



Name of Insured:

Effective Date:

Website:

State of Domicile:

General Operations

- 1. Years in Business (under current ownership structure)
2. Type of Management: On Site General Manager/Owner Off Site - Management Firm
Other (specify)

Provide a list of Named Insured persons and relationships (on a separate Document if necessary)

- 3. Does the applicant have a position that oversees a safety program for the operations? Yes No
Name Phone
Email
4. Is there an Emergency Response Plan which includes evacuation and medical emergency protocols? Yes No
5. Is the facility inspected regularly (identify slip/fall, equipment concerns, etc.) Yes No
If yes, how frequently? Is it documented? Yes No
6. Does the insured have an incident investigation program (including an incident reporting form)? Yes No

Employees

- 1. Total Employees Full Time Part Time
Number of personal trainers and group exercise instructors
Number of independent contractors
2. Employee Screening Procedures
a) Are criminal background checks done on all employees? Yes No
b) Is drug testing done pre-hire? Yes No
c) Is drug testing done post-accident? Yes No
d) Are reference checks performed? Yes No
3. Does the insured have any special events that involve more than 25 people? Yes No
4. Do you require independent contractors (personal trainers, group exercise instructors, spa service providers, etc.) to be certified/licensed in their appropriate discipline? Yes No
5. Are they required to provide certificates of insurance? Yes No
6. Are they required to provide Background Checks? Yes No

Employees (continued)

- | | | | |
|----|---|-----|----|
| 7. | Are there any medically based services provided? | Yes | No |
| | If 'yes' are they handled by a 3 rd party? | Yes | No |
| | If 'yes', please describe: | | |
| 8. | Do you have on-site surveillance cameras in place? | Yes | No |
| | If 'yes', do they record? | Yes | No |
| | How long are recordings kept? | | |
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Property

- | | | | |
|----|--|------------|-------|
| 1. | When was the building built? | | |
| 2. | Do you own or lease your building? <i>(If leased, please provide a copy of the lease)</i> | Own | Lease |
| 3. | Please provide dates of last full update for each of the following (even if leasing): | | |
| | Roof | Electrical | |
| | Plumbing | Heating | |
| 4. | Does the insured lease space to others? <i>If yes, provide details below (sq. ft., operations)</i> | Yes | No |
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General Liability

- | | | | |
|----|--|-----|----|
| 1. | Total number of members <i>(if multiple locations, please break out by location)</i> | | |
| 2. | Average monthly membership rate | | |
| 3. | Total Receipts <i>(if multiple locations, please break out per location)</i> | | |
| | a) Membership | | |
| | b) Program Revenue/Personal Training/Class Fees | | |
| | c) Spa Services | | |
| | d) Retail/Pro Shop Sales | | |
| | e) Restaurant/Café/Concession Sales | | |
| | f) Liquor receipts | | |
| | g) Vitamins & Supplementals | | |
| 4. | Does the facility relabel or rebrand any products? <i>If yes, please describe.</i> | Yes | No |
| 5. | Does the facility have appropriate Fire Exit signs? | Yes | No |
| 6. | Are there lit, properly marked stairwells? | Yes | No |
| 7. | Is there an AED available to all employees? | Yes | No |
| 8. | Are trainers CPR/AED certified? | Yes | No |

Insured Activities/Operations

1. Identify all activities included:

Free Weights

Strength Machines (Hammer Strength, etc.)

Boxing or Martial Arts Classes

If yes, are they taught by a 3rd party?

Yes

No

If yes, is there any sparring, contact or competitions?

Yes

No

Sports Specific Performance Training

Spa Services (if yes, please complete specific Spa Services section)

Swimming Pools (please complete specific Aquatic Pools section)

Child Watch (please complete specific Child Watch section)

Day Camps (FITLIFE Day Camp supplemental application required)

Tanning (please complete specific Tanning Apparatus section)

Saunas or Steam Rooms (please complete specific Sauna or Steam Room sections)

Climbing Rock Walls (please complete specific Climbing Rock Walls section)

Roller/Ice Rink

Running Groups (5k, half/full marathon, triathlon training)

Swimming Pools (please complete specific Aquatic Pools section)

Tennis/Pickleball/Racquetball Courts

Basketball Courts

Sports Camps (please complete specific Sports Camps section)

Virtual/Online Classes & Training Options

Please note that if the following activities are present, they may need to be covered elsewhere. Please check all that apply to your operations:

Ninja Warrior style training or obstacle courses

Bikram or hot yoga

Gymnastics

Contact Sports (Martial Arts & Boxing if sparring)

