



214 Key Drive, Suite 2000  
 Madison, MS 39110  
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## Fitness Center & Spa Supplement

Applicant's Name:			Date:
Mailing Address:	City:	State:	Zip:

**Fitness Center**       **No Exposure**

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

**Spa Services**       **No Exposure**

- 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)	
- Are all staff members of the spa employees of the ranch?  Yes  No
- If not employees of the ranch, are all staff members required to carry general liability insurance\*?  Yes  No
- Do all staff members carry professional insurance\*?  Yes  No
- Are all staff members required to be licensed in the service they are providing?  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	Agent's Signature	Date
Agency Name: _____		Agency Phone Number: _____	