



P.O. Box 2009, Glen Allen, VA 23058-2009
 800-900-1155 Fax: 804-273-6144
 healthandfitness@markelcorp.com

HEALTH, SWIM and RACQUET CLUB APPLICATION

(Application required for each location)

Bruce Kay/License # A137679

Section I – General Information

Name, as it should appear on the policy: _____

Owner's Name: _____ E-mail: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____ Web site: _____

Section II – Business Information

Corporation Individual LLC Partnership Organization

Please indicate liability limit requested: \$500,000 \$1,000,000 Years in business: _____

years experience of current management: _____ Years at this location: _____

Please indicate the desired effective date: ____/____/____
month / day / year

Street Address: _____

City: _____ State: _____ Zip: _____

1. Do you own or rent facility? Own Rent

If renting, Landlord Name: _____

Landlord Mailing Address: _____

2. Do you sublease space? Yes No

If Yes: a) To whom do you sublease? _____

b) For what purpose? _____

c) Do you require a Hold Harmless or Certificate of Insurance? Yes No
 (If Yes, please attach a copy.)

3. Is this your primary occupation? Yes No If not, what is? _____

4. Please describe other business activities you own, operate, or manage. _____

Section III – Insurance Information

5. Is facility currently insured? Yes No Annual Premium: \$ _____

Insurance Company Name (not agency): _____

6. Has a liability or medical claim been made in the last 4 years? Yes No

If Yes: Date of Loss	Type of Loss (Acc. Med, Liability)	Description of Loss	Amount of Loss
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

7. Has similar insurance been canceled or declined in the last 5 years? Yes No

If Yes, explain: _____

Section IV – Operations/Employment Information

8. Square footage of the facility: _____ sq. ft.

9. Annual gross receipts: \$ _____

10. Number of Employees: Full-time: _____ Part-time: _____

11. Do you employ or contract with any of the following at your facility:

	<input type="checkbox"/> Yes	<input type="checkbox"/> No	# of Employees	# of Independent Contractors
a) Beauticians/aestheticians?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
b) Physical therapists?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
c) Massage therapists?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
d) Personal trainers?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

12. Do you offer Body Wrapping? Yes No

13. Do you have subcontractors (in addition to any listed above in #11)? Yes No

If Yes: Types: _____

14. Do you require a Certificate of Insurance from all independent contractors? Yes No N/A

15. Are all employees trained in CPR/First Aid? Yes No

If No, how many are trained? _____

16. Do you provide training for CPR/First Aid by a certified organization? Yes No

17. Is someone with CPR/AED/First aid training on duty at all times? Yes No

a) Do you have working and accessible Automatic External Defibrillator (AED) onsite? Yes No

18. Do you operate a Key Club? Yes No (A Key Club is a facility that is open 24 hours or a facility where members may gain entrance at leisure, with no supervising employees on premises.)

19. Are you open to members and their guests only? Yes No

If No, please explain: _____

20. What percentage of your membership is rehab? _____% (i.e. joined on a doctor's recommendation to exercise for rehab purposes)

21. Do you require Hold Harmless/Waivers to be signed by all members? Yes No

If Yes, please attach a copy.

22. How often do you inspect your premises? Daily Weekly Monthly Other _____

23. How often do you inspect your equipment? Daily Weekly Monthly Other _____

24. Is equipment inspected annually by a professional servicing company? Yes No

If Yes, company name: _____

25. How often do you inspect wet areas? Daily Weekly Monthly Other _____

26. Do you keep a maintenance log for inspections of all equipment and machinery in wet areas? (i.e. saunas, hot tubs, jacuzzis)
 Yes No

Section V – Census Information

27. Number of members projected this year: Adults: _____ Children under 18 years: _____

28. Number of active members: _____

29. Number of members at this location: _____

Section VI – Financial Information

30. Annual gross receipts from membership fees: \$ _____

31. Do you sell products? Yes No

If Yes: a) Annual Receipts from: Clothing: \$ _____
Equipment – Retail: \$ _____
Dietary Supplements: \$ _____
Other Products: \$ _____ Describe: _____

b) Do you manufacture or re-label any as your own product? Yes No

If Yes, which products? _____

c) Do sales for any product exceed 10% of total gross receipts? Yes No

If Yes: Who manufactures the product(s)? _____

Are they sold under your label? Yes No

Are they sold under the manufacturer's label(s)? Yes No

Are you named as additional insured/vendor under the manufacturer's insurance policy? Yes No

32. Do you have any of the following: Annual Receipts (\$)

a) Snack Bar/Restaurant? Yes No \$ _____

b) Liquor/Wine/Beer? Yes No \$ _____ (Note: Market does not provide liquor liability coverage.)

