



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 NoTrainer 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.

"Aerial" activities, training, instruction	Martial Arts without Contact
Aerobics	Martial Arts with Weapons training
Amusement/Gaming Room/Center	Martial Arts without Weapons training
Basketball courts	Massage/Masseuse
Bicycle Track	Medical/Health Care services
Boxing, Kick Boxing	Mixed Martial Arts
Cheerleading	OCR (Obstacle Course Races)
**Child care services	Paddleboard Instruction
Chiropractic/Physical Therapy/Rehab services	Parkour
Cold Water Plunge/Immersion/Cryotherapy baths	Personal Training
*Cross Fit	Pro Shop
CVAC Pods (hyperbaric/pressure/Ozone chambers)	Rock Walls/Climbing
Dance classes	**Sauna/Steam Room
Diet/Weight Loss/Nutrition center/services/counseling	Shower Rooms
Diving, scuba, lifeguard and life safety	*Spa services
Exercise and resistance machines	Spinning/Cycling
Extreme sports	*Sports Facility (list all types below)
*Floatation or sensory tanks	*Sports Leagues (list all types below)
Group Instruction (Pilates, Spinning, Yoga, Zumba etc)	Sports medicine
Gymnastics	*Sports skills instruction/training (list all types below)
Gymnastics - Toddler - Mommy/Daddy & Me	Surfing &/or Skiing Instruction
Handball/Racquetball/Tennis	**Swimming Pool
*Health Seminars	**Tanning Beds/Booths
HIIT (High Intensity Interval Training)	*Trampolines
Jogging/Walking/Running Track	Weights
Locker Rooms	**Whirlpool/Hot Tubs/ Jacuzzi
Martial Arts with Contact	"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?
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)
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?
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? Indoor Outdoor Lap Pool Other (describe) _____
2. Diving Boards? Yes No Height? _____
3. Slides? Yes No Height? _____
4. Are all pools either 100% fenced with self-latching/locking gate (outdoor) or have restricted access for club/facility members only? Yes No
5. Posted rules/warning signs and provide life safety equipment consistent with local ordinances? Yes No
6. Is pool open to the general public who are not members of club/facility? Yes No
7. Are children allowed access to pool/water without adequate supervision by parent or guardian? Yes No
8. Are Red Cross certified lifeguards on duty while pool is in use? Yes No
If no, how is pool area monitored? _____
9. Do all pools meet Virginia Graeme Baker Pool & Spa Safety Act requirements Yes No
10. Are non-slip surfaces in pool areas, hot tubs, saunas, steam rooms etc? Yes No
11. Are non-slip surfaces in locker rooms/shower areas? Yes No
12. Is alcohol allowed in pool area? Yes No

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

1. Are child care services provided by? Applicant or Independent contractor
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 place 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: _____