



Exercise / Health Facility, Trainers and Instructors Supplemental
(To be used in conjunction with Acord applications)

Applicant Name: _____

Applicant Website: _____

What year did the business start: _____. If a new venture describe prior experience: _____

Is Professional Liability requested? ☐ Yes ☐ No

Does Applicant operate as a:

Facility/Club (with premises) ☐ Yes ☐ No

Trainer or Instructor acting as an independent contractor ☐ Yes ☐ No

Gross Receipts - Total Gross Receipts: \$ _____

Year	Facility/Club, Training, Instruction	*Food & Beverages	*Alcohol	*Clothes & Sporting Goods	*Equipment (new / used)	*Vitamins/Dietary Supplements
Next 12 months						
Prior Year						
Prior Year						
*Provide complete details: _____						

Services/Instruction/Training Provided

Check all that apply. Complete - *Additional Information section with details and/or ** additional questions below.

<input type="checkbox"/> "Aerial" activities, training, instruction	<input type="checkbox"/> Martial Arts without Contact
<input type="checkbox"/> Aerobics	<input type="checkbox"/> Martial Arts with Weapons training
<input type="checkbox"/> Amusement/Gaming Room/Center	<input type="checkbox"/> Martial Arts without Weapons training
<input type="checkbox"/> Basketball courts	<input type="checkbox"/> Massage/Masseuse
<input type="checkbox"/> Bicycle Track	<input type="checkbox"/> Medical/Health Care services
<input type="checkbox"/> Boxing, Kick Boxing	<input type="checkbox"/> Mixed Martial Arts
<input type="checkbox"/> Cheerleading	<input type="checkbox"/> OCR (Obstacle Course Races)
<input type="checkbox"/> **Child care services	<input type="checkbox"/> Paddleboard Instruction
<input type="checkbox"/> Chiropractic/Physical Therapy/Rehab services	<input type="checkbox"/> Parkour
<input type="checkbox"/> Cold Water Plunge/Immersion/Cryotherapy baths	<input type="checkbox"/> Personal Training
<input type="checkbox"/> *Cross Fit	<input type="checkbox"/> Pro Shop
<input type="checkbox"/> CVAC Pods (hyperbaric/pressure/Ozone chambers)	<input type="checkbox"/> Rock Walls/Climbing
<input type="checkbox"/> Dance classes	<input type="checkbox"/> **Sauna/Steam Room
<input type="checkbox"/> Diet/Weight Loss/Nutrition center/services/counseling	<input type="checkbox"/> Shower Rooms
<input type="checkbox"/> Diving, scuba, lifeguard and life safety	<input type="checkbox"/> *Spa services
<input type="checkbox"/> Exercise and resistance machines	<input type="checkbox"/> Spinning/Cycling
<input type="checkbox"/> Extreme sports	<input type="checkbox"/> *Sports Facility (list all types below)
<input type="checkbox"/> *Floatation or sensory tanks	<input type="checkbox"/> *Sports Leagues (list all types below)
<input type="checkbox"/> Group Instruction (Pilates, Spinning, Yoga, Zumba etc)	<input type="checkbox"/> Sports medicine
<input type="checkbox"/> Gymnastics	<input type="checkbox"/> *Sports skills instruction/training (list all types below)
<input type="checkbox"/> Gymnastics - Toddler - Mommy/Daddy & Me	<input type="checkbox"/> Surfing &/or Skiing Instruction
<input type="checkbox"/> Handball/Racquetball/Tennis	<input type="checkbox"/> **Swimming Pool
<input type="checkbox"/> *Health Seminars	<input type="checkbox"/> **Tanning Beds/Booths
<input type="checkbox"/> HIIT (High Intensity Interval Training)	<input type="checkbox"/> *Trampolines
<input type="checkbox"/> Jogging/Walking/Running Track	<input type="checkbox"/> Weights
<input type="checkbox"/> Locker Rooms	<input type="checkbox"/> **Whirlpool/Hot Tubs/ Jacuzzi
<input type="checkbox"/> Martial Arts with Contact	<input type="checkbox"/> "Other" (describe below)

