

**CENTURY SURETY COMPANY**  
**HEALTH and EXERCISE SALON SUPPLEMENTAL QUESTIONNAIRE**  
(Complete in Addition to ACORD Application)

1. Name of Applicant: \_\_\_\_\_
2. Do you conduct any other business other than an exercise salon?  Yes  No  
If Yes, please explain: \_\_\_\_\_
3. What are the estimated annual gross receipts from the exercise salon operation? \$ \_\_\_\_\_
4. What are the estimated annual gross receipts from all operations? \$ \_\_\_\_\_
5. Do you provide any of the following facilities or activities?

Aerobic Exercise Classes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number _____	Running Track	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number _____
Athletic Contests	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number _____	Sauna	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number _____
Handball Courts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number _____	Spa	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number _____
Martial Arts Classes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number _____	Swimming Pool	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number _____
Martial Arts Exhibitions	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number _____	Team Sports	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number _____
Racquetball Courts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number _____	Tennis Courts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number _____
Trampoline	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number _____			

*(Provide separately full details of any Yes answers)*
6. Give brief description of type of exercise equipment you have available for use: \_\_\_\_\_  


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  - a. Number of free weights and brand? \_\_\_\_\_
  - b. Are spotters available?  Yes  No
  - c. Is equipment inspected?  Yes  No  
How often? \_\_\_\_\_ Inspection performed by whom? \_\_\_\_\_  
Are records of inspections kept?  Yes  No
  - d. Who maintains and repairs equipment? \_\_\_\_\_
7. Are customers asked:

If they are under a doctor's care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If they have had any recent operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If any of these are answered Yes, is a doctor's written approval obtained before permitting use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are waivers signed by each customer?  Yes  No

If customer is under the legal age, is parent required to also sign waiver?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are female customer advised not to use exercise equipment if pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are signs posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Is information on exercise units given to each customer?  Yes  No
10. What are first aid and emergency procedures? \_\_\_\_\_  


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11. Number of employees? Fulltime \_\_\_\_\_ Parttime \_\_\_\_\_
  - a. Describe any formal training/educational requirements? \_\_\_\_\_  


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  - b. Is staff required to have CPR and/or First Aid training/  Yes  No  
If not, is training provided by employer?  Yes  No

- c. If club includes aerobics, are instructors and/or head instructor certified?  Yes  No
12. If there is a swimming pool, is there a lifeguard on duty in pool area at all times  Yes  No
- a. Is there proper lifesaving equipment available?  Yes  No  
 Type (hook, rope, etc.)? \_\_\_\_\_
- b. Are pool rules posted?  Yes  No
- c. Diving Board?  Yes  No  
 Height? \_\_\_\_\_
13. Premise information:
- a. Number of fire extinguishers on premises \_\_\_\_\_ b. Number of exits? \_\_\_\_\_  
 Fire extinguishers serviced and tagged within the past year?  Yes  No
- b. Smoke detectors?  Yes  No

I agree to maintain all signed waivers as permanent records. I also agree to have all customers read and sign a waiver form for use of exercise equipment.

***(Copy of waiver form used must accompany this application)***

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

**Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.**

Applicant: \_\_\_\_\_

Producer: \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Producer Signature: \_\_\_\_\_