



## EXERCISE AND HEALTH CLUB APPLICATION GENERAL LIABILITY/PROFESSIONAL LIABILITY

1. Proposed First Named Insured & Other Named Insured(s):

2. Mailing Address                      Street                      City                      County                      State                      ZIP Code

3. Location Address                      Street                      City                      County                      State                      ZIP Code

4. Number of Locations:                      Hours of Operation:

5. Telephone:                      Fax:

Website:

6. Contact Person/Phone #:                      Inspection:                      Accounting/Records:

7. Business Type:     Individual     Partnership     Corporation     Joint Venture     LLC     Trust  
 Other (specify):

8. Interest of Named Insured in premises:     Owner     General Lessee     Tenant  
 Other:

9. Part occupied by Named Insured:     Entire     Portion (        %)     Other (Lessor's Risk Only)

10. Years in Business:                      Years Experience:

11. Effective Date Desired: From:                      To:                      Term Desired:

**PREVIOUS INSURER & LOSS HISTORY – Attach separate sheet if necessary**                       **See Loss Runs Attached**

Missouri Applicants: **DO NOT** answer this question.  
 Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?  
 No     Yes - If Yes, give name of company, date, and reason:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the past 3 years:

Policy Dates	Carrier	Policy Number	Premium	Coverage	Check if Claims-Made	Description of Loss
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	

**BUSINESS INFORMATION**

1. Type of Business:

2. Risk Type (Check all that apply):  
 Tanning Beds                       Aerobics Only                       Exercise Equipment & Aerobics  
 Sports Instructor                       Personal Trainer                       24/7 Fitness Center  
 Other (specify):

3. Total square foot area of club:

4. Number of Employees (to include owners):

5. Annual Payroll: \$                      Annual Receipts: \$  
 Maximum number of members allowed:                      Average number of memberships:  
 % of Receipts from Diet Counseling:                      %

	Yes	No
6. Are employees present during all hours of operation?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does your club have a digital surveillance system?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you offer exercise/fitness consulting services? If yes, describe: _____	<input type="checkbox"/>	<input type="checkbox"/>
9. Does your facility offer swimming instruction, boxing instruction or sports training? If yes, describe: _____	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you lease any of your space to others? a. If yes, to whom: _____ b. Total square feet leased to others: _____	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you use independent contractors? If yes, do you obtain Certificates of Insurance?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you have a formal safety program?	<input type="checkbox"/>	<input type="checkbox"/>
13. Is your business certified by a fitness organization or association? If yes, indicate type: <input type="checkbox"/> NSCA National Strength & Conditioning Association <input type="checkbox"/> NCSF National Council on Strength and Fitness <input type="checkbox"/> ACE American Council on Exercise <input type="checkbox"/> ACSM American College of Sports Medicine <input type="checkbox"/> IDEA Health and Fitness Association <input type="checkbox"/> NASM National Academy of Sports Medicine <input type="checkbox"/> Scott Pilates <input type="checkbox"/> NFPT National Federation of Professional Trainers <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
14. Are you currently under or have any warnings, suspension, revocation or other restrictions due to failure to comply with licensing standards and safety codes? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, advise: _____		
15. Do you offer any Spa services? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Beauty Parlors/Barber Shops Application Supplement, S452-PL.</i>		

COVERAGES	LIMITS
<input type="checkbox"/> Products-Completed Operations <input type="checkbox"/> Premises Operations Exclude: <input type="checkbox"/> Medical Payments <input type="checkbox"/> Contractual Liability <input type="checkbox"/> Damage to Premises Rented to You <input type="checkbox"/> Personal and Advertising Injury <input type="checkbox"/> Professional Liability	<b>General Liability</b> General Aggregate                              \$ _____ Products-Completed Operations            \$ _____ Personal and Advertising Injury            \$ _____ Each Occurrence                                \$ _____ Damage to Premises Rented to You        \$ _____ Medical Payments                                \$ _____ <b>Professional Liability</b> Aggregate                                         \$ _____ Each Occurrence                                 \$ _____

**ANSWER SPECIFIC RISK INFORMATION SECTION FOR THOSE AREAS WHICH APPLY.  
INDICATE N/A IN THOSE AREAS THAT DO NOT APPLY.**

<b>Aerobics</b>	<input type="checkbox"/> <b>Not Applicable</b>			
	Yes	No		
1. Do instructors have each participant monitor his/her heart rate?	<input type="checkbox"/>	<input type="checkbox"/>		
2. a. Are participants asked to stop if they appear to be overexerting themselves?	<input type="checkbox"/>	<input type="checkbox"/>		
b. Are instructors trained to make such judgment?	<input type="checkbox"/>	<input type="checkbox"/>		
3. Are aerobic instructors certified?	<input type="checkbox"/>	<input type="checkbox"/>		
4. Is the floor padded and/or made of a slip resistant surface?	<input type="checkbox"/>	<input type="checkbox"/>		
5. Are there participant limitations to prevent overcrowding?	<input type="checkbox"/>	<input type="checkbox"/>		

<b>Child Sitting</b>		<input type="checkbox"/> <b>Not Applicable</b>
1. Number of children allowed at any one time: Maximum:		Minimum:
2. Describe supervision of children (adult/child ratios):		
3. Are employees trained in child care? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Are parents allowed to go off-site? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If yes, complete Daycare Application Supplement, S20-PL.</i>		

<b>Exercise Equipment</b>		<input type="checkbox"/> <b>Not Applicable</b>		
		<b>Yes</b>	<b>No</b>	
1.	Is equipment inspected regularly?	<input type="checkbox"/>	<input type="checkbox"/>	
	If yes, is inspected documentation maintained?	<input type="checkbox"/>	<input type="checkbox"/>	
	If yes, how long:			
2.	Do you use equipment you have built?	<input type="checkbox"/>	<input type="checkbox"/>	
	If yes, provide details/description:			
3.	Are rock climbing, scaling or similar activities offered by your center(s) on or off premises?	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Gymnastics</b>		<input type="checkbox"/> <b>Not Applicable</b>
1. Are there any trampolines? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. List other equipment available:		
3. Describe procedures in case of an accident:		

