

**Scottsdale Insurance Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 18700 North Hayden Road  
 Scottsdale, Arizona 85255

**Scottsdale Surplus Lines Insurance Company**  
 Adm. Office: 18700 North Hayden Road  
 Scottsdale, Arizona 85255

**Scottsdale Indemnity Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 18700 North Hayden Road  
 Scottsdale, Arizona 85255

**EXERCISE AND HEALTH STUDIO AND PERSONAL TRAINER SUPPLEMENTAL APPLICATION**

(Complete in addition to the ACORD Application)

Applicant's Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 \_\_\_\_\_

Agency Name: \_\_\_\_\_  
 Agent: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_

**PROPOSED EFFECTIVE DATE: From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

**1. Description of operations:** (Check all that apply.)

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Aerobics                   | <input type="checkbox"/> Gymnastics Instruction | <input type="checkbox"/> Pilates              | <input type="checkbox"/> Weightlifting Gym |
| <input type="checkbox"/> Anti-Gravity/Aero Yoga     | <input type="checkbox"/> Martial Art            | <input type="checkbox"/> Racquet Club         | <input type="checkbox"/> Yoga              |
| <input type="checkbox"/> Cheerleading Camps/Clinics | <input type="checkbox"/> Massage Parlor         | <input type="checkbox"/> Spa                  | <input type="checkbox"/> Other: _____      |
| <input type="checkbox"/> Cheerleading Instruction   | <input type="checkbox"/> Masseur                | <input type="checkbox"/> Swim Club            |  |
| <input type="checkbox"/> Dance Instruction          | <input type="checkbox"/> Personal Trainer       | <input type="checkbox"/> Swimming Instruction |  |
| <input type="checkbox"/> Exercise Equipment         | <input type="checkbox"/> Physical Therapist     | <input type="checkbox"/> Tai Chi              |  |

**2. How long has applicant been in business?** \_\_\_\_\_

**3. Annual gross receipts from all operations** (include tuition fees, food receipts, clothing and equipment sales, etc.): ..... \$ \_\_\_\_\_

**4. Number of Employees/Contractors:**

	Employed or Leased	Independent Contractors
Certified aerobics instructors		
Uncertified aerobics instructors		
Dieticians or nutritionists		
Masseuses		
Number of employees/contractors trained in CPR		
Personal trainers		
Physical therapists		
Swim instructors		
Total number of employees/contractors		
Other (describe):		

**5. For Independent Contractors:**

Are certificates of insurance required from all independent contractors? .....  Yes  No  
Is applicant included as an additional insured on independent contractors' policy? .....  Yes  No  
Limits the independent contractors are required to carry: ..... \_\_\_\_\_

**6. Does membership agreement include a Hold-Harmless clause (Liability Waiver) in favor of the applicant?** .....  Yes  No  
If yes, attach a copy.

**7. Members' ages range from \_\_\_\_ to \_\_\_\_**

**8. Total number of students enrolled:** \_\_\_\_\_ Students' ages range: From: \_\_\_\_\_ To: \_\_\_\_\_

**9. Indicate all types of students:**  Amateur  Professional  Semi-professional  
Type of disciplines taught: \_\_\_\_\_

**10. Are students or their parents required to sign liability waivers?** .....  Yes  No  
If yes, attach a copy of the waiver wording that was used.

**11. Do Physical Therapists provide service to hospitals, clinics, physician's offices, hospice, convalescent/nursing/adult congregate living facilities, jails, prisons or detention centers?** .....  Yes  No

**12. Other exposures: (Check all that apply.)**

- Altitude mimicking devices (i.e., CVAC)
- Climbing, Tread, or Boulder walls (Please complete Climbing Wall Questionnaire, GLS-APP-47s.)
- Day Care
- Electrode Machines

Advise details: \_\_\_\_\_

- Foam pits
- Hydro-Massage Beds:..... Number: \_\_\_\_\_
- Internet or electronic media communication for exercise or health instruction or consulting
- Liquor sales:.....Receipts: \$ \_\_\_\_\_
- Low-Level Light Therapy (LLLT) booths: ..... Number: \_\_\_\_\_

Are signs posted, or notification provided, prohibiting use of LLLT units for individuals who are pregnant, have photosensitive medical conditions, or take photosensitive medications/supplements? .....  Yes  No

Are signs posted, or notification provided, requiring protective eyewear or eye closure during light therapy? .....  Yes  No

Are LLLT units promoted as a treatment, cure, enhancer, or recovery accelerator? .....  Yes  No

Are all LLLT timers, duration, and frequency of use controlled by the applicant? .....  Yes  No

Are all LLLT units disinfected after each use? .....  Yes  No

- Parkour exercise
- Retail Sales
- Shower/sauna/steam or Jacuzzi facilities  
Do the floors for all these areas have non-skid surfaces? .....  Yes  No
- Snack Bar

