Fitness & Wellness Supplemental Application

APPLICANT'S NAME

Location Address | City | State | Zip

Mailing Address (if different than location) | City | State | Zip

Broker Name

Mailing Address | City | State | Zip

Name of Primary Contact

Email of Primary Contact | Phone Number

Current Insurance Carrier | Desired Effective Date

GENERAL UNDERWRITING INFORMATION & ELIGIBILITY

Annual revenue from membership/personal training sales: _____

Revenue from snack bar: _____

Revenue from dietary supplements: _____

Annual payroll for admin staff: _____

Annual payroll for training staff: _____

Average per hour training fee: _____

Facility owned or rented: _____

Facility occupied square footage: _____

Business personal property coverage limit: _____

Weight and machine equipment value: _____

Electronic cardio equipment value: _____

Hours of operation: _____

	YES	NO
Do clients have open access to the facility during business hours or by appointment only?	☐	☐
Copy of membership or training agreement with hold-harmless ☐ SEE ATTACHED		
Any claims in the past 3-years? ☐ SEE ATTACHED ☐ NO		
Does the applicant require certificates of insurance from the sub-contractors?	☐	☐
Does the applicant sublease any space?	☐	☐
Are products sold with the applicant's name or label on them?	☐	☐
Does the applicant require waivers to be obtained for all adult users of the club, including spouses or partners of family members?	☐	☐

OSPREY UNDERWRITERS

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	YES	NO
Does the applicant require medical disclosure forms of all members?	☐	☐
Is an incident log is kept of all injuries and accidents?	☐	☐
Are guests and members instructed on how to use equipment on a continuing basis?	☐	☐
Are there exercise instructions and demonstrations given on each exercise and workout of the day?	☐	☐
Are there written Instructions for use on each piece of equipment?	☐	☐
Are there warning signs posted in clear view of all fitness equipment?	☐	☐
Is there a CPR certified staff member on duty at all times?	☐	☐
Is a staff member present during all hours of operation?	☐	☐
Are there functioning and operational smoke and/or heat detectors in all units and/or occupancies?	☐	☐
Are the showers and locker rooms disinfected and cleaned daily?	☐	☐
Are there non-slip surfaces in the shower area?	☐	☐
Is there a swimming pool on the premises?	☐	☐
Are pole dance classes offered?	☐	☐
Is there martial arts or boxing activities?	☐	☐
Is there a rock wall or climbing activities?	☐	☐
Are classes offered for children under the age of 12?	☐	☐
Does the applicant employ or contract beauticians, massage therapists or body wrapping services?	☐	☐
Does the applicant offer any medical services, blood analysis, stress testing, weight loss or diet clinics?	☐	☐
Does the applicant offer any chiropractic, physical therapy or rehabilitation services or any other similar professional services?	☐	☐
Is there a childcare center on the premises?	☐	☐
If Yes, please answer the following questions:		
a. Are there criminal and background checks performed on all potential employees having exposure to or responsibility for children?	☐	☐
b. Are children under 6 weeks of age accepted?	☐	☐
c. Are children required to be signed in and signed out?	☐	☐
d. Are members required to stay on the premises at all times?	☐	☐

Name (Please Print)

Authorized Signature

Date