

**HEALTH CLUB INSURANCE QUESTIONNAIRE**

**SUBMISSION REQUIREMENTS**

* + Completed and signed ACORD Applicant Information Section 125, ACORD CGL Section 126, and ACORD applications for other requested coverages (e.g., Auto, Crime, Excess Liability, Inland Marine, Property)
  + Five years currently-valued insurance company loss runs with description of any claim or reserve in excess of $10,000
  + Membership application/waiver
  + Sexual Abuse/Molestation Policy, including written procedures for dealing with allegations of sexual abuse

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| **GENERAL INFORMATION** | | | | |
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| 1. Name of Insured (Applicant): |  | | | |
| 2. Location/Address (if different from ACORD): | | | | |
| 3. What is the insured’s FEIN number? | |  | | |
| 4. What is the insured’s website address? | | |  | |
| 5. Number of years in business? |  | | | |
| 6. Does the insured conduct any other operations under this name?  Yes  No  If yes, please explain: | | | | |
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| **UNDERWRITING INFORMATION** | | | | |
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| 1. Total Annual Revenue: $  Membership/Initiation/Enrollment Fees: $      Child Care: $  Personal Training: $      Retail: $  Restaurant/Concessions: $      Tenants: $  Liquor: $      Other: $      Describe:  Percentage of revenue from classes/seminars:      %  Does more than 25% of your annual revenue come from activities involving high intensity interval  training using Olympic style lifts (e.g., CrossFit or similar equivalent)?  Yes  No | | | | |
| 2. Describe the owner’s industry experience: | | | | |
| 3. What is the minimum age requirement to use club facilities?  Are minors (14 and under) permitted to take organized classes?  Yes  No  If so, what is the student to teacher ratio?  Are minors required to be accompanied by parent or guardian?  Yes  No | | | | |
| 4. Is a Waiver and Release of Liability signed by every member/participant/guest?  Yes  No  Is a Waiver and Release of Liability signed by the parent or guardian for any minors?  Yes  No  When are waivers collected?  Annually   Upon initial visit to facility   Other (Describe): | | | | |
| 5. Please indicate exposures below: | | | | |
| Beauty Parlor:  Contractor  Club operated | | | | Nutrition Services:  Contractor  Club operated |
| Boxing:  Contact  No Contact | | | | Obstacle Course  Indoor  Outdoor  Describe any obstacles you build yourself: |
| Camp Programs:  Day  Night | | | | Pro Shop - Do you manufacture any products?  Yes  No If yes, describe: |
| Circuit Training / Cardio Equipment / Free Weights | | | | Running Track:  Indoor  Outdoor |
| Courts (INDOOR) Description: | | | | Snack / Juice Bar / Restaurant  Contractor  Club operated |
| Courts (OUTDOOR) Description: | | | | Spa/Salon:  Contractor  Club operated |
| Cryotherapy:  Contractor  Club operated | | | | Tennis Courts:  Indoor  Outdoor |
| Inflatables – *Supplemental App. required* | | | | Trampoline (Describe): |
| Martial Arts (Contact):  Contractor  Club operated | | | | Other: |
| Martial Arts (No Contact):  Contractor  Club operated | | | | Other: |
| Massage:  Contractor  Club operated | | | | Other: |
| 6. Is security lighting provided in your parking lot?  Yes  No | | | | |
| 7. Are there showers on the premises?  Yes  No  If yes, do they have a non-skid surface?  Yes  No  Is there a daily maintenance log?  Yes  No  Are there GFI protectors on all outlets in the shower / wet areas?  Yes  No | | | | |
| 8. Do you have cooking surfaces on site?  Yes  No  If yes, are cooking surfaces properly protected from fire exposures?  Yes  No  What type of food is prepared? | | | | |
| 9. Are instructors employees of the insured?  Yes  No If no, are they required to provide certificates of insurance with limits equal to yours and an  additional insured status to you?  Yes  No | | | | |
| 10. Do you have staff certified in CPR? ­­­­­­­­­­­­­­­­­­­­­­­­ Yes  No  Do you have staff certified in First Aid?  Yes  No | | | | |
| 11. What certifications do your trainers / instructors have? | | | | |
| 12. Does the facility have an Automated External Defibrillator (AED)?  Yes  No  Is the AED easily accessible for those who have been trained in the use of the AED?  Yes  No  Do you have AED trained personnel on duty during staffed hours?  Yes  No | | | | |
| 13. How often is equipment inspected, maintained?  Are maintenance logs maintained?  Who repairs equipment? | | | | |
| 14. Does your facility subcontract out any of the following operations?  Janitorial  Concessions  Security  Facility Maintenance  Does the subcontractor carry liability limits of at least $1,000,000?  Yes  No  Are you listed as an additional insured, indemnified, and held harmless?  Yes  No | | | | |