Sports Teams/Tournaments/Leagues

Other activities not listed (provide details):

Cardio Equipment

Group Exercise/Cardio Classes

Parkour Training

Trampolines (full sized)

Inflatables

Cryotherapy

Insured Activities/Operations (continued)

2.	Are all members and guests required to sign waivers of liability form prior to using facility? (Please provide copy)	Yes	No
a)	Are copies of waivers kept?	Yes	No
b)	What format?	Hard Copy	Electronic
3.	Is there on-site supervision of facilities at all times by employees? If no, please indicate if the following controls are in place?	Yes	No
a)	Surveillance cameras	Yes	No
b)	Appropriate warning signs	Yes	No
c)	Panic Buttons	Yes	No
d)	Secured key fob entrance system that alerts to multiple entries	Yes	No
4.	Are minors permitted to use the facilities (defined as under 18 years of age)?	Yes	No
a)	If yes, are they required to be accompanied by a parent or guardian at all times?	Yes	No
b)	If yes, are there restricted areas of access (please describe)	Yes	No

Automobile

1.	Does the facility provide any kind of passenger/guest transport? <i>(If yes, please describe)</i>	Yes	No
2.	Are there any valet services?	Yes	No
a)	If yes, are they contracted out?	Yes	No
b)	If yes, is a walk-around inspection report completed before parking?	Yes	No
c)	If yes, are MVR's run on all drivers?	Yes	No
d)	How are keys controlled?		
3.	Do employees use their own vehicles for work?	Yes	No
a)	Is proof of insurance required?	Yes	No
4.	Are all vehicles titled to the Named Insured?	Yes	No
a)	Any vehicles valued over \$75,000?	Yes	No

Risk Management

1.	Are all staff members required to be certified in CPR/First Aid	Yes	No
	a) If no, is there someone always on staff present who is trained?	Yes	No
2.	Is there an orientation process for new members to show the equipment, give tips on proper usage and an overview of club rules and policies?	Yes	No
3.	Does the gym have clear and visible signage throughout the gym with pertinent safety protocols?	Yes	No
4.	Is there a consistent cleaning/disinfection plan in place?	Yes	No
	a) Is yes, is it documented?	Yes	No
5.	Are service and repair logs completed and maintained on file?	Yes	No
6.	Is equipment stored properly after use?	Yes	No
7.	Is equipment inspected and maintained by:		
	a) In house maintenance trained in manufacturer recommendations?	Yes	No
	b) A 3 rd party vendor?	Yes	No
	c) Equipment supplier vendor as part of service contract?	Yes	No
8.	Is equipment secured to prevent tip over?	Yes	No

Aquatic Pool

1.	Number of pools on premises:	Indoor	Outdoor		
2.	Are all pools Virginia Graeme Baker compliant?			Yes	No
3.	Are outside pools fenced in?			Yes	No
4.	Are there any diving boards?			Yes	No
	a) Height (in meters)				
	b) Is there a separate diving entry well area?			Yes	No
	c) Depth of diving well area				
5.	Are lifeguards utilized?			Yes	No
	a) Always or just for open/family swim times or otherwise (limited)?			Always	Limited
	b) Are lifeguards CPR/AED certified?			Yes	No
	c) If no lifeguards, is proper Swim at Your Own Risk signage in place?			Yes	No
	d) Are there surveillance cameras and/or regular security checks?			Yes	No
6.	Does the pool have visible depth markers?			Yes	No
7.	Are there water slides?			Yes	No
	a) What is the top height of the slide				
	b) Is the slide deck enclosed?			Yes	No
	c) Are the stairs leading up to the top enclosed?			Yes	No
	d) Are there lifeguards that direct the next person as to when it is ok to slide?			Yes	No

Aquatic Pool (continued)

8. Who is responsible for checking and applying the chemicals?
9. How frequently are the chemicals checked?
- a) Is it recorded? Yes No
10. Is there a spa or hot tub? Yes No
- a) Is there proper signage as to the rules and warnings? Yes No
- b) Is it on a timer? Yes No
- c) How frequently is it emptied and cleaned?
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Spa Services

1. Please indicate all services that are rendered and either percentage of revenue or actual receipts (*note that some services may be ineligible if present or larger percent of operations*)

- | | |
|------------------------------------|----------------|
| Body Wraps | Facials |
| Hair Styling (inc. perms/coloring) | Massage |
| Manicure/Pedicure | Waxing |
| Cool Sculpting | Acupuncture |
| Laser Hair Removal | Electrolysis |
| Microdermabrasion | Piercings |
| Botox or injections of any kind | Chemical Peels |
| Liposuction (laser fat removal) | Cryotherapy |
| Tattoo or Micropigmentation | |
| Other (please specify) | |