Describe "Other" activities: _____

*Additional Information: _____



If you operate a Health and Exercise Club or Facility:

Location #	Address	# of Members	Open 24 hours

General Questions:

1. Are any locations open to the general public without being a member? ☐ Yes ☐ No
 - a. Are all members/guests using the facility required to sign a release/waiver of liability? (attach copy) ☐ Yes ☐ No
 - b. Does the release/waiver contain a medical disclaimer?(if separate form attach copy) ☐ Yes ☐ No
 - c. If member/guest is a minor, are parents required to sign release? ☐ Yes ☐ No
2. Hours of operation? _____
3. If facility is open 24 hours:
 - a. Does facility have staffing on duty during all hours of operation? ☐ Yes ☐ No
 - b. If not staffed, do all members have personal access cards/keys? ☐ Yes ☐ No
 - c. Are all locations monitored on a 24 hours basis? (describe how) ☐ Yes ☐ No
4. Are all trainers and instructors employees of the applicant? ☐ Yes ☐ No
5. Are all trainers and instructors licensed/certified for the services being provided? ☐ Yes ☐ No
6. If Independent Contractors are utilized for these services, do all carry GL and Professional with equal or greater limits as the applicant's limits being requested and name them as an additional insured? ☐ Yes ☐ No
7. Is there an employee on site at all times who is First Aid, CPR, etc certified? ☐ Yes ☐ No
8. Do you train or provide services for professional, semiprofessional &/or collegiate, athletes and dancers &/or celebrities, etc? ☐ Yes ☐ No
9. Are there any off-premises activities/competitions/tournaments, special events or similar activities? ☐ Yes ☐ No
If yes describe: _____
10. Does applicant sponsor &/or host competitions, tournaments, special events or similar activities? ☐ Yes ☐ No
If yes, describe: _____
11. Are formal incident records kept daily for all injuries? ☐ Yes ☐ No
12. Do you sell/distribute any vitamins, supplements and other similar products manufactured, packaged/re-packaged &/or labeled/re-labeled by or under your name or entities you trade under? ☐ Yes ☐ No
13. Who is responsible for the premises and equipment maintenance (exercise equipment, premises/janitorial, pool, etc)? _____
14. If any subcontractors are used for premises or equipment maintenance, or other services, etc, do all carry GL with equal or greater limits as the applicant and name them as additional insured? ☐ Yes ☐ No

If you operate as a Trainer &/or Instructor (as an independent contractor)

1. Are you licensed/certified for the services you are providing? ☐ Yes ☐ No
2. Do you require all customers to sign a release/waiver of liability? (attach copy) ☐ Yes ☐ No
 - a. Do all releases/waivers contain a medical disclaimer?(if separate form attach copy) ☐ Yes ☐ No
 - b. If you train/instruct minors, are parents required to sign release/waiver/medical disclaimer? ☐ Yes ☐ No
3. Do you offer private instruction/training at customers' residences? ☐ Yes ☐ No
 - a. If you train/instruct minors is a parent/guardian always required to be present? ☐ Yes ☐ No
 - b. What is the minimum age you will train/instruct? _____
4. Are you First Aid, CPR, etc certified? ☐ Yes ☐ No
5. If Independent Contractors are utilized do all carry GL and Professional Liability with limits equal to or greater than the limits being requested by applicant? ☐ Yes ☐ No
6. Do you train or provide services for professional, semiprofessional &/or collegiate, athletes and dancers &/or celebrities, etc? ☐ Yes ☐ No
7. Do you sell/distribute any vitamins, supplements and other similar products manufactured, packaged/re-packaged and/or labeled/re-labeled by or under your name or entities you trade under? ☐ Yes ☐ No

