



Texas Specialty Underwriters, Inc.
 510 Turtle Cove Blvd., Suite 200
 Rockwall, Texas 75087
 Voice (972) 771-5653 Fax (972) 722-5392 Watts (800) 442-7050

Exercise and Health Studio Supplemental Application

(Complete in addition to ACORD General Liability Application)

- 1. Operation:** Exercise Equipment Free-weight Lifting Aerobics Dance Studio
 Personal Trainer Physical Therapist Masseur Massage Parlor
 Spa Gymnastics School
- 2. Annual gross receipts from all operations:** \$ _____
- 3. Is all equipment inspected regularly?** Yes No
 Is inspection documentation maintained? Yes No If so, how long? _____
 Do you use equipment you have built? Yes No If yes, attach description.
- 4. Members age range from** _____ **to** _____
- 5. Does membership agreement include a Hold Harmless clause (Liability Waiver)?** Yes No If yes, attach a copy.
- 6. Other operations:**
 Day Care
 Climbing Wall (please complete Climbing Wall Questionnaire, GLS-APP-47s)
 Swimming Pool Number of diving boards: _____ Height: _____ft. Rules posted? Yes No
 Toning Beds Number _____
 Tanning Beds Number _____ 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 United States? 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/Handball/Squash Courts Number _____
 Pro Shop Snack Bar
 Describe off-site activities you sponsor: _____
- 7. 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
- 8. Premises exposures:** Hours of operation from _____ to _____
 Is parking lot well lit? Yes No Security Guard on premises? Yes No
 Shower/sauna/steam or Jacuzzi facilities? Yes No Do the floors for these areas have non-skid surfaces? Yes No
 Any trampolines? Yes No Any electrode machines? Yes No
- 9. Number of employees:**
- | | Employed | Leased | Independent |
|------------------------------------|----------|--------|-------------|
| Certified aerobic instructors | | | |
| Uncertified aerobic instructors | | | |
| Personal trainers | | | |
| Masseuses | | | |
| Other (describe): | | | |
| Total number of employees | | | |
| Number of employees trained in CPR | | | |
- Do independents provide you with certificates of insurance? Yes No
 Are you included as an additional insured? Yes No

APPLICANT'S SIGNATURE _____ DATE _____