



## Health Club Questionnaire

(Attach to an Acord Application)

Applicant's name _____				
Address _____				
	Street	City	State	Zip

**General Liability**

- 1) Number of full-time employees: \_\_\_\_\_
- 2) Number of club members: \_\_\_\_\_
- 3) Annual gross sales (Include membership/initiation fees): \_\_\_\_\_
- 4) Number of independent contractors and their total cost: \_\_\_\_\_  
Please describe the duties of any independent contractors \_\_\_\_\_
- 5) Are independent contractors required to provide certification of insurance?  Yes  No  
If yes, please provide a copy of the **certification of insurance**.
- 6) What is the square footage of your facility: \_\_\_\_\_
- 7) Is the facility open 24 hours?  Yes  No  
If yes, what loss control measures are in place to protect property and members? \_\_\_\_\_
- 8) How many individual work stations does your facility contain? \_\_\_\_\_  
(One machine and one jogging board is considered a workout station)
- 9) Do you only have equipment authorized by the franchisee?  Yes  No  
Attach a copy of the club's **sales brochure**.

**Services Provided**

- 1) Does the facility conduct boxing activities?  Yes  No  
If yes, please describe \_\_\_\_\_
- 2) Does the facility conduct licensed childcare services?  Yes  No  
If yes, please submit an **NSI Childcare Questionnaire**.
- 3) Does the facility conduct gymnastics activities?  Yes  No  
If, yes please describe what is included besides tumbling and floor exercises \_\_\_\_\_
- 4) Does the facility conduct martial arts activities?  Yes  No  
If yes, please submit an **NSI Martial Arts Questionnaire**.
- 5) Does the facility conduct massage therapy?  Yes  No  
If yes, please provide the number of massage therapists: \_\_\_\_\_
- 6) Does the facility conduct nutritional counseling?  Yes  No

- 7) Does the facility provide personal trainers?  Yes  No  
 If yes, please provide the number of trainers: \_\_\_\_\_
- 8) Does the facility provide physical therapy?  Yes  No  
 If yes, please provide:  
 a. The number of physical therapists: \_\_\_\_\_  
 b. Is any Medical Professional Liability Coverage in place?  Yes  No
- 9) Does the facility contain a restaurant or snack bar?  Yes  No  
 If yes, provide gross annual sales: \_\_\_\_\_
- 10) Does the facility sell sporting goods or clothing?  Yes  No  
 If yes, please provide gross annual sales: \_\_\_\_\_
- 11) Does the facility contain showers?  Yes  No
- 12) Does the facility contain swimming pools?  Yes  No  
 If yes, please answer the following:  
 a. Number of pools: \_\_\_\_\_  
 b. Are pool depths clearly marked?  Yes  No  
 c. Are applicable pool rules clearly posted?  Yes  No  
 d. Are there any slides?  Yes  No  
 e. Is there always a lifeguard on duty during operating hours?  Yes  No  
 f. Are there any diving boards?  Yes  No  
 If yes, list height & water depth for each board:  
 Board 1: \_\_\_\_\_ Board 2: \_\_\_\_\_ Board 3: \_\_\_\_\_
- 13) Does the facility contain tanning beds/booths?  Yes  No  
 If yes, please answer the following:  
 a. Number of booths/beds: \_\_\_\_\_  
 b. What percentage of UVB radiation do the tanning beds produce? \_\_\_\_\_  
 c. Do customers sign a waiver of liability before using the beds?  Yes  No

**Workers Compensation**

- 1) Is there a written return to work program in place, to encourage/assist employees in rejoining the work force?  Yes  No  
 If yes, please attach a copy.

IF A QUOTE FOR WORKER'S COMPENSATION\* COVERAGE IS BEING REQUESTED  
PLEASE COMPLETE AN ACORD WORKER'S COMPENSATION APPLICATION  
 (\*Workers Compensation not applicable in Michigan, Ohio)

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(s) or information. I understand completion of this questionnaire does not compel the company to provide coverage.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Agent's Signature

\_\_\_\_\_  
 Date