



ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

## HEALTH CLUB OPERATORS DISCOVERY QUESTIONNAIRE

### THIS IS FOR QUOTATION PURPOSES ONLY—THIS IS NOT A BINDER

#### A. General Information

PROPOSED EFFECTIVE DATE: \_\_\_\_\_

1. Applicant (as it would appear on the coverage contract): \_\_\_\_\_
2. Doing Business As: \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Contact Person: \_\_\_\_\_ Years Experience: \_\_\_\_\_  
Contact Person is:  Owner  Manager  Promoter  Management  Other: \_\_\_\_\_
5. Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_
6. Web Address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_
7. Is this a new business?  Yes  No If no, how many years have you been in business? \_\_\_\_\_
8. Applicant is:  Individual  Corporation  Partnership  Joint Venture  Other: \_\_\_\_\_
9. Length of season: \_\_\_\_\_
10. Who was your last or is your current insurance carrier? \_\_\_\_\_
11. What is or was your annual premium? \_\_\_\_\_
12. Describe your claims and loss history: \_\_\_\_\_  
\_\_\_\_\_
13. Amount of Liability Required:
 

<input type="checkbox"/> 50,000 per accident / 100,000 annual aggregate	<input type="checkbox"/> 100,000 per accident / 200,000 annual aggregate
<input type="checkbox"/> 100,000 per accident / 300,000 annual aggregate	<input type="checkbox"/> 200,000 per accident / 300,000 annual aggregate
<input type="checkbox"/> 200,000 per accident / 500,000 annual aggregate	<input type="checkbox"/> 300,000 per accident / 500,000 annual aggregate
<input type="checkbox"/> 300,000 per accident / 300,000 annual aggregate	<input type="checkbox"/> 500,000 per accident / 500,000 annual aggregate
<input type="checkbox"/> 300,000 per accident / 1,000,000 annual aggregate	<input type="checkbox"/> 500,000 per accident / 1,000,000 annual aggregate
14. Self-Insured Retention desired:  \$1,000  \$2,500  \$5,000  Other: \$\_\_\_\_\_

#### Activities

1. Provide the total gross receipts and a breakdown for all activities, operations and services provided. Give gross sales, commissions, fees, or other income.
  - a. Total Gross Receipts all operations: \_\_\_\_\_
2. Total number of current members: \_\_\_\_\_ Minimum age: \_\_\_\_ Maximum age: \_\_\_\_\_
3. Total number of members last year at this time: \_\_\_\_\_
4. Average number of visits per day: \_\_\_\_\_
5. Average number of participants which use exercise equipment each day: \_\_\_\_\_
6. Average total number of participants that are active in aerobics each day: \_\_\_\_\_
7. Average number of NEW guests visiting premises per day: \_\_\_\_\_
8. Maximum number of participants on premises at any one time: \_\_\_\_\_

9. Do guests and members sign a release and use form?  Yes  No
10. Number of days you are open during the week: \_\_\_\_\_
11. Hours of operation each day: \_\_\_\_\_
12. Are all participants, both registered members and first-time visitors, required to sign a waiver or "release of liability" form prior to participating in any physical activity?  Yes  No  
If no, would you be willing to effect such a measure as a precedent to coverage for a credit?  Yes  No
13. Is a general health questionnaire completed or health examination required on all new members?  Yes  No
14. Do your records of members contain medical information, including: medical histories; name and phone number of a physician to contact in case of emergency; and/or nearest relative's name, address and phone number in case of emergency?  Yes  No
15. Do owners lease or operate any businesses other than health clubs?  Yes  No
16. Is this health club a subsidiary of any business which operates as other than a health club?  Yes  No
17. Do you sponsor competitions, exhibitions or other organized and scheduled group activities, whether on or off the premises?  Yes  No  
If yes, please explain: \_\_\_\_\_