| 15. Is signage used throughout facility to indicate proper use of equipment, club features,  and off-limits areas?  Yes  No | | | | |
| 16. Any space leased to others?  Yes  No  If yes, provide the following:  Name of business:  Description of operations:  Square footage leased to them:  Does the lessee have liability insurance?   Yes  No | | | | |
| 17. Do any of your employed instructors provide outside services operating on your club’s behalf?  Yes  No  If yes, describe: | | | | |
| 18. Are facility inspections, including restrooms, done regularly to detect potential hazards?  Yes  No  Is a log kept of inspections and maintenance?  Yes  No | | | | |
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| **ABUSE AND MOLESTATION**  Does the insured have custodial responsibility for minors?  Yes  No  If yes, is abuse coverage desired?  Yes  No  ***If coverage is desired, please complete the following section.*** | | | | |
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| 1. Does the insured have custodial responsibility for minors?   Yes  No  If yes, is abuse coverage desired?  Yes  No | | | | |
| 2. Do your employees and volunteers (paid and volunteer) employment application include questions  about whether the individual has ever been convicted for any crime, including sex-related or  child-abuse offenses?  Yes  No  If yes, what is the process for dealing with a "yes" answer? | | | | |
| 3. (a) Does your state permit you to do criminal background checks on:  Employees?  Yes  No  Volunteers?  Yes  No  (b) If yes, do you routinely request and receive such background information on all  individuals who will have contact with minors?  Yes  No | | | | |
| 4. (a) Do you verify employment-related references for employees?  Yes  No  (b) Do you verify employment-related references for volunteers?  Yes  No | | | | |
| 5. (a) Do you conduct a personal interview for employees?  Yes  No  (b) Do you conduct a personal interview for volunteers?  Yes  No | | | | |
| 6. Do you have a written set of procedures for screening employees and volunteers?  Yes  No  If yes, please forward. If no, please describe your screening process. | | | | |
| 7. Do you have an Abuse / Molestation Policy with regard to sexual abuse?  Yes  No  If yes, please indicate how it is transmitted to your employees/volunteers. | | | | |
| 8. Do you have written procedures for dealing with allegations of sexual abuse?  Yes  No  If yes, please forward. If no, please describe what your current response would be. | | | | |
| 9. Describe how your organization supervises employees and volunteers having custody of children.  Describe specific policy regarding any overnight travel. | | | | |
| 10. (a) Has your organization ever had an incident which resulted in an allegation of sexual abuse?  Yes  No  If yes, please describe your organization's response to the allegation.  (b) Was a claim made against the organization or an individual within the organization?  Yes  No  When did the alleged incident(s) occur?  (c) Was the case taken to trial?  Yes  No  Civil  Criminal  (d) What was the disposition of the case? | | | | |
| 11. Regarding coverage for abuse and molestation, does your current insurance program:  Yes  No Exclude coverage?  Yes  No Limit coverage (please forward a copy of the endorsement)?  Yes  No Neither exclude nor limit coverage?  Yes  No Does your current insurance program include Sexual Abuse & Molestation coverage? | | | | |
| 12. Please indicate age range of minors in your care or under the supervision of your employees or volunteers at any time. | | | | |
| 13. Please describe your current and/or planned operations that involve the custodial care of minors. | | | | |
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| **AUTO EXPOSURE** | | | | |
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| 1. Complete the following chart:  Seeking Quote Insured Elsewhere No Exposure  A. Owned or Long-Term Leased Vehicles  B. Hired and/or Non-owned Vehicles  C. Garagekeepers Liability (e.g. Valet Parking)    Note:   * If seeking coverage for A. or C., provide the completed and signed ACORD Auto (including Auto Schedule) and/or Garagekeepers applications. * If you purchase coverage for owned vehicles through another company, we cannot offer non-owned or hired auto coverage. Please add it to your existing Commercial Auto policy. | | | | |
| 2. Do you use hired, borrowed, or short-term leased vehicles for business and are seeking  a quote?  Yes  No  If yes, answer the following:  Provide the approximate cost of hire for all hired/leased (short-term) vehicles during the policy period: $  Do you purchase coverage through the rental agency when you rent vehicles?  Yes  No  Is hired auto physical damage to be covered?  Yes  No | | | | |
