

HEALTH & EXERCISE CLUBS

1. Named Insured: _____
2. What are the operations of the club? _____
3. How many members are there? _____
4. What types of activities or events are sponsored?

5. Do any activities or classes involve the customer or member being airborne or suspended above ground level? Yes No
If yes, please describe: _____

IF THIS SECTION DOES NOT APPLY, PLEASE INDICATE BY CHECKING NOT APPLICABLE.

Aerobics: Not Applicable

6. Are the instructors certified? Yes No
7. Is the floor padded and/or made of slip-resistant surface? Yes No
8. Are there participant limitations to prevent overcrowding? Yes No
9. Do instructors have each participant monitor his/her heart rate? Yes No
10. Are participants asked to stop if they appear to be overexerting themselves? Yes No

Babysitting: Not Applicable

11. What is the minimum age of children allowed? _____
12. What is the maximum number of children allowed at any one time? _____
13. Is the service provided for members only and only when they are using the facility? Yes No
14. Are employees trained in child care? Yes No
15. Describe the supervision provided (adult/child ratios): _____

Gymnastics: Not Applicable

16. Are there any trampolines? Yes No
17. List the other equipment in use: _____

18. Describe the procedures in place in case of an accident: _____

Pools: Not Applicable

19. Are there diving boards? Yes No

If yes, what is the height? _____

20. Does the pool meet the design and construction standards of the National Spa and Pool Institute? Yes No

21. Are non-slip, well-maintained and well-drained walking surfaces present around the pool and in the shower areas?

Yes No

22. Are there clear markings on the pool regarding depth of the water? Yes No

23. Are pools clearly marked indicating the end of the lap? Yes No

24. Are lifeguards present at all times? Yes No

25. Is safety equipment conspicuously and conveniently located? Yes No

26. Is an analysis of the pool's temperature and chemical balance made and recorded daily? Yes No

27. Are the rules clearly marked? Yes No

28. Are food and beverages allowed in the pool area? Yes No

If yes, must they be in non-breakable containers? Yes No

Saunas, Steamrooms & Whirlpools: Not Applicable

29. Are warnings and directions for use clearly posted? Yes No

30. Do doors open outward? Yes No

31. Do doors have visibility window? Yes No

32. Does the heating element in the sauna have a guard rail? Yes No

33. Are the thermostats tamper-resistant? Yes No

34. Are the areas monitored regularly by the staff? Yes No

35. Is the equipment cleaned and disinfected daily? Yes No

36. How often is maintenance performed on the equipment? Yes No

Snack Bar/Restaurant: Not Applicable

37. What type of food and beverage are served? _____

38. Any liquor being served on premises? Yes No

Tanning Beds: Not Applicable

39. How many tanning units are on premises (**units with UVA bulbs are acceptable, UVB bulbs cannot exceed 10%**)?

Yes No

40. Are the beds UL listed? Yes No

41. Who is the manufacturer of the beds? _____

42. Do you own or lease the beds? Own Lease

43. How many of each type of tanning unit are on premises?

UVA Bulb Units: _____

UVB Bulb Units: _____

Spray Tanning Units: _____

Other (please describe): _____

44. Are the beds tested daily to ensure the timers and bulbs are working properly? Yes No

45. How often is maintenance performed on the beds? _____

46. Do the bulbs have a protective cover? Yes No

47. Are records kept on each customer for each visit and exposure time? Yes No

48. Are all customers furnished information regarding the beds and rays used? Yes No

49. Are goggles supplied and worn by each customer? Yes No

50. Are all beds disinfected after each use? Yes No

51. Does each customer sign a waiver of liability prior to using the beds? Yes No

52. Are all timers and controls operated by the attendant and not the customer? Yes No

53. Do the beds/booths have dual controls and automatic shut-off? Yes No

54. Are customers limited to a maximum of 30 minutes per session? Yes No

55. Does each customer sign a waiver of liability prior to using the beds? Yes No

56. Are signs posted prohibiting tanning while on medication and/or pregnancy? Yes No

57. Are instructions posted for use of the equipment? Yes No

58. Does the state require a license to operate a tanning salon Yes No

What is the expiration date of the license? _____

59. Has your license ever been revoked or suspended? Yes No

If yes, provide a detailed explanation for the cause: _____

MEMBERS

60. Do new club members go through a complete introduction and evaluation process to develop a personal exercise program? Yes No

61. Is the progress of members periodically evaluated? Yes No

62. Are minors permitted to join the club? Yes No

63. Are members required to sign a waiver? Yes No

STAFF

64. Provide a description of the various duties by position (attach separate sheet if necessary):

65. List the certifications/licenses or qualifications of employees who plan programs for members:

66. Are instructors trained in specialized areas? Yes No

67. Are the instructors' employees of the club or professionals who are independent contractors?

Employees of Club Independent Contractors

If Independent Contractors, are they required to provide evidence of insurance? Yes No

68. Does the club have an ongoing program of staff evaluation and training? Yes No

EMERGENCY INFORMATION

69. Is emergency medical care readily accessible? Yes No

70. Are emergency numbers posted by all the phones? Yes No

71. Are members of the staff trained to administer first aid? Yes No

72. Is there a staff member trained in CPR on duty at all times? Yes No

73. Are exits properly marked and easily accessible? Yes No

Signature of applicant: _____

Date: _____