c) Physical Therapy? Yes No \$ _____

d) Tanning? Yes No \$ _____

e) Nursery/Babysitting? Yes No \$ _____

f) Other income? Yes No \$ _____

If Yes, describe sources (including other businesses or activities): _____

Section VII – Safety/Activities Information

33. Do you have any of the following:

a) Standard Health Club equipment? (i.e. free weights, circuit machines, cardiovascular, etc.) Yes No

b) Aerobics? Yes No

c) Handball? Yes No

d) Tennis? Yes No

e) Basketball? Yes No

f) Racquetball? Yes No

g) Whirlpool? Yes No

h) Shower Room? Yes No

i) Steam Room? Yes No

j) Sauna? Yes No

k) Hot Tub? Yes No

34. Do you have non-slip surfaces in all wet areas? Yes No

35. Do you have tanning devices? Yes No If Yes: How many beds? _____
(If Yes, please complete our Tanning Bed Supplement.)

36. Do you have swimming pools? Yes No (If Yes, please complete our Swimming Pool Supplement.)

37. Do you have a climbing wall? Yes No (If Yes, please complete our Climbing Wall Supplement.)

38. Do you have any other indoor recreational facilities/soft play equipment? Yes No
(If Yes, please provide a list of equipment.)

39. Do you have a summer camp offsite? Yes No
(If Yes, please complete our Travel, Tournaments, Camps & Competitions Supplement.)

40. Do you have a restaurant/snack bar? Yes No

If Yes: Do you have the following:

- a) Deep Fryer? Yes No If Yes, is it equipped with an automatic fuel shut-off? Yes No
b) Grill? Yes No
c) Ansul System? Yes No

Section VIII – Day Nursery/Babysitting (Complete if applicable)

41. Square footage of nursery area: _____ Sq. Feet
42. What is the ratio of children to attendants? _____ children per attendant
43. What is the age range of the children? _____
44. Are parents/guardians required to be on premises while the child is in your care? Yes No
45. Do you have written sign-in and sign-out procedures? Yes No
46. Is there a smoke alarm in the day nursery? Yes No
47. Is this a licensed daycare center? Yes No
48. Is the nursery in a stand alone/separate building? Yes No

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Fair Credit Report Act Notice: Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY substantial) civil penalties. (NOT APPLICABLE IN: CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA) (INSURANCE BENEFITS MAY ALSO BE DENIED IN LA, ME, TN, and VA.) For additional warnings, please visit: <http://www.markelinsurance.com/Applications/Pages/FraudWarnings.aspx>

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

Applicant's Signature: _____ Date: _____

Producer Signature: _____ Date: _____

Agency Name: _____

Agency Address: _____ City/State/Zip _____

How did you hear about us? (Check one)

Magazine Ad (specify): _____

Web site/search engine: _____

Previously Insured with Markel

Referred by: _____

Other (specify): _____



Additional coverages are available. If you would like a quote on any of the following, please check the appropriate box(es), and applications will be mailed to you. Insurance agents may submit ACORD applications for these coverages.

Coverage Please send me an application:

Property:

Building

Contents/Equipment

Sign

Crime

Business Income

Umbrella Liability

Please include the following with your application:

- Hold Harmless Agreements or Certificates of Insurance (if you lease or sublease space)
- Resumes of Directors and Instructors (if business has been in operation less than 3 years)
- Claims experience ("loss runs") from current insurer
- List of products sold
- List of indoor soft play equipment and photos of equipment
- Supplements where required, as stated throughout this application



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Aquatics Supplement
**Youth Recreation/Child Care/Private Schools/
 Health Clubs/Swim Clubs/Gymnastics/Social Service**
 (To be attached to ACORD applications)

Complete a separate supplement for each facility used.

NAMED INSURED: _____

FACILITY LOCATION: _____

GENERAL INFORMATION

1. Is the swimming facility (check all that apply): Private Public Lake Ocean Other
2. Is it (check all that apply)?: On premises Off premises Above Ground Below Ground
 Indoor Outdoor

STAFFING

3. Is the facility staffed with certified lifeguards for the appropriate water activity (pool, waterfront, shallow water)? Yes No
 - a) If yes, how many? _____
 - b) Certifying organization for lifeguards is (i.e. Red Cross, YMCA) _____
 - c) What is the lifeguard to swimmer ratio during swim times? _____ (Lifeguards) to _____ (Swimmers)
 - d) Are all lifeguards situated in positions where they can see all areas of the facility? Yes No
 - e) If guarding a pool, can they see the bottom surface? Yes No
4. Who supplies the lifeguards? (you or facility used) _____
 - a) If you supply the lifeguards, do you document all lifeguard in-service training? Yes No
5. Are pools monitored by staff members in addition to lifeguards? Yes No
 - a) Are staff members watching the pool situated in position where they can see all areas of the pool, including the bottom? Yes No
 - b) What is the total staff to swimmer ratio during swim times? _____ (Staff) to _____ (Swimmers)
6. Are staff assigned to supervise locker/changing rooms, sunbathing areas, etc? Yes No