| 3. Do employees or volunteers use personal vehicles for company business?  Yes  No  If yes, answer the following:  How many employees/volunteers use their personal vehicles for company business?  How often:  Daily  Weekly  Monthly  Other:  Describe the activities for which an employee/volunteer would use a personal vehicle for company business.  Do you verify that personal auto insurance is in place before employees can use their autos  for company business?  Yes  No | | | | |
| 4. Driver Screening and Training  Do you have a driver safety/training program?  Yes  No  Do you require proof of valid drivers’ license for anyone who drives on company business?  Yes  No  What is the minimum age for driving on company business?       years  Do you review Motor Vehicle Reports for those who drive on company business?  Yes  No  If yes, how often?  Annually  Every Other Year  Other:  If yes, what criteria renders an individual ineligible to drive on company business? | | | | |
| 5. Do you provide the following services?  Valet Service  VIP parking/storage  Neither  If you provide either or both services, answer the following:  Are the vehicles driven onto public roads or do they remain on premises only?  On premises only  Driven on public roads  Do you have a key control system?  Yes  No  Does security monitor the areas where vehicles are parked?  Yes  No | | | | |
| 6. Do you provide shuttle services for patrons?  Yes  No  If yes, answer the following:  Are shuttle drivers required to carry a CDL?  Yes  No  If off-premises, distance traveled: | | | | |
| 7. Do you utilize courtesy vehicles?  Yes  No  If yes, provide a copy of the contract with the vehicle owner(s). | | | | |
| 8. Do you hire bus transportation?  Yes  No  If yes, answer the following:  Do you obtain additional insured status from the bus company?  Yes  No  If yes, what limit of insurance do you require? $  Provide a copy of the contract with the bus company. | | | | |
| 9. Do you provide transportation to players/athletes/members?  N/A  Yes  No  If yes, do you use a hired transportation company that supplies the driver?  Yes  No  If no, how do you provide transportation? | | | | |
| 10. Answer the following only if seeking a quote for owned or long-term leased vehicles:  Are there protections in place at the area where the vehicles are stored?  Yes  No  If yes, describe:  Is there a concentration of values exposed to a common loss at any time?  Yes  No  If yes, describe: | | | | |
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| **CHILDCARE**  Do you provide childcare services?  Yes  No  I***f yes, please complete the following section.*** | | | | |
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| 1. Is your childcare service required to be state licensed?  Yes  No | | | | |
| 2. Age of children in childcare? Minimum:       Maximum: | | | | |
| 3. Ratio of adult staff/attendance to children at any given time: | | | | |
| 4. What system do you use for checking children in and out of childcare? | | | | |
| 5. Are any of the childcare attendants CPR and/or first aid trained?  Yes  No | | | | |
| 6. Is a waiver signed by a parent or guardian?  Yes  No | | | | |
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| **CLIMBING WALL COVERAGE**  ***(Please complete this section if you need a quote for Climbing Wall Coverage. If you do not need a quote for Climbing Wall(s), please skip this section and continue to the next section.)*** | | | | |
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| 1. What systems are in place for climbing walls:  Auto belay  Manual belay  Bouldering  If manual belay, describe the belay equipment, operations, and training for participants.  If bouldering, describe the requirements for spotters and describe the crash pad system: | | | | |
| 2. Total number of climbing walls: | | | | |
| 3. What is the climbable height of the walls? | | | | |
| 4. Where will the climbing walls be set up?  Indoor  Outdoor  If outdoor, do you have a written weather procedure that includes restricting operations  during rain, wind, and lightning?  Yes  No | | | | |
| 5. Are the walls portable?  Yes  No  If yes, will they be used at multiple locations?  Yes  No  If yes and they are located outdoors, answer the following questions:  N/A  Do you monitor wind conditions and retract the walls to a down position during periods of high  wind in accordance with manufacturer specifications?  Yes  No  Do you confirm the portable climbing walls are set up on level ground where the soil is not saturated  around the base/outriggers of the walls?  Yes  No | | | | |
| 6. Are the climbing walls set up/installed per manufacturer specifications?  Yes  No | | | | |
