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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 _____

- Life-safety equipment available at poolside? Yes No
- Rules, hours, and depth markers posted? Yes No
- Non-slip surface in pool, locker, shower and sauna areas? Yes No
- Sauna/Steam rooms/Whirlpools Number: _____
- Toning Beds Number: _____
- Tanning Beds Number: _____ UA% _____
- 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 use? Yes No
- Do signs prohibit use of the beds during pregnancy or if on medication? Yes No
- Are hold harmless cards & sing-in cards retained permanently? Yes No
- Tennis Courts/Racquetball/Handball/Squash Courts Number: _____
- Basketball/Volleyball courts Number: _____
- Hydro-Massage Beds Number: _____
- Snack Bar
- Pro Shop
- Describe off-site activities you sponsor: _____

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

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

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

- Do you employ a dietician? Yes No
- If diets are suggested, have they been approved by a physician for general use? Yes No
- Are customers advised to consult their own physician prior to beginning a weight reduction program? ... Yes No

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:** _____