



Erickson-Larsen, Inc.
 6425 Sycamore Court N.
 Maple Grove, MN 55369-6028
 Phone (800) 442-3168 – Fax (763) 535-4051

Bjornson/Sentinel-E&L
 P.O. Box 2827
 Fargo, ND 58108-2827
 Phone (800) 284-0965 – Fax (701) 232-2529

Erickson-Larsen, Inc.
 P.O. Box 8156
 Madison, WI 53708-8156
 Phone (888) 249-6050 – Fax (608) 249-5874

EXERCISE AND CLUBS GENERAL LIABILITY SUPPLEMENTAL APPLICATION
 (Complete in addition to ACORD application)

Name of applicant: _____

Web site Address: _____

Mailing Address: _____ **Location Address:** _____

1. Operation:

- Exercise Equipment Free-weight Lifting Aerobics Dance Studio Personal Trainer
 Physical Therapist Masseur Massage Parlor Spa Gymnastics School

2. Number of years in business: _____

If new describe prior experience: _____

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

4. Is all equipment inspected regularly? Yes No

Is inspected documentation maintained? Yes No

If so, how long? _____

5. Do you use equipment you have built? Yes No

If yes, attach description

6. Members' ages range from _____ **To** _____

Does membership agreement include a hold harmless clause (liability waiver)? Yes No

Attach a copy of membership agreement

7. Other operations:

- Day Care
 Climbing Wall (Please complete Climbing Wall Questionnaire)
 Swimming

Number of pools: _____

Number of diving boards or platforms: _____ Height _____

Number of slides: _____ Height _____

9. Premises exposures:

- Hours of operation from _____ To _____ 24 hour facility? Yes No
- 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
- Any trampolines? Yes No
- Any electrode machines? Yes No

10.

| 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 and first aid | | |

- Are instructors certified as required by state law? Yes No
- 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: _____

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

If yes, explain and advise where insured: _____

Producer's Signature: _____ **Date:** _____

Applicants Signature: _____ **Date:** _____