Covers gyms, health clubs, and fitness studios, including 24-hour access clubs. CrossFit boxes use CWCO-SUP-CROSSFIT; yoga and Pilates studios use their own forms; independent trainers CWCO-SUP-PERSONALTRAINER. Complete with ACORD 125, 126, and 140.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME | DBA | FEIN | YEARS IN BUSINESS

BUSINESS ADDRESS | CITY / STATE / ZIP | WEBSITE

Entity type:
☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation

PRIMARY CONTACT / TITLE | PHONE | EMAIL

FRANCHISE BRAND (IF ANY) | NUMBER OF LOCATIONS

2 OPERATIONS

MEMBERS | SQUARE FEET | STAFFED HOURS PER WEEK | OPEN HOURS PER WEEK

Amenities (check all that apply):
☐ Pool ☐ Sauna / steam room ☐ Tanning ☐ Group classes ☐ Childcare ☐ Basketball / courts ☐ Recovery (cryo, red light) ☐ Smoothie bar

2-1 Is the facility open to members when no staff are on site? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 Do trainers work as independent contractors? ☐ Yes ☐ No
IF YES, EXPLAIN

2-3 Is childcare offered while members work out? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — CARDIAC EMERGENCIES, UNSTAFFED HOURS & EQUIPMENT

Sudden cardiac arrest is the defining severe risk in gyms: survival odds fall about 10% with every minute without defibrillation. Texas requires every athletic club to have an AED and a trained person present during staffed hours, and many states have similar rules.

3-1 Is an AED on site and inspected monthly? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 Can the AED be reached within 3 minutes from anywhere in the facility? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 Is at least one CPR/AED-certified employee present during all staffed hours? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 Is there a written emergency action plan, practiced at least twice a year? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 Does every member sign a liability waiver and health questionnaire at joining? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 If yes to 2-1, are unstaffed hours covered by cameras, emergency call buttons, and key-card access? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 Is equipment inspected daily, with logs? ☐ Yes ☐ No
IF YES, EXPLAIN

3-8 Is equipment serviced on the manufacturer's schedule? ☐ Yes ☐ No
IF YES, EXPLAIN

3-9 Is broken equipment tagged out of service immediately? ☐ Yes ☐ No
IF YES, EXPLAIN

3-10 Has a member died, suffered cardiac arrest, or been seriously injured at the facility? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — TRAINERS, CLASSES & AMENITIES

4-1 Are all trainers and class instructors nationally certified and CPR/AED-certified? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 If yes to 2-2, do contractor trainers carry their own professional liability naming the facility? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Are pools, saunas, and steam rooms inspected daily? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Are rules and time limits posted at pools, saunas, and steam rooms? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 If yes to 2-3, are childcare staff background-checked? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 If yes to 2-3, are children released only to the adult who signed them in? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Are locker rooms free of cameras and phones (posted policy)? ☐ Yes ☐ No
IF YES, EXPLAIN

5 PAYROLL & RECEIPTS

TOTAL ANNUAL PAYROLL ($)	MEMBERSHIP RECEIPTS ($)	TRAINING / CLASS RECEIPTS ($)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

GL / PROFESSIONAL CARRIER / LIMITS	ABUSE & MOLESTATION (Y / N)	UMBRELLA LIMIT

6-1 Has any carrier declined, cancelled, or non-renewed coverage in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

DATE OF LOSS	DESCRIPTION	TOTAL INCURRED ($)	OPEN / CLOSED

6-2 Is the applicant aware of any incident, complaint, or circumstance not yet resulting in a claim that could reasonably give rise to one? ☐ Yes ☐ No
IF YES, EXPLAIN

7 RISK MANAGEMENT

7-1 Are incident reports completed the same day, with witness names? ☐ Yes ☐ No

IF YES, EXPLAIN

7-2 Are membership contracts reviewed for state health-club law compliance (cancellation rights)? ☐ Yes ☐ No

IF YES, EXPLAIN

8 SIGNATURE & FRAUD WARNING

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This supplemental is an intake document prepared by Cory Washington & Co. LLC to support carrier submission; it does not itself provide coverage.

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 such person to criminal and civil penalties. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE

PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE