

HEALTH & WELLNESS PROGRAM – BODY VIBRATION STUDIO APPLICATION

\*\* NOTE: if beautician service are also offered please complete our Basic Spa application

Brokerage: \_\_\_\_\_ Producer name: \_\_\_\_\_
Broker telephone: \_\_\_\_\_ Broker fax: \_\_\_\_\_ Target Premium: \$ \_\_\_\_\_
Broker email: \_\_\_\_\_ Are you the present Broker on file? [ ] Y [ ] N
Legal Business Name: \_\_\_\_\_
Location Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal: \_\_\_\_\_
Mailing (if different): \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal: \_\_\_\_\_
Contact Person: \_\_\_\_\_ E-mail: \_\_\_\_\_
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Res. #: \_\_\_\_\_ Cell #: \_\_\_\_\_
Web Page: \_\_\_\_\_

Expiry Date of Policy: \_\_\_\_\_
Current Insurance Company: \_\_\_\_\_ Risk Ever Been Canceled: [ ] Y [ ] N
# of years in business? \_\_\_\_\_ # of full time Employees? \_\_\_\_\_ # of part time? \_\_\_\_\_
Is pass key access cards used [ ] Y [ ] N Are trained employee on Premise at ALL TIMES? [ ] Y [ ] N
Is there 24 hour operations? [ ] Y [ ] N Do children under the age of 16 use the health club? [ ] Y [ ] N
Is there any time when there will be less than 2 employees on premise [ ] Y [ ] N
Please advise average time periods when there would be less than 2 employee's \_\_\_\_\_
Describe your location (Two storey, strip plaza, shopping mall, etc.) \_\_\_\_\_ No. of Stories: \_\_\_\_\_
Do you own the building? [ ] Y [ ] N Total Area of Building? \_\_\_\_\_ Ft Total Area of your Facility: \_\_\_\_\_ Ft
The Building Age: \_\_\_\_\_ Latest Update: Roof \_\_\_\_\_ Heat \_\_\_\_\_ Plumbing: \_\_\_\_\_ Electric \_\_\_\_\_
Fire Hydrants within 500 Feet? [ ] Y [ ] N Restaurant within 2 adjacent units: [ ] Y [ ] N
Building Sprinklered? [ ] Y [ ] N Surveillance System? [ ] Y [ ] N
# of Fire Extinguishers: \_\_\_\_\_ Bars on Doors/Windows? [ ] Y [ ] N
What is at – Front: \_\_\_\_\_ Back: \_\_\_\_\_ Left: \_\_\_\_\_ Right: \_\_\_\_\_

CONSTRUCTION OF BUILDNG (please check one)

Wall Joists: Concrete Block/Masonry [ ] Brick Veneer over Wood [ ] Frame/Siding [ ]
Roof Joists: Concrete [ ] Steel Deck [ ] Metal Clad [ ] Wood Joists [ ]

“PROPERTY VALUES” (IF YOU HAD TO REPLACE THE FOLLOWING ITEMS TODAY)

Building (if require) \$ \_\_\_\_\_ Equipment \$ \_\_\_\_\_
Leasehold Improvements \$ \_\_\_\_\_ Stock \$ \_\_\_\_\_

LIABILITY INFORMATION

Liability Limits Desired: \$1,000,000 [ ] 2,000,000 [ ] 3,000,000 [ ] 4,000,000 [ ] 5,000,000 [ ]

# of Members? \_\_\_\_\_ Liquor Receipts \$ \_\_\_\_\_
Member Receipts \$ \_\_\_\_\_ Food Receipts \$ \_\_\_\_\_
Clothing Receipts \$ \_\_\_\_\_ Tanning Receipts \$ \_\_\_\_\_
Camps \$ \_\_\_\_\_ Supplement Receipts \$ \_\_\_\_\_
Other Receipts \$ \_\_\_\_\_ Please advise \_\_\_\_\_
Referred Equipment Sales to Manufacture Receipts \$ \_\_\_\_\_
Total Yearly Gross Receipts \$ \_\_\_\_\_

FACILITY (check one): Coed [ ] Coed & Women’s [ ] Women’s Only [ ] Men’s Only [ ]

