



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 _____

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:** _____