

☐ **Scottsdale Insurance Company**

Home Office: One Nationwide Plaza  
Columbus, Ohio 43215  
Adm. Office: 18700 North Hayden Road  
Scottsdale, Arizona 85255

☐ **Scottsdale Surplus Lines Insurance Company**

Adm. Office: 18700 North Hayden Road  
Scottsdale, Arizona 85255

☐ **Scottsdale Indemnity Company**

Home Office: One Nationwide Plaza  
Columbus, Ohio 43215  
Adm. Office: 18700 North Hayden Road  
Scottsdale, Arizona 85255

**EXERCISE AND HEALTH STUDIO AND PERSONAL TRAINER SUPPLEMENTAL APPLICATION**

(Complete in addition to the ACORD Application)

Applicant's Name: \_\_\_\_\_

Location Address: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agent: \_\_\_\_\_

Phone No.: \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:** From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

**1. Description of operations:** (Check all that apply.)

- |   |   |                                       |   |
|---|---|---------------------------------------|---|
| <input type="checkbox"/> Aerobics                   | <input type="checkbox"/> Martial Art        | <input type="checkbox"/> Pilates      | <input type="checkbox"/> Swimming Instruction |
| <input type="checkbox"/> Anti-Gravity/Aero Yoga     | <input type="checkbox"/> Massage Parlor     | <input type="checkbox"/> Racquet Club | <input type="checkbox"/> Tai Chi              |
| <input type="checkbox"/> Cheerleading Camps/Clinics | <input type="checkbox"/> Masseuse           | <input type="checkbox"/> Spa          | <input type="checkbox"/> Weight Lifting Gym   |
| <input type="checkbox"/> Cheerleading Instruction   | <input type="checkbox"/> Personal Trainer   | <input type="checkbox"/> Swim Club    | <input type="checkbox"/> Yoga                 |
| <input type="checkbox"/> Dance Instruction          | <input type="checkbox"/> Physical Therapist |                                       |   |
| <input type="checkbox"/> Exercise Equipment         | <input type="checkbox"/> Other: _____       |                                       |   |
| <input type="checkbox"/> Gymnastics Instruction     |   |                                       |   |

**2. How long has applicant been in business?** \_\_\_\_\_

**3. Sexual and/or Physical Abuse Coverage limits:**

- ☐ \$25,000 Per Claim/\$50,000 Aggregate (included)  
☐ \$50,000 Per Claim/\$100,000 Aggregate  
☐ \$100,000 Per Claim/\$300,000 Aggregate

**4. Error and Omissions (E&O) Coverage limits:** Included for limits up to the General Liability limits

Each Claim: .....\$ \_\_\_\_\_

Aggregate: .....\$ \_\_\_\_\_

**5. Annual gross receipts from all operations** (include tuition fees, food receipts, clothing and equipment sales, etc.): .....\$ \_\_\_\_\_

**6. Number of Employees/Contractors:**

	Employed or Leased	Independent Contractors
Certified aerobic instructors		
Uncertified aerobic instructors		
Dieticians or nutritionists		
Masseuses		
Personal trainers		
Physical therapists		
Swim instructors		
Other (describe):		
Total number of employees/contractors		
Number of employees/contractors trained in CPR		

**7. For Independent Contractors:**

Are certificates of insurance required from all independent contractors? ..... ☐ Yes ☐ No

Is applicant included as an additional insured on independent contractors' policy? ..... ☐ Yes ☐ No

Limits the independent contractors are required to carry:.....

**8. Members' ages range from \_\_\_\_ to \_\_\_\_.**

**9. Total number of students enrolled:** \_\_\_\_\_ Students' ages range: From: \_\_\_\_\_ To: \_\_\_\_\_

**10. Indicate all types of students:** ☐ Amateur ☐ Professional ☐ Semi-professional

Martial art taught: \_\_\_\_\_

**11. Are students or their parents required to sign liability waivers?** ..... ☐ Yes ☐ No

If yes, attach a copy of the waiver wording that was used.

**12. Does membership agreement include a Hold Harmless clause (Liability Waiver) in favor of the applicant?** ..... ☐ Yes ☐ No

If yes, attach a copy.

**13. Do Physical Therapists provide service to hospitals, clinics, physician's offices, hospice, convalescent/nursing/adult congregate living facilities, jails, prisons or detention centers?** ..... ☐ Yes ☐ No

**14. Other exposures: (Check all that apply.)**

☐ Altitude mimicking devices (i.e., CVAC)

☐ Climbing, Tread, or Boulder walls (Please complete Climbing Wall Questionnaire, GLS-APP-47s.)

