

**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.
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| 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 [ ]  BoulderingIf 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 [ ]  NoIf 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 [ ]  NoIs rescue equipment available at poolside (ring buoy, 12 foot pole or shepherd’s hook)? [ ]  Yes [ ]  NoDescribe:       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 [ ]  NoIf yes, does it have an emergency shutoff? [ ]  Yes [ ]  NoIs there an age restriction for use? [ ]  Yes [ ]  No |
| 4. Do you have a sauna? [ ]  Yes [ ]  NoIf 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**