

Office of Attorney General  
Bureau of Consumer Protection  
Health Club Registration Section  
21 South 12<sup>th</sup> Street, Second Floor  
Philadelphia, PA 19107  
(215) 560-1095

\_\_\_\_\_ New Certificate  
\_\_\_\_\_ Change to Current Certificate  
\_\_\_\_\_  
Current Registration Number

**Certificate of Compliance with Financial Security  
Requirements of the Health Club Act**

**Note:** A Certificate of Compliance must be filed for each separate location at which a business entity provides health club services

1. This Certificate of Compliance is made on behalf of the following business entity:

\_\_\_\_\_  
Business or Fictitious Name of Health Club

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City County Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Location of Health Club if different from above

2. The Health Club identified in paragraph 1 advertises, offers for sale or sells health club services pursuant to the following types of health club contracts (check one):

\_\_\_\_\_ A. Health club contracts for no more than twelve (12) months where payments are NOT made in equal monthly installments.  
(\$50,000 Financial Security Required)

\_\_\_\_\_ B. Health club contracts for more than twelve (12) months but no more than twenty-four (24) months where payments are NOT made in equal monthly installments.  
(\$100,000 Financial Security Required)

- C. Health club contracts for more than twenty-four (24) months where payments are NOT made in equal monthly installments.  
(\$200,000 Financial Security Required)  
\_\_\_\_\_
  
- D. Health club contracts for no more than twenty-four (24) months where payments are NOT made in equal monthly installments, AND where no more than three hundred (300) persons are members of the Health Club.  
(\$50,000 Financial Security Required)  
\_\_\_\_\_
  
- E. Health club contracts for no more than twenty-four (24) months where payments are NOT made in equal monthly installments, AND no more than one hundred fifty (150) persons are members of the Health Club.  
(\$25,000 Financial Security Required)  
\_\_\_\_\_

3. The Health Club identified in paragraph 1 has satisfied the appropriate financial security requirements of the Health Club Act as follows (check one):

- A. A surety bond in the amount of \$ \_\_\_\_\_ has been obtained.

Bond Company:

\_\_\_\_\_ Name

\_\_\_\_\_ Address

\_\_\_\_\_ City County Zip Code

\_\_\_\_\_ Telephone Number

Bond Number: \_\_\_\_\_

Issue Date: \_\_\_\_\_

The Bond is in the form which has been approved by the Bureau of Consumer Protection, or its substantial equivalent.

**Note: Original Bond must be filed with this certificate.**

\_\_\_\_\_ B. An irrevocable Letter of Credit in the amount of \$ \_\_\_\_\_ has been filed with the Bureau of Consumer Protection.

Financial Institution:

\_\_\_\_\_ Name

\_\_\_\_\_ Address

\_\_\_\_\_ City County Zip Code

\_\_\_\_\_ Telephone Number

Letter of Credit Number: \_\_\_\_\_

Issue Date: \_\_\_\_\_

The Letter of Credit is on a form approved and provided by the Bureau of Consumer Protection, or its substantial equivalent.

**Note :** Original Letter of Credit must be filed with this Certificate.

4. The financial security identified in Paragraph 3 is currently in effect and, unless terminated or canceled upon ninety (90) days written notice, will remain in effect.

Note If financial security is canceled or terminated, it must be replaced with financial security acceptable to the Bureau of Consumer Protection. Failure to replace a bond will result in your Health Club not being able to write any further health club contracts. Failure to replace a letter of credit will result in the letter of credit being called in its full amount.

5. I understand that I am under a continuing obligation to notify the Bureau of Consumer Protection in writing of any change in the information provided in this Certificate of Compliance and of the obligation to file a renewal certificate by June 1 or each year.

**Certification**

I hereby certify that the information contained in the Certificate of Compliance is true and correct. I further certify that I have actual authority to make this certification on behalf of the Health Club identified in paragraph 1. I also understand that any false statement made herein is subject to the penalties for unsworn falsification to authorities pursuant to 18 Pa. C.S. Section 4904.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Title

For Official Use (to be completed by the Bureau of Consumer Protection)

Date Received: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Contract Received: \_\_\_\_\_

Action Recommended: \_\_\_\_\_

Application Approved (date): \_\_\_\_\_

Registration Number: \_\_\_\_\_