### Employees

18. Minimum age of instructors supervisors, managers, or employees: \_\_\_\_\_
19. Is the owner of the business actively involved at least 40 hours a week at this location?  Yes  No  
If no, how many? \_\_\_\_\_
20. Provide the following information about the owner or location manager:
- Name: \_\_\_\_\_
  - Age: \_\_\_\_\_ Number of years in this business? \_\_\_\_\_
  - Number of years as owner or manager of this business at this location: \_\_\_\_\_
  - Does this person lease, operate or participate in the operations of any other health club?  Yes  No  
If so, do you desire coverage for other facilities?  Yes  No
21. How many employees are full-time : \_\_\_\_ Part time: \_\_\_\_ Other: \_\_\_\_\_
22. How many employees are on duty during heavy use: \_\_\_\_\_ Average use: \_\_\_\_ Low Use: \_\_\_\_\_
23. How many employees are designated as managers: : \_\_\_\_\_ Instructors: \_\_\_\_\_ Sales: \_\_\_\_\_  
Office Employees : \_\_\_\_ Other: \_\_\_\_\_
24. Is there a registered nurse or doctor on premises?  Yes  No
25. Is there professional advice, counsel or direction given by a licensed professional who could cause a medical malpractice lawsuit?  Yes  No  
If yes, please explain: \_\_\_\_\_
26. Is there a physical therapist on duty or contractually associated with your business?  Yes  No  
If yes, answer:
- Name: \_\_\_\_\_
  - Address: \_\_\_\_\_
  - City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
27. Is there a registered dietician on staff or under contract with your business?  Yes  No
28. Is staff required to have CPR and/or First Aid Training?  Yes  No

29. If the club includes aerobics classes, are instructors and/or head instructors certified?  N/A  Yes  No

**Facilities**

30. Total square footage of premises \_\_\_\_\_

a. Total square footage you sublease to others: \_\_\_\_\_

b. Do you desire coverage on subleased area?  Yes  No

31. Are the health club facilities available to:  Only women  Only men  Mixed-use facility

32. Is the club open certain days for women only and for men only?  Yes  No

Explain: \_\_\_\_\_

33. What are the first aid and emergency procedures? \_\_\_\_\_

34. Are all emergency exits clearly marked?  Yes  No

35. Are lockers provided for members?  Yes  No

36. Are signs posted regarding responsibility for members belongings?  Yes  No

37. Are the premises ever rented or loaned to outside organizations?  Yes  No

If yes, explain: \_\_\_\_\_

38. Are all walls, fixtures, and other building obstructions with which participants might collide, padded?  Yes  No

39. Is safety glass used in windows, mirrors, and doors?  Yes  No

Please specify Yes or No, and include number of exposures where applicable.

Yes	No	Type	Number	Yes	No	Type	Number
<input type="checkbox"/>	<input type="checkbox"/>	Aerobics		<input type="checkbox"/>	<input type="checkbox"/>	Provide Physicals	
<input type="checkbox"/>	<input type="checkbox"/>	Body Toning Machines		<input type="checkbox"/>	<input type="checkbox"/>	Staff Medical Professionals	
<input type="checkbox"/>	<input type="checkbox"/>	Running Tracks		<input type="checkbox"/>	<input type="checkbox"/>	Blood Analysis	
<input type="checkbox"/>	<input type="checkbox"/>	Whirlpools		<input type="checkbox"/>	<input type="checkbox"/>	Stress Testing	
<input type="checkbox"/>	<input type="checkbox"/>	Steam Rooms		<input type="checkbox"/>	<input type="checkbox"/>	Kick-boxing	
<input type="checkbox"/>	<input type="checkbox"/>	Handball Courts		<input type="checkbox"/>	<input type="checkbox"/>	Karate Studios	
<input type="checkbox"/>	<input type="checkbox"/>	Ice Skating		<input type="checkbox"/>	<input type="checkbox"/>	Contact Karate	
<input type="checkbox"/>	<input type="checkbox"/>	Roller Skating		<input type="checkbox"/>	<input type="checkbox"/>	Trampolines	
<input type="checkbox"/>	<input type="checkbox"/>	Jacuzzis		<input type="checkbox"/>	<input type="checkbox"/>	Diet Centers	
<input type="checkbox"/>	<input type="checkbox"/>	Facial Tanning Machines		<input type="checkbox"/>	<input type="checkbox"/>	Gymnastic Classes	
<input type="checkbox"/>	<input type="checkbox"/>	Swimming Pools		<input type="checkbox"/>	<input type="checkbox"/>	Sports Medicine	
<input type="checkbox"/>	<input type="checkbox"/>	Diving Boards		<input type="checkbox"/>	<input type="checkbox"/>	Liquid Protein	
<input type="checkbox"/>	<input type="checkbox"/>	Racquetball Courts		<input type="checkbox"/>	<input type="checkbox"/>	Vitamin Injections	
<input type="checkbox"/>	<input type="checkbox"/>	Tennis Courts		<input type="checkbox"/>	<input type="checkbox"/>	Sun tanning Units	