<b>Pool</b>		<input type="checkbox"/> <b>Not Applicable</b>		
		<b>Yes</b>	<b>No</b>	
1.	Are rules posted?	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Are lifeguards present at all times?	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Are there diving boards?    If yes, height:	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Does pool meet the design and construction standards of the National Spa and Pool Institute?	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Are non-slip, well-maintained, and well-drained walking surfaces present around the pool and in the shower areas?	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Are there clear markings on the pool regarding the depth of the water?	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Are pools clearly marked indicating the end of a lap?	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Saunas/Steam Rooms/Whirlpools</b>		<input type="checkbox"/> <b>Not Applicable</b>		
		<b>Yes</b>	<b>No</b>	
1.	Are warnings and directions for use clearly posted?	<input type="checkbox"/>	<input type="checkbox"/>	
2.	a. Do doors open outward?	<input type="checkbox"/>	<input type="checkbox"/>	
	b. Do doors have a visibility window?	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Does the heating element in the sauna have a guard rail?	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Are thermostats tamper-resistant?	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Are the sauna, steam room, and/or whirlpool cleaned daily?	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Snack Bar/Restaurant</b>		<input type="checkbox"/> <b>Not Applicable</b>		
		<b>Yes</b>	<b>No</b>	
1.	Is there regular housekeeping of the premises?	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Is liquor served on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Is there a full service restaurant on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	
<i>If full service restaurant, complete Restaurant/Bar/Tavern Application Supplement, S369-IL.</i>				

<b>Tanning Beds</b>		<input type="checkbox"/> <b>Not Applicable</b>		
		<b>Yes</b>	<b>No</b>	
1.	Number of tanning beds:			
2.	Are goggles provided?	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Are self-timers provided?	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Are beds U.L. approved?	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Are proper warnings and instructions for use posted?	<input type="checkbox"/>	<input type="checkbox"/>	

---

**Weight Reduction Programs/Analysis**  **Not Applicable**

---

	<b>Yes</b>	<b>No</b>
1. If diets are suggested, have they been approved by a physician for general use?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are customers advised to consult their own physician prior to beginning a weight reduction program?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you manufacture, sell (own label), or repackage any food, cosmetic or vitamin product?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you employ a dietician?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you prescribe any medications?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you offer any blood analysis testing?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you offer any stress testing?	<input type="checkbox"/>	<input type="checkbox"/>

---

**Weight Rooms**  **Not Applicable**

---

	<b>Yes</b>	<b>No</b>
1. Are there capable assistants present for all lifters?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there storage for free weights?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are electric exercise machines properly maintained?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are proper warnings and instructions for use posted?	<input type="checkbox"/>	<input type="checkbox"/>

---

**MISCELLANEOUS UNDERWRITING INFORMATION**

---

**Emergency Information**

---

	<b>Yes</b>	<b>No</b>
1. Is emergency medical care easily accessible?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are emergency numbers posted by all phones?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are members of staff trained to administer first aid? If yes, how often are they recertified: _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Are exits properly marked and easily accessible?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there a back-up power system?	<input type="checkbox"/>	<input type="checkbox"/>

---

**Staff**

---

1. List employees and their duties (attach separate sheet if necessary):

---

2. List qualifications of employees who plan programs for members:

---

	<b>Yes</b>	<b>No</b>
3. Is there a staff member trained in CPR on duty at all times?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are instructors trained in specialized areas?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are instructors employees of the club or professionals who function as independent contractors?	<input type="checkbox"/>	<input type="checkbox"/>
a. If the professional independent contractor has assistants, are they employees of the club or of the independent contractor?	<input type="checkbox"/>	<input type="checkbox"/>
b. Does the club have an ongoing program of training and staff evaluation?	<input type="checkbox"/>	<input type="checkbox"/>
c. Are all personal trainers/aerobic instructors required to be certified?	<input type="checkbox"/>	<input type="checkbox"/>

---

**Members**

---

	<b>Yes</b>	<b>No</b>
1. Do new club members go through a complete introduction/evaluation process to develop a personal exercise program?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the progress of members periodically evaluated?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are minors permitted to join the club?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are minors allowed to use equipment without parent or guardian signing Release/Waiver & PAR-Q?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is a signed Release/Waiver of Liability required prior to using your center(s)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is a signed Physical Activity Readiness Questionnaire (PAR-Q) required prior to using your center(s)?	<input type="checkbox"/>	<input type="checkbox"/>

---

---

For information about how Northland compensates its agents, brokers and program managers, please visit this website:

[http://www.northlandins.com/Producer\\_Compensation\\_Disclosure.asp](http://www.northlandins.com/Producer_Compensation_Disclosure.asp)

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Northland Insurance Companies, c/o Law Department, 385 Washington St., St. Paul, MN 55102.

---

This application, including any material submitted in conjunction with the application or any renewal, does not amend the provisions or coverages of any insurance policy or bond issued by Northland. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy or bond. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy or bond provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

---

#### **FRAUD STATEMENTS**

---

**ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND:** Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**FLORIDA:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**KENTUCKY, NEW JERSEY, NEW YORK, OHIO, AND PENNSYLVANIA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

**LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, and denial of insurance benefits.

---

#### **IMPORTANT NOTICE DECLARATION**

---

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

---

#### **SIGNATURES**

Applicant Signature	Title	Date
Producer Signature		Date

---

Producer Name and Address

---