POOLS/SPAS

7. Is the pool/spa compliant with The Virginia Graeme Baker Pool & Safety Act? Yes No
 - a) If no, explain action plan and time table for compliance _____
8. Do you use pools/spas owned by other entities? Yes No
 - a) If so, do you confirm compliance with the Virginia Graeme Baker Pool & Spa Safety Act? Yes No
9. Do all pool drains and grates have covers that cannot be removed without using a tool? Yes No
10. If pool is outdoors, is it completely fenced with at least a 4 foot fence? Yes No
 - a) Does the pool have self locking gates? Yes No
 - b) Are gates locked when pool is not in use? Yes No
11. Are pool depths marked? Yes No
 - a) What is the maximum depth of water (in feet)? _____
 - b) What is the minimum depth of water (in feet)? _____

12. Do you test the pool/spa water a minimum of 2 times per day? Yes No
13. Is there a hot tub? Yes No
- a) Is the hot tub: Accessible Non-accessible Attended Non-attended
- b) Does the hot tub contain a locking cover? Yes No
14. Are all pools/spas cleaned daily? Yes No
15. Are all chemicals kept in a dry, ventilated, locked storage area? Yes No
16. Is there a working phone available near the hot tub/pool in case of emergency? Yes No

ALL WATERFRONT INCLUDING POOLS

17. Are warning signs and facility rules posted? Yes No
- a) Do posted rules meet state and local regulations? Yes No
18. Do you test each swimmer's swimming ability prior to allowing them to use the facility? Yes No
- a) Do you non-swimmers wear a visible identification? Yes No
19. Are all swimmers required to use a broad-spectrum sunscreen with a sun protection factor (SPF) of at least 15 while at any outdoors swim facility? Yes No
- a) Is sunscreen reapplied every 2 hours or after profuse sweating? Yes No
20. Do you have the following safety equipment at the waterfront? Check all that apply.
- Backboard Portable oxygen AED (Automatic External Defibrillator) First Aid Kit
- Ring buoy Reaching pole or shepherds crook
21. Do you use starting blocks? Yes No
- a) If yes, what is the depth of the water at the starting blocks? _____ feet
22. Are there diving boards or diving platforms? Yes No
- a) If yes,
- a) # of Boards Height(s) _____
- b) # of Platforms Height(s) _____
- b) Is the diving area clearly marked with a depth of at least 9 feet that extends out at least 16 feet from the end of the diving board? Yes No
23. Are there water slides? Yes No
- If yes, a) # of Slides _____ Height(s) _____ Length(s) _____
- b) Depth of water where slide enters: _____
- c) If used in a pool, are the slides approved by the manufacturer for pool use? Yes No
- d) How do swimmers enter the water when launching off the slide(s)? At an angle **OR** Horizontally

Please attach rules for use of the water slide.

24. Do you have water structures like water trampolines, blobs, inflatable platforms, etc? Yes No
- a) What type of structure(s) – List: _____
- b) Is there a minimum of 2 lifeguards assigned to each structure at all times? Yes No
- c) Can lifeguards see 360° around inflatables/trampolines/blobs, etc.? Yes No

Please attach rules for use of the structures.

25. Does the facility meet the Dept. of Environmental Quality (or equivalent) standards for water quality, including testing and cleaning frequency? Yes No

26. Do you have specific guidelines regarding closing the waterfront or leaving the facility due to water quality, visibility, weather or contamination? Yes No
27. Do you loan or rent the waterfront/pool to outside groups or individuals? Yes No
- a) If yes, do you require them to sign a hold harmless agreement in your favor? Yes No
- b) If yes, do you require a certificate of insurance & additional insured status on their policy from them? Yes No
- c) If yes, do you provide the lifeguards? Yes No
28. Do you loan or rent your lifeguards to outside groups or individuals? Yes No
- a) If yes, do you require the groups to sign a hold harmless agreement in your favor? Yes No
- b) If yes, do you require a certificate of insurance and additional insured status on their policy from them? Yes No
29. If the facility you use is off premises, are you required to sign a contract? Yes No
- a) If yes, do you hold the facility owners harmless in their favor? Yes No
30. List all water sports played, including the use of jet skis or other types of motorized equipment used. Do not include competitive, organized sports teams. _____

LAKES/PONDS

31. Number of ponds _____ lakes _____ rivers _____ on premises.
32. If facility is a lake and is used for activities other than swimming, is the swim area separated and clearly marked? Yes No

