current number of Members (if more than one location, include on SOV):
- Revenues (if more than one location, include in SOV):

Membership =
 Retail =
 Spa =
 Tanning =
 Restaurant/Snack Bar =
 All Other Receipts (describe) =

- Current number of employees (both full & part time) for each of the following:

	Full Time	Part Time
Management/Administrative =		
Personal Trainers =		
Group Fitness Instructors =		
Spa (Masseurs/Estheticians/Hairstylists) =		
Other =		

General Updates:

Any new services, classes or amenities added (please describe):

Any new equipment added (please describe):

Any new events sponsored (please describe):

Controls in Place:

Please affirm the following controls:

	Yes	No
A. Emergency Response Plans	___	___
B. Incident Reporting Procedures	___	___
C. Preventative Maintenance Plan for Exercise Equipment	___	___
D. Waivers:		
• Signed for all members	___	___
• Signed for all guests	___	___
• Reviewed by counsel within last (2) years	___	___

Any additional risk management practices implemented in the last 12 months (please describe):

Are you resuming any services that were halted due to the COVID restrictions? If so, please describe, including the controls you will have in place:

Sign:

Date: