## CENTURY SURETY COMPANY 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?				
	If Yes, please explain:				
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?				
	Aerobic Exercise Classes Yes No Number Running Track Yes No Number				
	Athletic Contests Yes No Number Sauna Yes No Number No Number				
	Handball Courts Yes No Number Spa Yes No Number Spa				
	Martial Arts Classes Yes No Number Swimming Pool Yes No Number No Number				
	Martial Arts Exhibitions Yes No Number Team Sports Yes No Number				
	Racquetball Courts Yes No Number Tennis Courts Yes No Number				
	Trampoline Yes No Number				
	(Provide separately full details of any Yes answers)				
6.	Give brief description of type of exercise equipment you have available for use:				
	a. Number of free weights and brand?				
	b. Are spotters available? Yes No				
	c. Is equipment inspected?				
	How often? Inspection performed by whom?				
	Are records of inspections kept?				
	d. Who maintains and repairs equipment?				
7.	Are customers asked:				
	If they are under a doctor's care?				
	If they have had any recent operations?				
	If any of these are answered Yes, is a doctor's written approval obtained before permitting use  Yes  No				
8.	Are waivers signed by each customer?				
	If customer is under the legal age, is parent required to also sign waiver?				
	Are female customer advised not to use exercise equipment if pregnant?				
	Are signs posted?				
9.	Is information on exercise units given to each customer?				
10.	<del>-</del> -				
11.	Number of employees? Fulltime Parttime				
	a. Describe any formal training/educational requirements?				
	b. Is staff required to have CPR and/or First Aid training/				
	If not, is training provided by employer?				

	c.	If club includes aerobics, are instructors and/or hea	d instructor certified?	YesNo	
12.	If t	here 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	_ b. Number of exits	·	
		Fire extinguishers serviced and tagged within the p	ast year?	Yes No	
	b.	Smoke detectors?		Yes No	
	(Ca	exercise equipment.  ppy of waiver form used must accompany this applicant, Agent and/or Broker represents that the above	· ·	e true and that no material facts have	
been	supp	pressed or misstated.			
Any	pers	on who, with intent to defraud or knowing tha	t he is facilitating a fra	aud against an insurer, submits an	
appli	catio	on or files a claim containing a false or deceptive	statement is guilty of ins	urance fraud.	
Applicant:			Producer:		
Signa	iture	<u>:</u>			
Date:			Producer Signature:		