



Dallas
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 F: (972) 789-1967

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 P: (281) 759-4855
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hullandco-texas.com

Exercise and Health Studio and Personal Trainer Supplemental Application
 (Complete in addition to ACORD General Liability Application)

Name of Applicant: _____

Web site Address: _____

- 1. Operation:** Exercise Equipment Free-weight Lifting Aerobics Dance Studio
 Personal Trainer Physical Therapist Masseuse Massage Parlor
 Spa Gymnastics School

2. Annual gross receipts from all operations: \$ _____

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.

4. Members' ages 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

Climbing Wall (please complete Climbing Wall Questionnaire, GLS-APP-47s)

Swimming Pool

Number of pools: _____

Number of diving boards or platforms: _____ Height: _____

Number of slides: _____ Height: _____

Rules posted and life-safety equipment available at poolside? Yes No

Toning Beds Number: _____

Tanning Beds Number: _____

Goggles provided? Yes No

Are all timers operated by an attendant? Yes No

Are beds U.L. approved? Yes No

Are all beds manufactured in the United States? Yes No

Are all beds cleaned after each use? Yes No

Do signs prohibit use of the beds during pregnancy or if on medication? Yes No

Tennis Courts/Racquetball/Handball/Squash Courts Number: _____

- Hydro-Massage Beds Number: _____
- Pro Shop
- Snack Bar
- Describe off-site activities you sponsor: _____

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

- Protein diet plans Body wraps—other than organic Blood analysis
- Stress testing Weight loss or diet clinics Products manufactured by or sold under club's name

If you do provide protein diet plans, please describe: _____

8. Premises exposures:

Hours of operation from _____ to _____

- Are staff members always present when clients are on the premises?..... Yes No
- Is parking lot well lit? Yes No
- Armed Security Guard on premises?..... Yes No
- Unarmed 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
- Any trampolines?..... Yes No
- Any electrode machines? Yes No

9.

Number of Employees	Employed or Leased	Independent
Certified aerobic instructors		
Uncertified aerobic instructors		
Personal trainers		
Masseuses		
Other (describe):		
Total number of employees		
Number of employees trained in CPR		

- Do independents provide you with certificates of insurance?..... Yes No
- Are you included as an additional insured? Yes No
- Limits that you require the independents to carry: _____

10. Does applicant have other business ventures for which coverage is not requested? Yes No

If yes, explain and advise where insured: _____

APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

PRODUCER'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only.)

IOWA LICENSED AGENT: _____