2. Does the spa sell any private or relabeled products? (*Please specify*) Yes No
3. Are written protocols for treatment in place? Yes No
4. Are waivers or signed consent for treatment forms completed? Yes No
5. Are there any minimum age requirements? (*If yes, please specify*) Yes No
6. Are all professional service providers required to carry current certifications? Yes No
- a) Are Certificates of Insurance required? Yes No
- b) Are Background Checks performed? Yes No

Child Watch

Yes No

NOTE: Child Watch is defined as on-site care for no more than two (2) hours while parents are using the facility.

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|-----|---|-----|----|
| 1. | Are services for member children only? | Yes | No |
| 2. | Is there an independent, secured room with open sight lines or video cameras? | Yes | No |
| 3. | Is there a waiver required? | Yes | No |
| 4. | Are national criminal background checks obtained on all child-watch staff? | Yes | No |
| 5. | Are all staff working in the child watch area trained in CPR/First Aid? | Yes | No |
| 6. | Is there more than one adult always on staff (no one-on-one with a child policy)? | Yes | No |
| 7. | What ratio is kept in place of staff to children? | | |
| 8. | Is health information gathered and kept on file (allergies, etc.)? | Yes | No |
| 9. | Is there a written policy for handling of sick or injured children? | Yes | No |
| 10. | Is there a protocol for contacting parents in the event of an emergency? | Yes | No |
| 11. | Is there a written policy for handling diaper changes and toileting? | Yes | No |
| 12. | Is there a dedicated sign in and out procedure? <i>If yes, please describe.</i> | Yes | No |

Sports Clinics/Camps

Yes No

- | | | |
|----|--------------------------------------|-------------------------|
| 1. | How many days/weeks? | How many hours per day? |
| 2. | What age ranges served? | |
| 3. | What sports? <i>Please list all.</i> | |

- | | | | |
|----|---------------------------------------|-----|----|
| 4. | Do any of the sports include contact? | Yes | No |
|----|---------------------------------------|-----|----|
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Tanning Apparatus

- | | | | |
|----|---|-----|----|
| 1. | Total number of beds at each location: <i>Please provide breakout by location</i> | | |
| 2. | Types of beds (stand up/lay down/spray etc.) | | |
| 3. | Is protective eyewear required? | Yes | No |
| 4. | Is timer controlled by staff and away from possible control by user? | Yes | No |
| 5. | Is there a separate waiver utilized? | Yes | No |
| 6. | Are all beds UVA bulbs? | Yes | No |
| 7. | Are warning signs and information provided regarding potential effects of ultraviolet rays? | Yes | No |
| 8. | Is tanning limited to adults age 18 and over? | Yes | No |
| 9. | Is there an inspection and preventative maintenance plan in place? | Yes | No |
| | a) If yes, is it documented? | Yes | No |

Saunas or Steam Rooms

1. Do you have saunas?	Yes	No
2. Do you have steam rooms?	Yes	No
3. Is the sauna sprinklered?	Yes	No
4. Are proper warning signs posted for usage?	Yes	No
5. Is temperature only controlled by and accessible to staff?	Yes	No
6. Does steam room have a diffuser or weep valve?	Yes	No
7. Is this area security checked?	Yes	No
a) If yes, how frequently?		
8. If facility is 24/7 operation, are saunas and steam rooms only available when staff is present?	Yes	No

Climbing Rock Walls

1. Is climbing done under supervision?	Yes	No
a) If no, please describe who is allowed to use without supervision		
2. Height of wall		
3. Is belaying done with human belaying or auto-belay systems?	Yes	No
4. Is there a training/certification process prior to having access?	Yes	No
5. Is there a separate waiver utilized?	Yes	No
6. Is there a daily, documented inspection protocol for the wall (loose footholds, frayed ropes, bad clips, etc.)?	Yes	No
7. Does a qualified 3 rd party vendor do a full safety inspection of the wall and all systems at a minimum of 1x/year?	Yes	No

The undersigned is an authorized representative of the Applicant and certifies that reasonable investigation and inquiry has been made to obtain the answers to questions on this Application. When providing information for purposes of requesting a renewal, if applicable, the Applicant has carefully reviewed the prior application form to ensure that the Insurer has been provided with updated information. The undersigned certifies that the answers are true, correct and complete to the best of his/her knowledge.

Authorized

Representative Signature:

Date:

Title:

COVERAGE CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED