

**COLONY SPECIALTY INSURANCE  
EXERCISE & HEALTH CLUB SUPPLEMENTAL APPLICATION**

Applicant Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Website: \_\_\_\_\_  
Location Address: \_\_\_\_\_  
\_\_\_\_\_

**GENERAL INFORMATION**

Risk is:  Exercise Club with Equipment  Exercise Club without Equipment

Receipts from Club \_\_\_\_\_ Receipts from Restaurant \_\_\_\_\_ Other receipts \_\_\_\_\_ #Tanning Beds \_\_\_\_\_

\_\_\_\_\_ Is Professional Liability Coverage requested?  
\_\_\_\_\_ Do members sign waivers and release of liability?  
\_\_\_\_\_ Is at least one staff member trained in CPR and First Aid and on duty during hours of operation?  
\_\_\_\_\_ Are instructors certified as required by state law?

**BABYSITTING**

\_\_\_\_\_ Are play areas fenced?  
\_\_\_\_\_ Does contract include waiver & release of liability applicable specifically to babysitting?  
\_\_\_\_\_ Is risk certified by the State for the number of employees required by the State?

Age of Children	Number of Children	Number of Staff
Birth to 16 months	_____	_____
16 months to 2 years	_____	_____
2 years to 4 years	_____	_____
4 years to school age	_____	_____
School age children	_____	_____

**RESTAURANT**

\_\_\_\_\_ Are ducts, hoods, surface cooking areas and deep fat fryers protected by automatic extinguishing system?  
\_\_\_\_\_ Are exhaust filters, ducts and hoods cleaned by a cleaning service on a quarterly basis with annual inspection?

**SWIMMING POOLS**

Confirm outside pools are fenced with self-latching gates \_\_\_\_\_  
Confirm rules, hours and depth markers posted \_\_\_\_\_  
Confirm life safety equipment is available \_\_\_\_\_  
Confirm no slides or diving boards \_\_\_\_\_

**PROFESSIONAL TRAINERS WHO ARE INDEPENDENT CONTRACTORS** (Including Masseuses)

Confirm certificates of insurance are obtained showing professional coverage is in place. \_\_\_\_\_

**PROHIBITED OPERATIONS - If "Yes", coverage is prohibited:**

- Blood analysis, stress testing and/or doctors, nurses, or physical therapists on staff?  Yes  No
- Cage Boxing Professional MMA's, Ultimate Fighting Championships, use of weapons, knives, swords, darts similar objects  Yes  No
- Gymnastics, trampolines, climbing walls  Yes  No
- 24 hour facilities that are NOT equipped with panic buttons and video surveillance  Yes  No
- Tanning bed access where the attendant does NOT control the timers  Yes  No
- Weight loss centers, diet centers or Spas  Yes  No
- Professional or semi professional martial arts schools/studios/clubs  Yes  No

Describe all losses in the past 3 years: \_\_\_\_\_

Has insurance been canceled or non-renewed in the past year for non compliance of recommendations? \_\_\_\_\_

**I hereby certify that all information is accurate to the best of my knowledge.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Producer Signature: \_\_\_\_\_ Date: \_\_\_\_\_