



WELLNESS AND FITNESS SUPPLEMENTAL
ATTACH SEPARATE SHEET WITH ANY ADDITIONAL DETAILS IF NECESSARY

Named Insured: _____

Do you offer any fitness/exercise classes? Yes No

If yes, please provide list of all types of classes offered. _____

In addition to the above, do you offer any high endurance or high intensity resistance training classes? Yes No

If yes, please provide list of all classes offered that fall under this category. _____

Do you offer any exercise equipment for client use? Yes No

If yes, please provide list of equipment. _____

Is there always an employee present while clients are doing any type of exercise activity? Yes No

If no, please explain. _____

Do you provide any other wellness services? Yes No

If yes, please provide complete details of services. _____

Do you sell any nutritional/weight loss supplements? Yes No

If yes, please provide complete list of supplements. _____

Do you recommend any nutritional/weight loss supplements to patients? Yes No

If yes, please provide a complete list of recommended supplements. _____

Do you explain all possible allergic reactions/side effects of the recommended supplement to the patient?

Yes No

Do you recommend that the patient consult with his/her primary physician before taking any new supplements or before starting any new exercise/fitness class? Yes No

Do you have the patient sign/date a waiver that says you and your facility are not responsible for any injury, allergic reactions and side effects related to the patient's use of the recommended supplements or any injury resulting from participation in any exercise/fitness class? Yes No

I **DECLARE** that the information contained in this supplement is true and that no material facts have been suppressed or misstated. I **UNDERSTAND** that an incorrect or incomplete response could void my coverage.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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.

Must be signed by principal, partner or officer of group or individual applying for insurance

Signature of Applicant _____

Title _____

Printed Name _____

Date _____