****Pools Or Other Water Exposures** ☐ Check here if none

- | | | |
|-----|---|--|
| 1. | Number of Pools? <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Lap Pool <input type="checkbox"/> Other (describe) _____ | |
| 2. | Diving Boards? <input type="checkbox"/> Yes <input type="checkbox"/> No Height? _____ | |
| 3. | Slides? <input type="checkbox"/> Yes <input type="checkbox"/> No Height? _____ | |
| 4. | Are all pools either 100% fenced with self-latching/locking gate (outdoor) or have restricted access for club/facility members only? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. | Posted rules/warning signs and provide life safety equipment consistent with local ordinances? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. | Is pool open to the general public who are not members of club/facility? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. | Are children allowed access to pool/water without adequate supervision by parent or guardian? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. | Are Red Cross certified lifeguards on duty while pool is in use?
If no, how is pool area monitored? _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. | Do all pools meet Virginia Graeme Baker Pool & Spa Safety Act requirements | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. | Are non-slip surfaces in pool areas, hot tubs, saunas, steam rooms etc? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. | Are non-slip surfaces in locker rooms/shower areas? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. | Is alcohol allowed in pool area? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

****Child Care Services** ☐ Check here if none

1. Are child care services provided by? ☐ Applicant or ☐ Independent contractor ☐ Yes ☐ No
2. Are parents/guardians allowed to leave facility while their child/children are in care? ☐ Yes ☐ No
3. What is the maximum length of stay for children? _____
4. Are all children cared for at least 6 weeks old? ☐ Yes ☐ No
5. Are written procedures in place outlining rules, regulations, guides and safety procedures for child care at the facility? ☐ Yes ☐ No
 - a. Are all care givers required to be familiar with these procedures? ☐ Yes ☐ No
 - b. Are parents/guardians required to sign release, waiver and medical disclaimer and provide emergency contact info? ☐ Yes ☐ No
 - c. Is there always a dedicated and trained employee on duty for child care? ☐ Yes ☐ No
 - d. Is there a First Aid/CPR certified individual available at all times for the child care? ☐ Yes ☐ No
6. Are there procedures in places for changing diapers and restroom use? ☐ Yes ☐ No
7. Maximum number of children allowed? _____
8. Do adult to child ratios meet state minimum day care requirements? ☐ Yes ☐ No
9. Are children ever allowed in exercise areas including pools, etc? ☐ Yes ☐ No
10. Are children allowed to leave the child care area without parent/guardian, or dedicated staff member? ☐ Yes ☐ No
11. Are children required to be signed-in and signed-out by parent or guardian? ☐ Yes ☐ No
12. Describe all play equipment: _____
13. Are volunteers &/or staff under the age of 16 used for child care? ☐ Yes ☐ No
 - a. If under 18 are they required to have a babysitting certificate and always be supervised by an adult? ☐ Yes ☐ No
14. Are criminal background checks performed on all potential employees and volunteers having exposure to or responsibility for children? ☐ Yes ☐ No
15. If an independent contractor provides child care do they carry General Liability with equal or greater limits and name applicant as an additional insured? ☐ Yes ☐ No

****Tanning Beds Or Services** ☐ Check here if none

1. How many tanning units? _____
2. Are all units Underwriters Laboratories (UL) approved? ☐ Yes ☐ No
3. Are all minors required to have a parent or guardian sign a release prior to use? ☐ Yes ☐ No
4. Are individuals warned against using tanning units when pregnant or using photosensitive medication? ☐ Yes ☐ No
5. Are individuals required to wear goggles? ☐ Yes ☐ No
6. Does applicant/employee have exclusive access to controls? ☐ Yes ☐ No
7. Are logs kept on each person's use and maximum number of uses enforced? ☐ Yes ☐ No
8. Are all units disinfected after each use? ☐ Yes ☐ No

Applicants Signature: _____ Date: _____

Agents Signature: _____ Date: _____