MARKEL SOUTHWEST UNDERWRITERS, INC.

EXERCISE & HEALTH STUDIO SUPPLEMENT

(Include Acord application)

Applicant's Name: _____ Location Address: _____
Mailing Address: _____ _____
_____ _____

Operation: Exercise Equipment | Free-weight Lifting | Aerobics | Dance Studio | Personal Trainer
Physical Therapist | Masseuse | Spa | Massage Parlor | Gymnastics School

Annual gross receipts from all operations: $_____

Is all equipment inspected regularly? Yes No
Is inspection documentation maintained? Yes No If yes, how long? _____
Do you use equipment that you have built? Yes No If yes, attach a description.
Does membership agreement include a Hold Harmless clause (Liability Waiver)? Yes No If yes, attach a copy.
Members age range from _____ to _____.

Other operations:

Day Care | Pro Shop | Snack Bar | Climbing Wall | If yes, how high? _____
Swimming Pool | Number of diving boards_____ | Height _____ ft.
Rules posted? Yes No | Life saving equipment? Yes No
Toning beds | Number _____
Tanning beds | Number _____ | Are 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 US? Yes No | Are all beds cleaned after each use? Yes No
Do signs prohibit use of the beds during pregnancy or if on medication? Yes No
Tennis Courts/Racquetball Courts/Handball/Squash Courts/Basketball Courts | Number _____
Describe off-site activities you sponsor: _____

Please indicate any of the following that you provide to your customers:

Protein Diet Plans | Body wraps – other than organic | Blood Analysis | Stress Testing
Weight loss or diet clinics | Products manufactured by or sold under club's name | Health Supplements

Premises exposures: Hours of operation from _____ to _____

Is parking lot well lit? Yes No | Security Guard on premises? Yes No
Any trampolines? Yes No | Any electrode machines? Yes No
Shower/sanua/steam Jacuzzi facilities? Yes No | Do the floors for these areas have non-skid surfaces? Yes No

Number of Employees	Employed	Leased	Independent	Number of Employees	Employed	Leased	Independent
Certified aerobic instructors				Personal trainers			
Uncertified aerobic instructors				Masseuses			
Total number of employees				Other: *(describe)*			
Number of employees trained in CPR							

If any independent contractors, are they licensed and insured? Yes No
Do they provide certificates of insurance? Yes No

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

_____ _____ _____
Applicant's Signature | Producer's Signature | Date

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