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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 _____

AGENT INFORMATION: _____
