

ACCIDENT/MADISON INSURANCE COMPANY

EXERCISE AND HEALTH CLUB SUPPLEMENT

Insured/Applicant: _____

1. AEROBICS (Check if not applicable)

- a. Do instructors have each participant monitor his/her heart rate? Yes No
- b. Are participants asked to stop if they appear to be overexerting themselves? Yes No
Are instructors trained to make such judgment? Yes No
- c. Are aerobic instructors certified? Yes No
- d. Is the floor padded and/or made of a slip-resistant surface? Yes No
- e. Are there participant limitations to prevent overcrowding? Yes No

2. BABYSITTING/PLAY AREA (Check if not applicable)

- a. Maximum number of children allowed at any one time: _____
- b. Minimum age of children allowed: _____
- c. Describe supervision of children (adult/child ratios): _____
- d. Are employees trained in child care? Yes No
- e. Is the floor of the play area padded? Yes No
- f. Is identification required to pick-up a child left in the play area? Yes No

3. GYMNASTICS (Check if not applicable)

- a. Are there any trampolines? Yes No
- b. List other equipment available: _____
- c. Describe procedures in case of an accident. _____

4. POOL (Check if not applicable)

- a. Are rules posted? Yes No
- b. Are lifeguards present at all times? Yes No
- c. Are there diving boards? Yes No
If yes, height? _____
Does pool meet the design and construction standards of the National Spa and Pool Institute?
- d. Are non-slip, well-maintained, and well-drained walking surfaces present around the pool and in the shower areas? Yes No
- e. Are there clear markings on the pool regarding the depth of the water? Yes No
- f. Are pools clearly marked indicating the end of a lap? Yes No

5. SAUNAS/STEAMROOMS/WHIRLPOOLS (Check if not applicable)

- a. Are warnings and directions for use clearly posted? Yes No
- b. Do doors open outward? Yes No
Do they have a visibility window? Yes No
- c. Does the heating element in the sauna have a guard rail? Yes No
- d. Are thermostats tamper-resistant? Yes No
- e. Is the sauna, steamroom, and/or whirlpool cleaned daily? Yes No

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6. SNACK BAR/RESTAURANT (Check if not applicable)

- a. Is there regular housekeeping of the premises? Yes No
- b. Is liquor served on the premises? Yes No

7. TANNING BEDS (Check if not applicable)

- a. Number of tanning beds _____
- b. Are goggles provided? Yes No
- c. Are self-timers provided? Yes No
- d. Are beds U.L. approved? Yes No
- e. Are proper warnings and instructions for use posted? Yes No

8. WEIGHT REDUCTION PROGRAMS (Check if not applicable)

- a. If diets are suggested, have they been approved by a physician for general use? Yes No
- b. Are customers advised to consult their own physician prior to beginning a weight reduction program? Yes No
- c. Do you manufacture, sell (own label), or repackage any food, cosmetic, or vitamin product?
 Yes No
- d. Do you employ a dietician? Yes No

9. WEIGHT ROOMS (Check if not applicable)

- a. Are there capable assistants present for all lifters? Yes No
- b. Are free weights available? Yes No Is there storage for free weights? Yes No
- c. Are electric exercise machines properly maintained? Yes No
- d. Are proper warnings and instructions for use posted? Yes No

MISCELLANEOUS UNDERWRITING INFORMATION

EMERGENCY INFORMATION

- 1. Is emergency medical care easily accessible? Yes No
- 2. Are emergency numbers posted by all phones? Yes No
- 3. Are members of staff trained to administer first aid? Yes No
If yes, how often are they recertified? _____
- 4. Are exits properly marked and easily accessible? Yes No
- 5. Is there a back-up power system? Yes No

STAFF

- 1. Are staff members trained in CPR on duty at all times? Yes No
- 2. List the qualifications of employees who plan programs for members:

- 3. Are instructors trained in specialized areas? Yes No
- 4. Instructors are employees of the club and/or
- 5. They are professionals who function as independent contractors.

MEMBERS

- 1. Do new club members go through a complete introduction/evaluation process to develop a personal exercise program? Yes No
- 2. Are minors permitted to join the club? Yes No

Insured/Applicants Signature: _____ Date: _____