

**MAIN SALES INSURANCE SOLUTIONS, INC.  
GENERAL LIABILITY SUPPLEMENT  
EXERCISE AND HEALTH CLUBS**

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?    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Boot Camp type operations?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Boxing gyms or Karate schools (Coverage may be available under martial arts program)?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Climbing walls or trampolines?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Day spas, weight loss centers, diet centers or body wraps?                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Food supplement or vitamins manufactured by the insured or sold under the insured's label? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Gymnastic classes?   | <input type="checkbox"/> Yes | <input type="checkbox"/> 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: \_\_\_\_\_