

Gyms, Health Clubs, Fitness Studios

SECTION 1: APPLICANT INFORMATION

1. Name of Applicant: _____
2. Contact Name: _____
3. Mailing Address: _____
4. Risk Location (Legal Address): _____
5. Business Phone: _____ Cell Phone: _____
6. Email: _____ Website: _____
7. Business Inception Date: _____
8. Company Structure: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation
9. Additional Insured & Address: _____

SECTION 2: UNDERWRITING/FACILITY INFORMATION

1. Is your facility licensed? ☐ Yes ☐ No
2. What type of facility do you operate? ☐ Health Club ☐ Gym
☐ Fitness Studio ☐ Fitness Studio at home
3. Do you: ☐ own ☐ rent or ☐ lease space?
4. Hours of Operation: _____
5. Gross Revenue: _____
6. Number of Employees: _____ Number of Employees who provide Fitness Training: _____
7. Are all employees who provide fitness training licensed? ☐ Yes ☐ No
8. Total number of clients receiving training: _____
9. Are clients required to sign a Waiver of Liability prior to any training or instruction commencing? ☐ Yes ☐ No
If yes, please attach a copy.
10. Type of Services and Equipment provided:

<input type="checkbox"/> Aerobics Classes*	<input type="checkbox"/> Babysitting Services	<input type="checkbox"/> Diet/Nutritional Plans	<input type="checkbox"/> Bicycle Tracks
<input type="checkbox"/> Food Services	<input type="checkbox"/> Clothing Sales	<input type="checkbox"/> Jogging Tracks	<input type="checkbox"/> Exercise Equipment
<input type="checkbox"/> Personal Training	<input type="checkbox"/> Group Fitness Classes*	<input type="checkbox"/> Sauna/Jacuzzi	<input type="checkbox"/> Spa Services*
<input type="checkbox"/> Special Events	<input type="checkbox"/> Racquetball	<input type="checkbox"/> Suntan Booths	<input type="checkbox"/> Swimming Pool
<input type="checkbox"/> Tennis	<input type="checkbox"/> Sports Medicine		



*For Aerobic Classes, Group Fitness Classes and Spa Services, please list all classes and/or services offered:

11. Do you provide Childcare Services? ☐ Yes ☐ No

If yes, what is the maximum number of children under your supervision? _____

What type of security and/or background checks are performed on employees providing babysitting services? _____

12. Number of Tennis, Racquetball, Squash Courts: _____ Number of Swimming Pools: _____
Number of Saunas/Jacuzzis: _____ Number of Juice Bars: _____
Number of Toning Tables: _____
Number of Exercise Equipment (such as weight benches, weight machines, cardio machines, stationary bikes, etc.): _____

13. Please give details on any other equipment, activities or services offered: _____

14. Do you teach any outdoor activities? ☐ Yes ☐ No

If yes, please provide details: _____

15. Do you teach any pre or post-natal courses? ☐ Yes ☐ No

If yes, please provide details: _____

16. Do you provide medical rehabilitation or diagnostic services? ☐ Yes ☐ No

If yes, please provide details: _____

17. Do you provide any nutritional services? ☐ Yes ☐ No

If yes, please provide details: _____

18. What type of loss control measures/procedures are in place to avoid injury to yourself and your clients? _____

If you have a loss control manual, please attach it to this application.



SECTION 3: PROFESSIONAL QUALIFICATIONS

1. Have you had formal physical education training? ☐ Yes ☐ No

If yes, please provide the following:

- a. Name of school attended: _____
- b. Level or designation achieved: _____
- c. Please list any additional training taken:

- d. Please list all professional qualifications/designations:

- e. Please list all associations in which you are a member in good standing:

- f. Please list any organization from which you have received certification:

Attach copies of the certification to this application.

SECTION 4: BUILDING DETAILS

1. Age: _____ (If over 20 years old, we require updated information for 4, 5 and 6 below.)
2. Storeys: _____ Total Number of Units: _____ Applicant's Square Footage: _____
3. Construction: ☐ Fire Resistive ☐ Frame ☐ Masonry / Non-Combustible
☐ Other: _____
4. Heating: _____
5. Electrical: ☐ Fuses ☐ Breakers
6. Roof: _____ Plumbing: _____
7. Is the risk location sprinklered? ☐ Yes ☐ No
8. Does the Insured have a fire extinguishing and maintenance contract in place? ☐ Yes ☐ No
9. Does the Insured have a UL300 compliant fire suppression system installed? ☐ Yes ☐ No
10. Does the Insured have a steam cleaning contract (semi-annually) in place? ☐ Yes ☐ No
11. Do you have any sub-tenants? ☐ Yes ☐ No
If yes, please list all tenants including their operations:

12. Principal's Experience: _____
13. Length of Time in Business: _____ Years at this Location: _____
14. Burglary Protection: ☐ Local Alarm ☐ Central Monitored Alarm, monitored by: _____
Alarm System: ☐ ULC ☐ Dedicated Lines



15. Town Grade: ☐ Risk is within 8kms of a responding fire hall and 300m (1000ft) of a functional hydrant connected to the municipal water service.

