



**James River Insurance Company  
and its Subsidiaries**  
6641 West Broad Street, Suite 300  
Richmond, VA 23230

**Health and Fitness Club  
Supplemental Application**

**SPORTS & ENTERTAINMENT  
Division**  
Email to SE@jamesriverins.com

**APPLICANT'S INSTRUCTIONS:**

1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.
2. Application must be signed and dated by the owner, partner, or officer not earlier than 90 days before the proposed effective date of coverage.
3. Please read the statements at the end of this application carefully. Thank you!

**Additional information required for this submission:**

- Hold harmless agreement & certificate of insurance  
(if you sublease space)
- Copy of principal's/manager's resume or CV  
(if less than 3 years in business)
- Five year currently valued company loss runs
- ACORD application
- Facility rental agreement (if applicable)
- Copy of membership agreement
- Copy of guest waiver of liability agreement
- Copy of medical disclosure form

**SECTION I – GENERAL INFORMATION**

Applicant name:

Address:

City:

State:

Zip:

Phone:

Ext:

Website:

Years in business under current management:

Years experience of current management:

**SECTION II – BUSINESS INFORMATION**

1. Is building: ☐ Self-standing ☐ Part of multi-tenant complex (i.e., strip mall)
2. Provide square footage of facility: sq. ft.
3. Provide hours of operation: Monday – Friday: Saturday – Sunday:

**SECTION III – MEMBERSHIP INFORMATION**

1. Provide number of members projected for the upcoming policy period at this location:  
Adults Children (under 18 years)
2. Are members able to gain entrance without supervising employees on premises? ☐ Yes ☐ No  
If "Yes", explain:
3. Are members and guests required to sign a release of liability agreement? ☐ Yes ☐ No  
If "Yes", please attach a copy.

**SECTION IV – STAFFING**

1. Provide number of employees: Full time Part time
  2. Does applicant employ or contract with any of the following at this facility:
- |                           |  | # employees | # independent contractors |
|---------------------------|--|-------------|---------------------------|
| Acupuncturist             | <input type="checkbox"/> Yes <input type="checkbox"/> No |             |                           |
| Beauticians/aestheticians | <input type="checkbox"/> Yes <input type="checkbox"/> No |             |                           |
| Dieticians/nutritionists  | <input type="checkbox"/> Yes <input type="checkbox"/> No |             |                           |
| Fitness instructors       | <input type="checkbox"/> Yes <input type="checkbox"/> No |             |                           |
| Hair stylists             | <input type="checkbox"/> Yes <input type="checkbox"/> No |             |                           |
| Lifeguards                | <input type="checkbox"/> Yes <input type="checkbox"/> No |             |                           |
| Manicurists               | <input type="checkbox"/> Yes <input type="checkbox"/> No |             |                           |
| Massage therapists        | <input type="checkbox"/> Yes <input type="checkbox"/> No |             |                           |

	# employees	# independent contractors
Personal trainers <input type="checkbox"/> Yes <input type="checkbox"/> No		
Physical therapists <input type="checkbox"/> Yes <input type="checkbox"/> No		
Yoga instructors <input type="checkbox"/> Yes <input type="checkbox"/> No		
Others (describe): <input type="checkbox"/> Yes <input type="checkbox"/> No		

3. If independent contractors are used:

a. Does applicant require a current certificate of insurance from all independent contractors? ☐ Yes ☐ No

b. Are they required to name applicant as additional insured? ☐ Yes ☐ No

c. What limits are required?

4. Is someone with CPR/first aid training on duty at all times? ☐ Yes ☐ No

5. How many personal trainers are certified/accredited by ACE, NSCA, NCSF, or NCCA?

6. Is there any volunteer labor? ☐ Yes ☐ No  
If "Yes", describe:

SECTION V – ACTIVITIES/SERVICES			
1. Does applicant sublease space? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes":	
a. To whom does applicant sublease?			
b. For what purpose?			
c. Does applicant require a hold harmless agreement and certificate of insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", please attach a copy.	
2. Are any of the following available onsite?			
Basketball <input type="checkbox"/> Yes <input type="checkbox"/> No	Martial arts <input type="checkbox"/> Yes <input type="checkbox"/> No	Sauna <input type="checkbox"/> Yes <input type="checkbox"/> No	
Beauty shop <input type="checkbox"/> Yes <input type="checkbox"/> No	Masseuse/masseur <input type="checkbox"/> Yes <input type="checkbox"/> No	Shower room <input type="checkbox"/> Yes <input type="checkbox"/> No	
Body wrap <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical facilities <input type="checkbox"/> Yes <input type="checkbox"/> No	Spa <input type="checkbox"/> Yes <input type="checkbox"/> No	
Boxing <input type="checkbox"/> Yes <input type="checkbox"/> No	Nursery/babysitting <input type="checkbox"/> Yes <input type="checkbox"/> No	Steam room <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cardiovascular machines <input type="checkbox"/> Yes <input type="checkbox"/> No	Physical therapy <input type="checkbox"/> Yes <input type="checkbox"/> No	Summer camps <input type="checkbox"/> Yes <input type="checkbox"/> No	
Circuit machines <input type="checkbox"/> Yes <input type="checkbox"/> No	Pro shop <input type="checkbox"/> Yes <input type="checkbox"/> No	Swimming pool <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dance instruction <input type="checkbox"/> Yes <input type="checkbox"/> No	Product sales <input type="checkbox"/> Yes <input type="checkbox"/> No	Tanning <input type="checkbox"/> Yes <input type="checkbox"/> No	
Free weights <input type="checkbox"/> Yes <input type="checkbox"/> No	Racquetball <input type="checkbox"/> Yes <input type="checkbox"/> No	Trampolines <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gymnastics <input type="checkbox"/> Yes <input type="checkbox"/> No	Restaurant/snack bar <input type="checkbox"/> Yes <input type="checkbox"/> No	Walking program <input type="checkbox"/> Yes <input type="checkbox"/> No	
Handball <input type="checkbox"/> Yes <input type="checkbox"/> No	Rock climbing apparatus <input type="checkbox"/> Yes <input type="checkbox"/> No	Whirlpool/Jacuzzi <input type="checkbox"/> Yes <input type="checkbox"/> No	
Jogging track <input type="checkbox"/> Yes <input type="checkbox"/> No	Rollerblading/skating <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. If day nursery or babysitting services are available onsite, advise:			
a. Minimum age of children under care:			
b. Maximum length of stay:			
c. Are waivers signed by parents?			
d. Maximum number of children at one time:			
e. Ratio of staff to children:			
f. Are parents allowed to leave facility? <input type="checkbox"/> Yes <input type="checkbox"/> No			
g. Describe sign in/out procedures:			
h. Describe activities and separation of children by age groups:			
4. Is there a playground on site? <input type="checkbox"/> Yes <input type="checkbox"/> No			
a. What type of equipment is available?			
b. If outdoor, what type of surface is under the equipment?			
c. Describe staff supervision for playground use:			