## Equipment

40. Description of use and list of equipment: \_\_\_\_\_  
\_\_\_\_\_

41. Is equipment on premises designated and designed for commercial use?  Yes  No

42. Number of machines: \_\_\_\_\_

43. Brand(s) of machines: \_\_\_\_\_

44. Number of Free Weights and Brand: \_\_\_\_\_

45. Are Spotters available?  Yes  No

46. Is there a formal schedule of inspection and maintenance of all apparatus exercise equipment, and safety devices?  Yes  No

47. Are mats and safety devices appropriate for the needs of the exercise equipment used?  Yes  No

48. Is equipment replaced at least every 6 years?  Yes  No

If no, what is your rotation schedule? \_\_\_\_\_

49. Explain replacement and maintenance schedule and program for ropes and cables: \_\_\_\_\_  
\_\_\_\_\_

## Nursery

50. Is there a Nursery?  Yes  No

If yes, answer:

a. Number of Exits: \_\_\_\_\_

b. Max number of children: \_\_\_\_\_

c. Age: \_\_\_\_\_ Group: \_\_\_\_\_

d. Number of attendants: \_\_\_\_\_ Ages: \_\_\_\_\_

e. Are attendants trained in child care?  Yes  No

f. Are children allowed to stay if parents leave the center?  Yes  No

g. Describe method used for signing children in and out of the nursery: \_\_\_\_\_  
\_\_\_\_\_

h. Do you provide any type of exercise equipment or aerobics for children while in nursery?  Yes  No

Please explain: \_\_\_\_\_

## Swimming Pool

51. Is swimming pool available to members and guests?  Yes  No

If yes, answer:

a. Average number of participants that use pool: \_\_\_\_\_

b. Pool dimensions: \_\_\_\_\_

c. Maximum pool depth: \_\_\_\_\_ Minimum: \_\_\_\_\_

d. Is there a lifeguard on duty?  Yes  No

e. What signs are posted? \_\_\_\_\_

f. Is proper lifesaving equipment available?  Yes  No

Type (i.e. Hook, Rope): \_\_\_\_\_

g. Are swimming pool rules posted?  Yes  No

h. Is there a Diving Board?  Yes  No

If yes, what is the height of the Diving Board? \_\_\_\_\_

### Pro Shop

52. Is there a pro shop?  Yes  No

If yes, answer:

a. Total Gross Receipts: \$ \_\_\_\_\_

b. What types of products are sold? \_\_\_\_\_

c. Are products sold that are not considered health- or exercise-related?  Yes  No

