

## SECTION 1: APPLICANT INFORMATION

- Name of Applicant: \_\_\_\_\_
- Contact Name: \_\_\_\_\_
- Mailing Address: \_\_\_\_\_
- Risk Location (Legal Address): \_\_\_\_\_
- Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
- Email: \_\_\_\_\_ Website: \_\_\_\_\_
- Business Inception Date: \_\_\_\_\_
- Company Structure:  Sole Proprietorship  Partnership  Corporation
- Additional Insured & Address: \_\_\_\_\_

## SECTION 2: UNDERWRITING/FACILITY INFORMATION

- Is your facility licensed?  Yes  No
- What type of facility do you operate?  Health Club  Gym  
 Fitness Studio  Fitness Studio at home
- Do you:  own  rent or  lease space?
- Hours of Operation: \_\_\_\_\_
- Gross Revenue: \_\_\_\_\_
- Number of Employees: \_\_\_\_\_ Number of Employees who provide Fitness Training: \_\_\_\_\_
- Are all employees who provide fitness training licensed?  Yes  No
- Total number of clients receiving training: \_\_\_\_\_
- Are clients required to sign a Waiver of Liability prior to any training or instruction commencing?  Yes  No  
**If yes, please attach a copy.**
- 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:

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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?

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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:

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14. Do you teach any outdoor activities?  Yes  No

**If yes**, please provide details:

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

**If yes**, please provide details:

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

**If yes**, please provide details:

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17. Do you provide any nutritional services?  Yes  No

**If yes**, please provide details:

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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:

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

If **yes**, please provide details:

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

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

**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.

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 Applicant's Name (Please print)

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 Title/Position

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 Signature of Applicant

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 Date (MM/DD/YYYY)
**BROKER CONTACT INFORMATION**

Agent Name: \_\_\_\_\_

Brokerage Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City / Province: \_\_\_\_\_

Fax: \_\_\_\_\_

Postal Code: \_\_\_\_\_

