

HEALTH CLUB AND RECREATIONAL FACILITIES QUESTIONNAIRE

Applicant Name _____ Effective Date _____

Agency Name _____ Agency # _____

- Please attach to an ACORD Application
- Please provide a copy of your organization's brochure or services material

Applicant Information

1. Years of operation _____
2. Web site _____
3. Do you require all members to sign a participant waiver? _____ Yes _____ No
Please attach a copy
4. Please provide a breakdown of the total receipts of the operation:
Memberships _____
Tanning _____
Massage _____
Food or beverage _____
Apparel or Equipment sales _____
Other, please describe _____
5. What is the total number of club members? _____
6. Please provide the total number of full time employees (including owners and officers) _____
Total number of part time employees _____

Operations Information

7. Please provide the hours of operation: from _____ to _____ or _____ 24 hours
8. Please describe your operations (check all that apply):

<input type="checkbox"/> Aerobics/Yoga	<input type="checkbox"/> Martial Arts	<input type="checkbox"/> Swimming	<input type="checkbox"/> Tanning	<input type="checkbox"/> Massage Therapy
<input type="checkbox"/> Rock Climbing Wall	<input type="checkbox"/> Beauty Salon	<input type="checkbox"/> Racquetball	<input type="checkbox"/> Batting Cage	<input type="checkbox"/> Basketball Courts
<input type="checkbox"/> Nutritional Counseling	<input type="checkbox"/> Tennis Courts	<input type="checkbox"/> Childcare	<input type="checkbox"/> Boxing	<input type="checkbox"/> Stress testing
<input type="checkbox"/> Sports Medicine	<input type="checkbox"/> Blood Analysis	<input type="checkbox"/> Trampolines	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Vitamin Injections
<input type="checkbox"/> Physical therapy	<input type="checkbox"/> Sauna	<input type="checkbox"/> Chiropractic	<input type="checkbox"/> Soccer	<input type="checkbox"/> Ice Arena
<input type="checkbox"/> Other, please describe _____				
9. Please describe what type of Security you have in place:
 Security Cameras Electronic Access Card On-site Security Guards
 Other, please describe _____
10. Do you sell your used equipment for use by others? _____ Yes _____ No

Safety Information

11. Do you have a maintenance schedule to ensure the safety of all workout equipment, locker rooms, pools, saunas, tracks and courts? _____ Yes _____ No
12. How often is equipment inspected? _____
13. Who maintains and repairs equipment? _____

Employee Information

14. Do you perform background checks on all employees and volunteers? _____ Yes _____ No
If yes, how often do you run background checks on existing employees and volunteers? _____
15. Is all staff required to have CPR or First Aid Certification? _____ Yes _____ No

16. Do you subcontract instruction or any other activities? Yes No
 If yes, please answer the following:
 Describe all subcontracted activities _____
 What is the total cost of subcontracted work? _____
 Do you require all subcontractors to obtain their own general liability insurance with minimum limits equal to your own and provide a Certificate of Insurance listing you as an additional insured?
 Yes No
17. Massage Therapy
 Are the massage therapists your employees or independent contractors with their own insurance?
 Number of full time massage therapists _____ Number of part time massage therapists _____
18. Swimming Pool
 How many swimming pools do you have? _____
 If there are any pools, is a life guard on duty at all times? Yes No
 Are pool rules posted? Yes No
 Is there a diving board? Yes No If yes, what is the height? _____
 Are there any slides? Yes No
19. Tanning
 Please provide the number of tanning beds _____
 What type of bulbs is utilized? UVA UVB
 What percentage of UVB radiation do the beds produce? _____
 Is there an attendant on duty at all times? Yes No
 Are all units equipped with timers? Yes No
 Are units disinfected after each use? Yes No
 Are all customers required to wear eye protection? Yes No
 Are waivers signed by each customer? Yes No
 Do customers complete a health survey prior to use? Yes No
20. Childcare
 Do you have a state licensed childcare facility? Yes No
 If yes, *please provide copy of state license and last inspection* and indicate # children licensed for _____
 If non-licensed child care, what is the maximum number of children you watch at any one time? _____
 What is your staff-to-child ratio when maximum children present? _____
 Please describe the method for signing children in and out of the childcare area _____

 Please describe all activities and equipment you provide in the childcare area _____

21. Restaurant
 Are there any deep fat fryers? Yes No
 If yes, is there a UL300 protection system installed? Yes No
22. Waterpark
 Do you have a waterpark area? Yes No
 If yes, provide number and description of slides _____
 If large curve or tube slides, do you have employees at the top and bottom to insure safe use? Yes No
23. What is the maximum number allowed in waterpark area? _____

Premises Information

24. Do you post signs restricting use of cell phones in locker rooms or other changing areas? Yes No
25. Do you have an emergency evacuation plan in place? Yes No
26. Are all doors equipped with panic hardware and emergency lighting? Yes No
27. Are lockers provided for patrons? Yes No
 If yes, is there a sign posted stating that you are not responsible for lost or stolen items? Yes No

Coverage Information

28. Excess Medical Payments for Participants

Please indicate if you would like a quote for Excess Med Pay for Participants:

No thanks

Yes, please quote with selected Excess Med Pay for each Participant limit below:

\$1,000 \$2,500 \$5,000 \$10,000

29. Liquor Liability

Liquor Liability Limits Requested (per occurrence/aggregate)

No thanks

\$100,000/\$100,000 \$300,000/\$300,000

\$500,000/\$500,000 \$1,000,000/\$1,000,000

Complete the following liquor liability coverage questions only if you are requesting this coverage:

Projected alcohol sales:

Beer \$ _____

Wine \$ _____

Liquor \$ _____

Has your liquor license ever been suspended, revoked or refused? Yes No

Have you ever received a fine from a regulatory agency for violation of any law concerning the sale, service, or distribution of alcohol? Yes No

Have there ever been any fights or altercations of any kind? Yes No

Will the servers be licensed bartenders, or if not, will the serving be overseen by a licensed bartender? Yes No

Will ID's be checked before alcohol is served? Yes No

The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact or information. I understand that if the information supplied on this questionnaire changes between the date of the questionnaire and the inception date of the policy period, I will notify SECURA Insurance Companies of such change. I understand that completion of this questionnaire does not compel the company to provide coverage.

Applicant's Signature

Date

Agent's Signature

Date