| 7. Is a written log/checklist kept of daily inspections?  Yes  No  If yes, does the inspection include all climbing harnesses, carabiner/attachment systems,  and belay systems?  Yes  No  Is a more thorough inspection completed at manufacturer-required intervals to inspect every  hand hold, the torque/security of fasteners, and the fastener that secures the belay system  (eye-bolt)?  Yes  No | | | | |
| 8. What kind of barrier/fencing secures the climbing walls and restricted areas behind the climbing walls? | | | | |
| 9. Supervision  Are attendants present in the climbing wall areas at all times when the climbing walls are being utilized  or climbers are harnessed?  Yes  No  Are all attendants 18 years of age or older?  Yes  No  What is the ratio of climber to attendants directly monitoring climbers?  Do attendants receive formal training on operating the climbing walls and harnessing that is in  keeping with manufacturer requirements?  Yes  No  If yes, do you also conduct in-service trainings and/or periodically check proficiency?  Yes  No | | | | |
| 10. Does a trained attendant clip and unclip all participants to the belay system?  Yes  No  If no, describe your process for teaching participants to self-clip and/or teaching companions  to assist in clipping? | | | | |
| 11. How are weight/age limitations enforced? | | | | |
| 12. Do the climbing walls have permanently mounted safety signage and warning labels?  Yes  No | | | | |
| 13. Do climbers have to sign a waiver and release of liability prior to climbing?  Yes  No | | | | |
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| **CONSTRUCTION/RENOVATION** | | | | |
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| 1. Do you expect any construction, renovation, additions, or repair work (other than regularly  scheduled maintenance) at your facility during the policy period?  Yes  No  If yes:  Who will perform the work?  Employees  Contractor  Please describe the work or project: | | | | |
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| **CRYOTHERAPY CHAMBER**  Do you have a cryotherapy chamber?  Yes  No  I***f yes, please complete the following section.*** | | | | |
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| 1. Name of chamber manufacturer: | | | | |
| 2. An explanation or copy of the staff training program: | | | | |
| 3. How is the chamber operated (i.e. controlled by member/guest or staff)? | | | | |
| 4. Is the chamber used for medical rehab or for on-demand type voluntary use? | | | | |
| 5. Copy of waiver form being used for the chamber. | | | | |
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| **EMERGENCY RESPONSE PLAN** | | | | |
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| 1. Do you have an Emergency Response Plan?  Yes  No | | | | |
| 2. How often is the plan updated? | | | | |
| 3. What year was the plan last updated? | | | | |
| 4. Do you review the plan with employees?  Yes  No | | | | |
| 5. What frequency is the plan reviewed with employees? | | | | |
| 6. Do you have an active shooter plan?  Yes  No | | | | |
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| **EMPLOYEE BENEFITS LIABILITY**  Is Employee Benefits Liability coverage desired?  **Yes  No**  ***If yes,* *please complete the following section.*** | | | | |
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| 1. Number of employees: | | | | |
| 2. Retroactive Date: | | | | |
| 3. Has Employee Benefits Liability coverage been continuously in force since the Retroactive Date?  Yes  No | | | | |
| 4. On optional enrollment items, is a signed acceptance/rejection page collected?  Yes  No  If yes, is the signed acceptance or rejection retained in the employee’s personnel file?  Yes  No | | | | |
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| **FIREWORKS/PYROTECHNICS** | | | | |
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| 1. Are pyrotechnics or fireworks displayed at any of your operations/events?  Yes  No  If yes, is excess pyrotechnics/fireworks coverage desired?  Yes  No  **If coverage is desired, please complete the Pyrotechnics Supplemental Questionnaire.** | | | | |
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| **LIQUOR LIABILITY** | | | | |
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| 1. Do your operations include the sale or distribution of alcoholic beverages?  Yes  No  **If yes, please complete the Liquor Liability Supplemental Questionnaire.** | | | | |
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| **SAUNA/STEAM ROOM**  Do you have a sauna or steam room?  Yes  No  I***f yes, please complete the following section.*** | | | | |
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| 1. Is the sauna(s)/steam room(s) monitored for usage during open hours?  Yes  No  If so, how frequently:  Are written logs kept when checked?  Yes  No | | | | |
| 2. Are rules posted regarding the proper use and safety precautions?  Yes  No | | | | |
