

Applicants Name: _____ Date: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Fitness Center **No Exposure**

1. Type of equipment: Treadmills; Stepper; Free Weights; Weight Machines; Bicycles; Elliptical Trainer; Other: _____
2. Are there certified trainers on staff? Yes No
3. a. Are special classes offered? Yes No
 b. If yes, aerobic; spinning; Taebo/boxing; other: _____
4. Brand of machines: Nautilus; Cybex; Other: _____
5. How often are machines inspected by a: certified professional, manufacturer representative, or applicant? _____
6. Are introduction classes given to all for proper use of machines prior to being allowed access? Yes No
7. Is there safety and warning signs posted in the fitness area? Yes No
8. Are waivers signed? Yes No
9. Are guest allowed to use fitness center without supervision? Yes No
10. Hours of operation: Open: _____ Close: _____
11. Is first aid kit available on-site? Yes No
12. Is there a working phone in the Fitness area? Yes No
13. Is there a water cooler available in the Fitness/Spa area? Yes No

Spa Services **No Exposure**

1. Indicate the type of spa services provided at ranch:

<input type="checkbox"/> Body Wrap	<input type="checkbox"/> Manicure/Pedicure	<input type="checkbox"/> Whirlpool
<input type="checkbox"/> Facials	<input type="checkbox"/> Massage	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Hair Stylist (Including perms & coloring)	<input type="checkbox"/> Sauna (<input type="checkbox"/> Dry or <input type="checkbox"/> Steam)	
2. Are all staff members of the spa employees of the ranch? Yes No
3. If not employees of the ranch, are all staff members required to carry general liability insurance*? Yes No
4. Do all staff members carry professional insurance*? Yes No
5. Are all staff members required to be licensed in the service they are providing? Yes No
6. Is the pool/spa/whirlpool compliant with The Virginia Graeme Baker Pool & Spa Safety Act? Yes No
 If no, explain action plan and time table for compliance _____

7. Do your guests use pools/spas/whirlpools owned by other entities? Yes No
 If so, do you confirm compliance with The Virginia Graeme Baker Pool & Spa Safety Act? Yes No

*Please provide a certificate of insurance with an "A rated" admitted carrier with limits equal to our insured.

**This supplement must be approved by Markel Insurance Company prior to coverage being bound.
 This supplement becomes part of your application and must be signed and dated.**

Applicant's Signature: _____ Date: _____ Broker's Signature: _____ Date: _____

Broker's Name: _____ Agency Phone Number: _____