



BUSINESS NAME: _____

Are employee(s) present during all hours of operation? Yes No

If not, what are the hours your club is open with employees not present? *(please provide schedule if already printed)*

Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____ Sun _____

Do you have a written guest policy? Yes No

Are guests allowed in the club when employees are not present? Yes No

Does your club have a signed waiver of liability *(may be included in membership agreement)* that informs the member that the club will be unstaffed at times during each day? Yes No

Do you have readily accessible panic buttons or alarms that provide a direct link to 911 or central station, or medical alert bracelets or necklaces? Yes No

Do you lock or make inaccessible wet areas when the club is un-staffed? Yes No

Do you restrict members under 18 years of age from using club while club is unattended? Yes No

How many members, a week, work out while employee(s) not present: _____

How many members, a week, work out between 12:01 A.M and 5:00 A.M: _____

What type of entry system do you have: key fob keycard actual keys finger print access

combination code other *(please explain)* _____

Does your entry system provide reports of usage? Yes No

Who is the manufacturer? _____

How long is club member usage data maintained? *(Please attach sample report of usage)* _____

Does your club have a digital surveillance system? Yes No

How many Cameras? _____

Does the surveillance system cover all public areas inside of club? Yes No

Does it cover parking area? Yes No

How long are recordings from cameras maintained? _____

Who is the manufacturer? _____

Who is the security company your club uses? *(Name)* _____

Address: _____

Phone No.: _____ Website: _____

Do you have an Automated External Defibrillator on site? Yes No

Printed Name

Title

Insured Signature

Date