☐ Day Care

☐ Electrode Machines

Advise details: \_\_\_\_\_

☐ Foam pits

☐ Hydro-Massage Beds: ..... Number: \_\_\_\_\_

☐ Internet or electronic media communication for exercise or health instruction or consulting

☐ Liquor sales: ..... Receipts: \$ \_\_\_\_\_

☐ Parkour exercise

**14. Other exposures (continued):** (Check all that apply.)

☐ Retail Sales

☐ Shower/sauna/steam or Jacuzzi facilities

Do the floors for all these areas have non-skid surfaces?..... ☐ Yes ☐ No

☐ Snack Bar

☐ Swimming Pool

Number of pools: .....

Number of diving boards or platforms: \_\_\_\_\_ Height: \_\_\_\_\_

Number of slides: \_\_\_\_\_ Height: \_\_\_\_\_

Depth of pool markings clearly visible? ..... ☐ Yes ☐ No

Rules posted and life-safety equipment available at poolside? ..... ☐ Yes ☐ No

CPR-trained individual on duty at all times? ..... ☐ Yes ☐ No

Are all swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act? ..... ☐ Yes ☐ No

☐ Tanning Beds, Booths and Spray-on Booths: ..... Number: \_\_\_\_\_

Goggles provided? ..... ☐ Yes ☐ No

Are all timers operated by an attendant? ..... ☐ Yes ☐ No

Are tanning units Underwriters Laboratory approved? ..... ☐ Yes ☐ No

Are all tanning units manufactured in the United States? ..... ☐ Yes ☐ No

Are all tanning units disinfected after each use? ..... ☐ Yes ☐ No

Do signs prohibit use of tanning units during pregnancy or if on medication? ..... ☐ Yes ☐ No

Are customers advised to remove contact lenses? ..... ☐ Yes ☐ No

Are waivers signed by each customer? ..... ☐ Yes ☐ No

If customer is under the legal age, is the parent required to also sign waiver? ..... ☐ Yes ☐ No

☐ Tennis/Racquetball/Handball/Squash Courts: ..... Number of courts: \_\_\_\_\_

☐ Toning Beds: ..... Number: \_\_\_\_\_

☐ Trampolines

Advise number, height and diameter: \_\_\_\_\_

☐ Describe all off-site activities sponsored: \_\_\_\_\_

☐ None of the above

**15. Advise the number of tournaments or exhibitions the applicant sponsors and describe.** (A tournament for this purpose is an event sponsored by the applicant, open to the public, where the participants are members of the club or school competing with members from another club or school.): \_\_\_\_\_

**16. Describe any additional off-site activities or tournaments:** \_\_\_\_\_

**17. Is applicant involved with any cage fighting or training?** ..... ☐ Yes ☐ No

**18. Indicate any of the following the applicant provides:**

- ☐ Blood analysis
- ☐ Body wraps
- ☐ Medical stress testing
- ☐ Prenatal massage
- ☐ Products manufactured by applicant (including, but not limited to, food and beverage supplements and vitamins)
- ☐ Products sold under applicants' name
- ☐ Protein diet plans
- ☐ Weight loss or diet clinics
- ☐ None of the above

If yes to any of the above, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**19. Describe protective equipment (mats, pads, gloves, headgear, etc.), if any, that is used:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**20. Is all equipment inspected regularly?**..... ☐ Yes ☐ No

Is inspection documentation maintained? ..... ☐ Yes ☐ No

If yes, how long?..... \_\_\_\_\_

Has any equipment been built by the applicant?..... ☐ Yes ☐ No

If yes, attach description.

**21. Premises:**

Hours of operation from \_\_\_\_\_ to \_\_\_\_\_.

Are staff members always present when clients are on the premises? ..... ☐ Yes ☐ No

If no, advise monitoring and security requirements when staff is not present: \_\_\_\_\_

Is access to any operations limited or restricted (i.e., pool, sauna, tanning units, etc.)?..... ☐ Yes ☐ No

If yes, explain in detail: \_\_\_\_\_

Is parking lot well lit? ..... ☐ Yes ☐ No

Armed Security Guard on premises? ..... ☐ Yes ☐ No

Unarmed Security Guard on premises? ..... ☐ Yes ☐ No

**22. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?** ..... ☐ Yes ☐ No

If yes, describe: \_\_\_\_\_

\_\_\_\_\_

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

If yes, explain and advise where insured: \_\_\_\_\_

\_\_\_\_\_

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** 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. (Not applicable in AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, MN, NE, NJ, NY, OH, OK, OR, RI, TN, VA, VT, or WA.)

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO CALIFORNIA APPLICANTS. For your protection California law requires the following to appear on this form:** Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**NOTICE TO COLORADO APPLICANTS:** 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** 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.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**NOTICE TO MAINE APPLICANTS:** 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 or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**FRAUD WARNING (APPLICABLE IN ARKANSAS, LOUISIANA AND RHODE ISLAND):** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN 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 include imprisonment, fines, and denial of insurance benefits.

**NEW YORK FRAUD WARNING:** 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**APPLICANT'S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_  
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_