



ROBERT A. SCHNEIDER AGENCY, INC.

Minnesota
 5620 Smetana Drive, Suite 225
 Minnetonka, MN 55343-9611
 Phone: (952) 938-0655
 Toll Free: 1-800-862-6038
 Fax: (952) 938-0701

Exercise / Health Club Supplemental Application

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)
 All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

Web Address _____

Inspection Contact _____

Proposed Policy Period ____ to ____ Phone Number for Inspection Contact _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

Location #1 _____

Location #2 _____

Location #3 _____

OPERATIONS (check all applicable items)

- | | | |
|--|--|---|
| <input type="checkbox"/> Aerobics | <input type="checkbox"/> Jacuzzi | <input type="checkbox"/> Sports Medicine |
| <input type="checkbox"/> Barber / Beauty Shop | <input type="checkbox"/> Jogging Tracks | <input type="checkbox"/> Steam Rooms |
| <input type="checkbox"/> Basketball Courts | <input type="checkbox"/> Kick Boxing | <input type="checkbox"/> * Sun Tanning Units |
| <input type="checkbox"/> Bicycle Tracks | <input type="checkbox"/> Locker Rooms | <input type="checkbox"/> * Swimming Pools |
| <input type="checkbox"/> Body Toning | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Tennis Courts |
| <input type="checkbox"/> Dance Instruction | <input type="checkbox"/> Masseur | <input type="checkbox"/> Trampolines |
| <input type="checkbox"/> Diet Counseling | <input type="checkbox"/> Nursery* | <input type="checkbox"/> Tumbling |
| <input type="checkbox"/> Game Room | <input type="checkbox"/> Physical Therapists | <input type="checkbox"/> * Whirlpool |
| <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Pro Shop | <input type="checkbox"/> Other (describe below) |
| <input type="checkbox"/> Handball / Racquetball Courts | <input type="checkbox"/> Sauna* | |
| <input type="checkbox"/> Health Seminars | <input type="checkbox"/> Shower Rooms | |

* (complete section on page 2, if item is starred)

Describe all other operations not listed above _____

UNDERWRITING INFORMATION

1. Number of years in business? _____ If new describe prior experience _____
 Number of members at this location _____ Hours of Operation _____
2. What is your estimated Gross Sales? _____
3. Does applicant own the building? Yes No
4. Are all instructors employees of the applicant? Yes No
5. Are employees trained in CPR, First aid, etc.? Yes No
6. Are eye guards required on racquetball courts? Yes No
7. Are incident reports compiled daily for all injuries? Yes No
8. Signed release forms required? (Attach a copy) Yes No
9. If customer is under 16 years of age, is parent's signature required on the release form? Yes No

UNDERWRITING INFORMATION (Continued)

10. Any cooking on premises? Yes No
 If yes, describe. _____
11. Any food or beverages sold on premises? Yes No
 If yes, describe. _____
12. Is alcohol served? Yes No

SWIMMING EXPOSURE (complete when applicable)

- Indoor Pool – Max Depth _____ Outdoor Pool – Max Depth _____ Lap Pool – Max Depth _____
- Rules Posted Yes No Non-slip surface in pool area? Yes No
- Lifeguards Yes No Non-slip surface in locker, shower and sauna areas? Yes No
- Lifesaving Equipment Yes No Saunas have emergency shutoff? Yes No
- Diving Boards Yes No Whirlpool emergency shutoff in same area? Yes No
- Number of meters in height _____ Warnings posted regarding use; i.e., pregnancy, alcohol, etc?.. Yes No

NURSERY

1. Maximum number of children allowed at any one time _____ Ages _____
2. Number of attendants _____ Ages _____
3. Are attendants trained in childcare? Yes No
4. Are children allowed to stay if parents leave the premises? Yes No
5. Describe procedures for supervision of the children. _____

6. List all play equipment. _____

7. Is play area separated from exercise area? Yes No

SUN TANNING UNITS

LIST TANNING EQUIPMENT MFG.	# BEDS	# BOOTHS	# FACIAL UNITS	OTHER	UVA %	UVB %

1. Are any of the units equipped with accelerator bulbs? Yes No
2. Are timers located on each unit? Yes No
3. Operated only by employees? Yes No
 If no, are they operated by the customer?..... Yes No
4. Are all employees trained in the use of timers? Yes No
5. What is the maximum exposure time allowed at each session? _____
6. Do you require goggles when tanning? Yes No
7. Do employees clean all units after each patron? Yes No
8. Is medical history taken for new customers? Yes No

SUN TANNING UNITS (Continued)

9. Do customers receive information on potentially harmful medications that react to tanning? Yes No
10. Are hold harmless cards and sign-in cards retained permanently? Yes No
11. **Attach** a sample copy of all client information to this application as well as a copy of the hold harmless card.

FDA requires posting the following sign.

"FDA REQUIREMENT – DANGER – Ultraviolet radiation. Follow all instructions. As with natural sunlight, overexposure may cause premature aging of skin and skin cancer. Medications or cosmetics applied to the skin may increase your sensitivity to ultraviolet light. Consult your physician before entering booth if taking medication or if you believe yourself especially sensitive to sunlight.

Have you complied with this requirement? Yes No

COMMERCIAL PROPERTY

(Please provide complete information for each insured location. **Attach** separate sheet, if necessary.)

BUILDING INFORMATION	Loc. 1	Loc. 2	Loc. 3
CONSTRUCTION			
YEAR BUILT			
# OF STORIES			
TOTAL SQ. FOOTAGE			
PROTECTION CLASS			
ALARM	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None
YEAR OF LATEST UPDATE	___ Roof ___ Plumbing ___ Wiring	___ Roof ___ Plumbing ___ Wiring	___ Roof ___ Plumbing ___ Wiring

LIMITS & COVERAGE – PROPERTY

COVERAGE	COINSURANCE %	DEDUCTIBLE	CAUSES OF LOSS	VALUATION	Loc 1	Loc 2	Loc 3
BUILDING	___%	\$ _____	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> A.C.V. <input type="checkbox"/> R.C. <input type="checkbox"/> Market Value (Submit)	\$ _____	\$ _____	\$ _____
BPP	___%	\$ _____			\$ _____	\$ _____	\$ _____
BUSINESS INCOME	___% or Monthly Limit \$ _____	\$ _____			\$ _____	\$ _____	\$ _____
SIGNS (DESCRIBE) _____					\$ _____	\$ _____	\$ _____
TOTAL LIMITS					\$ _____	\$ _____	\$ _____

ADJACENT EXPOSURES

	RIGHT	LEFT	FRONT	REAR
Loc. 1				
Loc. 2				
Loc. 3				