5. Is there a swimming pool onsite? If "Yes", how many?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. If applicable, provide the following information for each pool onsite:	
a. Pool #1:	
i. Is Pool #1 a lap pool? If "No", describe use:	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. Provide dimensions ( <i>length, width, depth</i> ):	
iii. Location of pool <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	
iv. What is the maximum capacity?	
v. Are depth markings clearly indicated and visible on the side and in the pool?	<input type="checkbox"/> Yes <input type="checkbox"/> No
vi. Is there a diving board?	<input type="checkbox"/> Yes <input type="checkbox"/> No
vii. Is there a sliding board?	<input type="checkbox"/> Yes <input type="checkbox"/> No
viii. Is a lifeguard present at all times?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ix. Are "swim at your own risk" signs posted with pool rules?	<input type="checkbox"/> Yes <input type="checkbox"/> No
x. What are the hours of operation?                      to	
xi. Is pool rented out for events? If "Yes", please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Pool #2:	
i. Is Pool #2 a lap pool? If "No", describe use:	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. Provide dimensions ( <i>length, width, depth</i> ):	
iii. Location of pool <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	
iv. What is the maximum capacity?	
v. Are depth markings clearly indicated and visible on the side and in the pool?	<input type="checkbox"/> Yes <input type="checkbox"/> No
vi. Is there a diving board?	<input type="checkbox"/> Yes <input type="checkbox"/> No
vii. Is there a sliding board?	<input type="checkbox"/> Yes <input type="checkbox"/> No
viii. Is a lifeguard present at all times?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ix. Are "swim at your own risk" signs posted with pool rules?	<input type="checkbox"/> Yes <input type="checkbox"/> No
x. What are the hours of operation?                      to	
xi. Is pool rented out for events? If "Yes", please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do all pool and spa drains conform to mandated specifications and requirements of the Virginia Graeme Baker Pool and Spa Safety Act?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Does applicant sell any products? If "Yes":	
a. Provide annual receipts from:	
Clothing                      Equipment	
Other                          Describe:	
Other                          Describe:	
b. Does applicant manufacture or re-label any as their own product? If "Yes", which products:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION VI – FINANCIAL INFORMATION	
1. Provide annual gross receipts from the following:	
Membership fees	Nursery/babysitting
Snack bar/restaurant	Sports camps
Liquor/wine/beer	Physical therapy
Product/retail sales	Other income ( <i>describe below</i> )
Tanning	
<b>Total gross receipts:</b>	
2. Provide annual payroll:	

**SECTION VII – SAFETY INFORMATION**

- |   |  |
|---|--|
| 1. Are medical disclosure forms required for all members?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Is an incident log kept for all injuries and accidents?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Is a pre-workout evaluation done by a fitness trainer for new members?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are written user instructions provided on each piece of equipment?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Are showers and locker rooms disinfected and cleaned daily?<br>If "No", how often are they disinfected and cleaned?        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Are there non-slip surfaces in shower areas?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Are premises/equipment formally inspected?<br>If "Yes":<br>a. How often?<br>b. By whom?<br>c. Are written logs maintained? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Are any events held off premises by applicant?<br>If "Yes", please explain:  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Is facility rented out for any events?<br>If "Yes", please explain:  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**SECTION VIII – SIGNATURE, CONSENT AND AGREEMENT**

This Application is the basis for coverage; therefore, any incorrect or incomplete statements or answers could nullify coverage. Completion of this form neither binds coverage nor guarantees that a policy will be issued. *(Not applicable in North Carolina)*

I hereby request that my application for insurance coverage be submitted for consideration to the company shown in this application. Accordingly, I authorize and direct any person or organization whatsoever to release and furnish to that company any and all information requested which may relate to my insurability.

I hereby indicate that the aforementioned statements and answers are correct and complete. I further understand that an incorrect or incomplete statement or answer could void my protection.

I hereby consent to the review by the company shown in this application of any incidents or occurrences likely to result in malpractice allegation or claim. I agree to cooperate in the review of claims and incidents which apply to the coverage requested.

Where applicable, I hereby consent to the review of my application by the committees appointed by my county or state professional association/society. I agree to cooperate with these committees.

**NOTICE TO APPLICANT**

The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

☐ ***I have read the statements above, understand their meaning and agree.***

Applicant's signature:

Date:

Applicant's name:

Applicant's title: