



Associated Underwriters, Inc.

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LaVista, NE 68128

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HEALTH and EXERCISE SALON SUPPLEMENTAL QUESTIONNAIRE
(Complete in Addition to Acord Application)

- 1. Name of Applicant:
2. Do you conduct any other business other than an exercise salon?
3. What are the estimated annual gross receipts from the exercise salon operation?
4. What are the estimated annual gross receipts from all operations?
5. Do you provide any of the following facilities or activities?
6. Give brief description of type of exercise equipment you have available for use:
7. Are customers asked:
8. Are waivers signed by each customer?
9. Is information on exercise units given to each customer?
10. What are first aid and emergency procedures?

11. Number of employees? Fulltime_____ Parttime_____
- a. Describe any formal training/educational requirements? _____
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- b. Is staff required to have CPR and/or First Aid training/ Yes No
 If not, is training provided by employer? Yes No
- c. If club includes aerobics, are instructors and/or head instructor certified? Yes No
12. If there is a swimming pool, is there a lifeguard on duty in pool area at all times Yes No
- a. Is there proper lifesaving equipment available? Yes No
 Type (hook, rope, etc.)? _____
- b. Are pool rules posted? Yes No
- c. Diving Board? Yes No
 Height? _____
13. Premise information:
- a. Number of fire extinguishers on premises_____ Number of exits? _____
 Fire extinguishers serviced and tagged within the past year? Yes No
- b. Smoke detectors? Yes No

I agree to maintain all signed waivers as permanent records. I also agree to have all customers read and sign a waiver form for use of exercise equipment. **(Copy of waiver form used must accompany this application)**
 The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

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.

Applicant: _____

Producer: _____

Signature: _____

Signature: _____

Date: _____

Date: _____