☐ Risk is within 8kms of a responding fire hall.

☐ Risk is over 8kms from a responding fire hall.

Fire Hall is: ☐ Pay ☐ Part-Time ☐ Voluntary

16. Please attach photos of front, rear and sides of the building.

Who is responsible for the maintenance of the premises and parking area? _____

If you are responsible, do you have the proper staff and procedures in place to prevent any accidents or slip and fall? ☐ Yes ☐ No

17. Do you use sub-contractors to deliver part of your services offering? ☐ Yes ☐ No

If yes, do you require a proof of insurance from contractors? ☐ Yes ☐ No

18. Do you provide services to other business as a sub-contractor? ☐ Yes ☐ No

19. Have you signed any agreements assuming liability? ☐ Yes ☐ No

If yes, please give details and provide copies:

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20. Do you transport equipment and participants with your own or leased vehicles? ☐ Yes ☐ No

If yes, please explain:

-
21. Do you sell any products which you yourself produce? ☐ Yes ☐ No

If yes, please provide details:



SECTION 5: COVERAGES

Property: ☐ Broad Form ☐ Named Perils Form ☐ Fire Only Form
☐ Earthquake ☐ Flood ☐ Sewer Back-up
☐ Replacement Cost (Except "Stock") ☐ Actual Cash Value

Coverage	Amount
1. Building:	
Include Blanket Bylaws Coverage <input type="radio"/> Yes <input type="radio"/> No	
Separate Bylaw Coverage <input type="radio"/> Yes <input type="radio"/> No	
2. Equipment & Stock:	
Tenant Improvements & Betterments	
Customers Goods	
Consequential Loss	
3. Transit	
4. Business Interruption	
<input type="checkbox"/> Gross Earnings, Co-Insurance _____ %	
<input type="checkbox"/> Profits Form	
5. Extra Expenses	
6. Auditors Fees	
7. Valuable Papers	
8. Accounts Receivables	
9. Rental Income (100% Co-Insurance, 12 months)	
10. EDP (Electronic Data Processing Form)	
11. Liability:	
Commercial General Liability	
Owners, Landlords & Tenants Liability	
Tenants Legal Liability	
12. Non-Owned Automobile	
13. Malpractice	
14. Crime:	
Inside/Outside Robbery	
Money - Broad Form	
Burglary Damage to Building	
15. Bond (Please advise what bonding is required: _____)	



16. Tool Floater (Please provide a complete list with individual values)	
17. Neon Signs	
18. Equipment Breakdown (Please specify form required below):	
19. Other Coverages Required (Not listed above):	

SECTION 6: INSURANCE & LOSS HISTORY INFORMATION

1. Do you currently carry any Commercial General Liability or Professional Liability insurance? ☐ Yes ☐ No

If yes, please provide the details below:

Current Carrier: _____ Policy #: _____ Premium: _____
 Expiry Date: _____ Type of Policy: _____ Limit: \$ _____

2. Has any Insurer ever declined, cancelled or imposed special conditions for any coverage, for you or your facility in the past? ☐ Yes ☐ No
3. Have you or your facility ever been subject to disciplinary proceedings for professional misconduct by a professional society or any statutory registration board? ☐ Yes ☐ No
4. Are you aware of any circumstances which may result in a claim against you or your facility? ☐ Yes ☐ No

If you answered "Yes" to any question in 2, 3 and/or 4 then you must provide full details on a separate page.

5. Loss History, please provide details below (attach additional page(s) if necessary):

Year	Insurer	Premium	Details of Loss(es)	# of Loss(es)	Total Amount(s) Paid

SECTION 7: DECLARATION

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to Risk-Can Underwriting Managers until accepted by Risk-Can Underwriting Managers, but that the information contained herein shall be the basis of the contract should a policy be issued.

I declare that the statements made in this application are complete and true to the best of my knowledge. I understand that the Application Form will form part of the insurance policy. I acknowledge that if, at any time of claim, it is discovered that any question in this application is not answered truthfully, accurately and completely, it may result in the non-payment of any claim and/or my coverage will be made null and void.

Your privacy is protected: The insurance coverage you are applying for is provided to you by Risk-Can Underwriting Managers and Risk-Can Underwriting Managers will collect, use and disclose the personal information, which you give, for the purpose of providing you with insurance services. Your information may be disclosed to others in the credit services, investigative and/or insurance fields as necessary to underwrite and administer this insurance and to pay any benefits.

Applicant's Name (Please print)

Title/Position

Signature of Applicant

Date (MM/DD/YYYY)

BROKER CONTACT INFORMATION

Agent Name: _____

Brokerage Name: _____

Email: _____

Address: _____

Phone: _____

City / Province: _____

Fax: _____

Postal Code: _____