| 3. Do the sauna(s)/steam room(s) heating elements have a protective cover to prevent burns?  Yes  No | | | | |
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| **SWIMMING POOL AND HOT TUB**  Do you have a swimming pool or hot tub?  Yes  No  I***f yes, please complete the following section.*** | | | | |
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| 1. Do the pools/hot tubs comply with the mandatory provision of the Federal Pool and Spa  Safety Act?  Yes  No  Is there a Certified Pool Operator (CPO) or Aquatic Facility Operator (AFO) on-site when the  pool and/or spa is in operation?  Yes  No  Is the pool completely fenced and locked when not in use?  Yes  No  Is rescue equipment available at poolside (ring buoy, 12 foot pole or shepherd’s hook)?  Yes  No  Describe:  Are pools and/or hot tubs equipped with the proper drain covers that provide protection from  entrapment exposures as required by federal law?  Yes  No  Are there lifeguards present at all times when the pool is open to the public?  Yes  No  If no, how is the pool area monitored?  How often is the water quality of the pool tested?  Hourly  Every other hour  Twice a day  Daily  Other:  Are testing logs kept?  Yes  No  Are there proper ground fault interrupters in place for all swimming and hot tub areas?  Yes  No  Are there any sponsored contest, sporting events or other recreational activities?  Yes  No  Describe: | | | | |
| 2. Does the pool have a diving board?  Yes  No  If there is not a diving board, are NO DIVING signs posted on pool walls and decking?  Yes  No | | | | |
| 3. Are there hot tubs?  Yes  No  If yes, does it have an emergency shutoff?  Yes  No  Is there an age restriction for use?  Yes  No | | | | |
| 4. Do you have a sauna?  Yes  No  If yes, does it have an emergency shutoff?  Yes  No | | | | |
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| **TANNING**  Do you provide tanning services?  Yes  No  I***f yes, please complete the following section.*** | | | | |
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| 1. Are warnings signs posted?  Yes  No  Are UVB bulbs used?  Yes  No | | | | |
| 2. How is timing controlled and by whom? | | | | |
| 3. Are protective eye goggles required to be worn?  Yes  No | | | | |
| 4. Are the beds cleaned/disinfected between users?  Yes  No | | | | |
| 5. Is tanning available to non-members?  Yes  No | | | | |
| 6. What is the minimum age allowed to use a tanning device? | | | | |
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| **UNSTAFFED HOURS**  Are there any hours when the club is open and staff are not present?  Yes  No  ***If yes, please complete the following section.*** | | | | |
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| 1. Do you allow anyone under the age of 18 to have a keycard or other device that provides  24-hour access?  Yes  No | | | | |
| 2.Are minor members allowed to use the facility during unstaffed hours if with a parent/guardian?  Yes  No | | | | |
| 3. Are members allowed to bring guests to the facility during unstaffed hours?  Yes  No | | | | |
| 4. What type of entry system do you have?  key fob  keycard  actual keys  finger print access  combination code  other - please explain: | | | | |
| 5. How long is club member usage data maintained? | | | | |
| 6. Does the entrance have a tailgate detection system?  Yes  No  If yes, describe the system response when an infraction occurs. | | | | |
| 7. Is facility monitored by surveillance cameras?  Yes  No  If yes, answer the following:  Does the surveillance system cover all public areas inside the club including the entrance?  Yes  No  How long are security tapes maintained? | | | | |
| 8. Does your surveillance system cover the parking area?  Yes  No | | | | |
| If no, does another entity provide surveillance of the parking area?  Yes  No  Will this entity provide footage if requested?  N/A  Yes  No | | | | |
| 9. Do you restrict access to all pools, saunas, steam rooms, jacuzzis, and tanning beds during  non-staffed hours?  Yes  No  If yes, how do you restrict access? | | | | |

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS QUESTIONNAIRE. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

I further acknowledge that I understand that this information is provided in conjunction with and in addition to the ACORD application(s) referenced above and that the information contained herein is subject to the same notices, disclaimers, warranties, and representations as on the referenced application(s).

Date Signature of Insured Title

Send completed form to: **American Specialty Insurance & Risk Services, Inc.**

**7609 W. Jefferson Boulevard, Suite 100**

**Fort Wayne, IN 46804**

**Phone: (800) 245-2744**

**E-mail:** [**apply@americanspecialty.com**](mailto:apply@amerspec.com)