**Other exposures (continued):** (Check all that apply)

- Are there swimming, wading pools, hot tubs or spas? .....  Yes  No  
If yes:  
Number of pools/wading pools? ..... \_\_\_\_\_  
Number of hot tubs/spas? ..... \_\_\_\_\_  
Describe other bodies of water: \_\_\_\_\_  
Pool area fenced with self-latching gate? .....  Yes  No  
Depths marked on pool? .....  Yes  No  
Are rules posted and clearly visible? .....  Yes  No  
Life safety equipment at poolside and/or waterfront? .....  Yes  No  
Platforms or diving boards? .....  Yes  No Height: \_\_\_\_\_  
Slides? .....  Yes  No Height: \_\_\_\_\_  
Are swimming pools, wading pools, hot tubs and spas in compliance with all federal and/or state laws and/or regulations .....  Yes  No  
Are swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act? .....  Yes  No  
Are there regularly scheduled maintenance and safety inspections performed by qualified maintenance and inspection personnel .....  Yes  No  
Certified Lifeguards? .....  Yes  No  
    (1) If yes, by applicant or outside contractor? \_\_\_\_\_  
        If outside contractor, are certificates of insurance on file? .....  Yes  No  
    (2) Are lifeguards CPR certified? .....  Yes  No  
Ratio of attendants to children while swimming: \_\_\_\_\_
- Tanning Beds, Booths and Spray-on Booths: ..... Number: \_\_\_\_\_  
Goggles provided? .....  Yes  No  
Are all timers operated by an attendant? .....  Yes  No  
Are tanning units Underwriters Laboratory approved? .....  Yes  No  
Are all tanning units manufactured in the United States? .....  Yes  No  
Are all tanning units disinfected after each use? .....  Yes  No  
Do signs prohibit use of tanning units during pregnancy or if on medication? .....  Yes  No  
Are customers advised to remove contact lenses? .....  Yes  No  
Are waivers signed by each customer? .....  Yes  No  
If customer is under the legal age, is the parent required to also sign waiver? .....  Yes  No
- Tennis/Racquetball/Handball/Squash Courts: ..... Number of courts: \_\_\_\_\_
- Toning Beds: ..... Number: \_\_\_\_\_
- Trampolines  
    Advise number, height and diameter: \_\_\_\_\_
- Describe all off-site activities sponsored: \_\_\_\_\_
- None of the above

**13. Advise the number of tournaments or exhibitions the applicant sponsors and describe.**

**a. Tournament** for this purpose is an event sponsored by the applicant, open to the public, where the participants are members of the club or school competing with members from another club or school.): \_\_\_\_\_

**b. Exhibition** for this purpose is an event sponsored by the applicant, open to the public, where the participants are limited to members of the club or school.: \_\_\_\_\_

**14. Describe any additional off-site activities or tournaments:** \_\_\_\_\_

**15. Is applicant involved with any cage fighting or training?** .....  Yes  No

**16. Indicate any of the following the applicant provides:**

- Blood analysis
- Body wraps
- Intense Pulsed Light (IPL), infrared light, or other high level light treatments
- Medical stress testing
- Prenatal massage
- Products manufactured by applicant (including, but not limited to, food and beverage supplements and vitamins)
- Products sold under applicants' name
- Protein diet plans
- Weight loss or diet clinics
- None of the above

If yes to any of the above, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**17. Describe protective equipment (mats, pads, gloves, headgear, etc.), if any, that is used:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**18. Is all equipment inspected regularly?** .....  Yes  No

Is inspection documentation maintained? .....  Yes  No

If yes, how long? ..... \_\_\_\_\_

Has any equipment been built by the applicant? .....  Yes  No

If yes, attach description.

**19. Premises:**

Hours of operation from \_\_\_\_\_ to \_\_\_\_\_.

Are staff members always present when clients are on the premises? .....  Yes  No

If no, advise monitoring and security requirements when staff is not present: \_\_\_\_\_

Is access to any operations limited or restricted (i.e., pool, sauna, tanning units, light therapy units, etc.)? .....  Yes  No

If yes, explain in detail: \_\_\_\_\_

\_\_\_\_\_

Is parking lot well lit?.....  Yes  No  
 Armed Security Guard on premises? .....  Yes  No  
 Unarmed Security Guard on premises? .....  Yes  No

20. Does applicant engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?.....  Yes  No

If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, MN, NE, NJ, NY, OH, OK, OR, RI, TN, VA, VT, or WA.)

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO CALIFORNIA APPLICANTS. For your protection California law requires the following to appear on this form:** Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO OHIO APPLICANTS:** 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.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**FRAUD WARNING (APPLICABLE IN ARKANSAS, LOUISIANA AND RHODE ISLAND):** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**NEW YORK FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**APPLICANT'S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CO-APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_