



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

**Bjornson/Sentinel-E&L**  
4342 15th Avenue S, Suite #101  
Fargo, ND 58103  
Phone (800) 284-0965 – Fax (701) 232-2529  
appsndoffice@ericksonlarseninc.com

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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    ☐ Masseuse    ☐ 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 dietitian? ..... ☐ 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

<b>10.</b>	<b>Number of Employees</b>	<b>Employed or Leased</b>	<b>Independent</b>
	<b>Certified aerobic instructors</b>		
	<b>Uncertified aerobic instructors</b>		
	<b>Personal trainers</b>		
	<b>Masseuses</b>		
	<b>Other (describe):</b>		
	<b>Total number of employees</b>		
	<b>Number of employees trained in CPR and first aid</b>		

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:** \_\_\_\_\_