d. Are any products sold under your own label?  Yes  No

List products: \_\_\_\_\_

### Tanning Beds

53. Number of tanning units: \_\_\_\_\_ Units are:  Bed  Booth

54. Manufacturer(s): \_\_\_\_\_

55. What type of bulbs are used?  UVA caps  UVB caps  Other: \_\_\_\_\_

56. Bulb manufacturer(s): \_\_\_\_\_

57. Is any bed coin-operated?  Yes  No

58. Is there an attendant on duty?  Yes  No

59. Is eye protection mandatory?  Yes  No

60. Is a timer used?  Yes  No

Where is time control located? \_\_\_\_\_

61. Is a release of risk signed, specifically for tanning unit use?  Yes  No

### REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Discovery Questionnaire, the Applicant for insurance hereby represents and warrants that the information provided in the Discovery Questionnaire, together with all supplemental information and documents provided in conjunction with the Discovery Questionnaire, is true, correct, inclusive of all relevant and material information necessary for the Association to accurately and completely assess the Discovery Questionnaire, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Association can and will rely upon the Discovery Questionnaire and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Discovery Questionnaire and all supplemental information and documents provided in conjunction with the Discovery Questionnaire are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Discovery Questionnaire or the payment of any premium does not obligate the Association or any insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Discovery Questionnaire, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Association, and its agents, to gather any additional information the Association deems necessary to process the Discovery Questionnaire for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Association has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Association in conjunction with consideration of the Discovery Questionnaire.

The Applicant further represents that the Applicant understands and agrees the Association: (i) may present a quote with a sub-limit of liability for certain exposures, (ii) may quote certain coverages with certain activities, events, services, or waivers excluded from the quote, (iii) will rate each quotation in the best interest of each Association member to the extent possible to meet the overall intent of the Association's program of insurance for all members, and (iv) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Association's accounting office receives the required premium payment, and the Applicant signs and returns

the appropriate "Acknowledgement and Coverage Contract Receipt" form within 10 days of receiving an insurance coverage contract.

The Applicant agrees that the Association and any party from whom the Association may request information in conjunction with the Discovery Questionnaire may treat the Applicant's facsimile signature on the Discovery Questionnaire as an original signature for all purposes.

**IMPORTANT:** Each accepted Applicant is provided insurance as a participating member under a Master Group Policy of Insurance issued on behalf of the International Special Events and Recreation Association, a qualified "Purchasing Group" under the Risk Retention Act of 1986—Public Law 97-45. Master Group Policies have been issued to the Association, formed and governed by the laws, rules, and regulations of the State of Utah, to which members will be added as "Participating Members." The Association's program of insurance is a fully insured plan with an insurer permitted to provide insurance in each Association member's state of residence.

All coverage contract charges and service provider fees are minimum and fully earned as of the effective date of coverage. Membership in the Association is restricted to those whose business or activities are similar with respect to liability to which members are exposed by virtue of any common business, act, product, service, premises, or operations. The Applicant represents that the Applicant understands and agrees: (i) the Applicant's request for the Association to quote or otherwise effect coverage for the Applicant is without undue influence or incentive, (ii) the Applicant is individually procuring any insurance that may be provided as a participant in a Master Group Policy, where the benefits and coverage have already been approved by the Association's Purchasing Group, (iii) any coverage that may be provided will be provided under a Master Coverage Contract has been effected in the State of Utah as the state in which the Purchasing Group is organized and domiciled, and where the Association's Purchasing Group's principal office is located, (iv) all rules and regulations applicable to the individual or self-procurement of insurance will govern any coverage provided, and (v) the Applicant is individually responsible for the direct payment of taxes related to coverage provided in the Applicant's state of residence. Should taxes be made a part of any quotation provided by the Purchasing Group to the Applicant, the Association may, as an accommodation and convenience to the Applicant, collect and remit any tax collected to the tax collection agency in the member's state of residence.

Applicant:

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name



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**APPLICATION FOR MEMBERSHIP**

The International Special Events and Recreation Association, Inc., has been formed as a "Purchasing Group" under the Risk Retention Act of 1986 (Public Law 97-45), to offer liability insurance to members of the Association.

To join the Association and participate in the benefits of membership, please complete the application below and return it with your membership fee and annual dues payment. Please make your check payable to the International Special Events and Recreation Association, Inc. The initial membership enrollment fee is \$5.00. Annual membership dues are \$75.00. If you have already enrolled in the Association, you do not need to complete this form.

- 1. Applicant : \_\_\_\_\_
- 2. Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 3. Contact Person: \_\_\_\_\_
- 4. Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_
- 5. Type of business conducted: \_\_\_\_\_
- 6. How many years have you been in business? \_\_\_\_\_
- 7. States of Operation: \_\_\_\_\_
- 8. Please list below the name and address of any other association you are currently a member of:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dated: \_\_\_\_\_

Applicant:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name