Comments: _____

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I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

Applicant's Signature: _____ Date: _____

Producer Signature: _____ Date: _____

Agency Name: _____



TANNING BED SUPPLEMENT

(To be attached to Health, Racquet, Swim Club application)

P.O. Box 2009, Glen Allen, VA 23058-2009
800-900-1155 Fax: 804-273-6144
healthandfitness@markelcorp.com

Insured's Name: _____

1. Are records kept on each customer for each visit and exposure time? Yes No
2. Are customers furnished information regarding bed and rays used? Yes No
3. Are customers limited to a maximum of 30 minutes per session? Yes No
4. Are all customers required to wear goggles when using the tanning beds? Yes No
5. Are all beds disinfected after each use? Yes No
6. Do all tanning beds produce less than 5.0 UVB radiation? Yes No
7. Are all tanning beds UL listed? Yes No
8. Are all tanning bed controls operated by the insured, NOT the customer? Yes No
9. Is there at least one currently tagged fire extinguisher on the premises? Yes No

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Applicant's Signature: _____ Date: _____

Producer Signature: _____ Date: _____

Agency Name: _____



CLIMBING WALL SUPPLEMENT

P.O. Box 2009, Glen Allen, VA 23058-2009
800-900-1155 Fax: 804-273-6144
healthandfitness@markelcorp.com

Insured's Name: _____

Section I - Construction and Maintenance

- 1. How many climbing walls do you have on premises? _____
- 2. Was the climbing wall constructed by a professional with a Certificate of Insurance covering completed operations liability? Yes No
- 3. Are safety rules posted? Yes No
- 4. What is the height of each wall? Wall 1: _____ Wall 2: _____ Wall 3: _____

Note: If all walls are under 8 feet in height, skip remaining questions. Sign and date document on page 2.

- 5. Is there a certificate from a certified engineer or an approved vendor stating:
 - that the construction of the wall meets local and state building codes; and
 - that the belay system will exceed maximum possible stresses that all climbers can produce from simultaneous falls? Yes No
 - 6. Is there a minimum of 6 inches of fall protection beneath the climbing wall out to a distance of 6 feet? Yes No
 - 7. Are the belay system anchors "backed-up"? Yes No
 - 8. Is climbing wall maintenance performed at least on an annual basis? Yes No
 - 9. Is maintenance conducted by an outside professional resource such as a certified engineer or professional firm with proof of insurance? Yes No
 - 10. Is a rope log maintained and used for daily operation? Yes No
 - 11. Is the belayer anchored to a secure point? Yes No
 - 12. Is there a program in place to identify equipment (ropes, harnesses, carabiners, etc.) that should be retired? Yes No
- Yes No If Yes, describe: _____
- _____
- _____

Section II - Operation and Training

- 13. Is there a documented training program in place which includes:
 - a. Rules for the climbing wall? Yes No
 - b. Harness and rope inspection? Yes No
 - c. Proper belay techniques? Yes No
 - d. Belay device failure or entrapment? Yes No
 - e. Set-up and take-down procedures? Yes No

- f. Emergency take-down procedures? Yes No
- g. Procedures for reporting problems? Yes No
- 14. Are belayers approved prior to their use of the wall? Yes No
- 15. Are the following always present when the wall is being used:
 - a) A staff member who understands the safety rules and is certified to belay on the wall? Yes No
 - b) A full-time staff member who holds a current certification in either Red Cross First Aid and CPR for the Professional Rescuer; or National Safety Council Level II First Aid? Yes No
 - c) A full-time staff member positioned to have a clear and unobstructed view of the climbing wall and participants? Yes No
 - d) A First Aid kit? Yes No
- 16. Is there a minimum age for belayers? Yes No If Yes, what age? _____
- 17. Describe your emergency response plan in case of an accident, including distance of your facility from ambulance and hospital. _____

Section III – Portable Climbing Walls (complete if applicable)

- 18. Does the portable climbing wall receive an annual inspection by a qualified ACCT PVM*? Yes No
- 19. Are state inspection requirements met (if any)? Yes No
- 20. Do you obtain a Certificate of Insurance and warranty from the wall manufacturer? Yes No
- 21. Are auto-belay device cables inspected and/or replaced at least annually? Yes No
- 22. Is your staff trained annually by the wall manufacturer or ACCT PVM*? Yes No
- 23. Is all staff training documented? Yes No
- 24. Do you obtain a signed waiver or release from all participants who climb off-site? Yes No
- 25. Do all your trailer drivers have Commercial Drivers' Licenses with formal CDL training? Yes No
- 26. Do you document all CDL training? Yes No

**ACCT PVM = Association for Challenge Course Technology, Professional Vendor Member*

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