Body Vibration Machine # of units \_\_\_\_\_ [ ] Y [ ] N Infrared Machines # of units \_\_\_\_\_ [ ] Y [ ] N
Aerobic [ ] Y [ ] N Free Weight [ ] Y [ ] N Spinning [ ] Y [ ] N Yoga [ ] Y [ ] N
Pilates [ ] Y [ ] N Squash Courts [ ] Y [ ] N Boxing Ring [ ] Y [ ] N Hot Yoga [ ] Y [ ] N
Racquetball Courts [ ] Y [ ] N Tennis Courts [ ] Y [ ] N Basketball Courts [ ] Y [ ] N Toning Beds [ ] Y [ ] N
Fitness test: [ ] Y [ ] N Blood Pressure checked: [ ] Y [ ] N Diet Plans: [ ] Y [ ] N
Do all Members Sign Waivers: [ ] Y [ ] N Supplements sales: [ ] Y [ ] N
Any sales or distribution on Metabolic Supplements? [ ] Y [ ] N
Is a Par Q Is a Par Q Completed with each Member: [ ] Y [ ] N
If Concerns on the Par Q, would staff have the Member and their Doctor complete a Med X form [ ] Y [ ] N
Child Minding [ ] Y [ ] N Supervision Ration: \_\_\_\_\_:\_\_\_\_\_

**HEALTH & WELLNESS PROGRAM – BODY VIBRATION STUDIO APPLICATION** Page 2 of 2

Is there Police Checks of File for all staff within the Facility?  Y  N

**WET AREA - SAUNAS**

Type of Saunas: **WET / DRY / INFRA RED** Good Repair  Y  N Scorching on any walls?  Y  N  
 Heating Elements 4" from Closest Wall:  Y  N Fire Barrier between Heating Unit and Wall?  Y  N

**WET AREA – POOLS**

# of Pools \_\_\_\_\_ Non Slip Deck :  Y  N Maximum Depth: \_\_\_\_\_  
 Diving Boards:  Y  N Slides:  Y  N  
 Supervised  Y  N Proper Signs Posted  Y  N Swim at your Own Risk Signs Posted  Y  N  
 Lessons Given  Y  N Chemicals Tested Daily  Y  N Proper Maintenance Logs Recorded  Y  N

**WET AREA – WHIRLPOOLS & HOT TUBS**

Whirlpools \_\_\_\_\_ # of Hot tubs \_\_\_\_\_  
 Non slip mats  Y  N Proper railings  Y  N Overflow drain  Y  N  
**SHOWERS**  
**# of Showers:** \_\_\_\_\_ Is the Shower Surface None Slip? (in shower)  Y  N (outside shower)  Y  N

**FITNESS EQUIPMENT**

What is the average age of the fitness equipment? \_\_\_\_\_

**TYPE OF DETACHABLE EQUIPMENT CONNECTIONS**

"S" Connections  Y  N **or** Spring Loaded Carabineer or Clip Connections?  Y  N  
 Do the Lat Pull Down shoulder attachments have a padded section in the middle of the bar?  Y  N  
 Orderly Layout?  Y  N Is Equipment Inspected Daily?  Y  N  
 Is a Maintenance Log Recorded & Stored 2 Years?  Y  N  
 Do you rent space to others within your unit?  Y  N  
 If yes, do they list you as an additional insured?  Y  N

**\*\*NOTE:** If there are **Sun Tanning Beds** a Supplementary Inspection Report must be completed.

**\*\*NOTE:** If there are **Martial Arts Operations** Supplementary Inspection Report must be completed.

Claims last 5 years?  Y  N - If yes, please advise, year, type of loss and payout/reserve on coversheet.

**ADDITIONAL INSURED** (i.e.: landlord) \_\_\_\_\_

**LOSS PAYEE** (loan from bank for equipment or mortgage): \_\_\_\_\_

**\*\* CYBER LIABILITY \*\***

Does the Company store any medical/health information for clients?  Y  N  
 • If yes, does the Company follow the minimum standards under the HIPAA (encryption and firewalls in place)?  Y  N  
 • If yes, does the Company follow the minimum standards under PIPEDA or the respective PIPA requirements (encryption and firewalls in place)?  Y  N  
 • Higher cyber limits may be available, please contact your underwriter for details.

**PLEASE READ BEFORE SIGNING:** A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

**NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.**

Insured Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Broker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).*

**\*\* Email application and attachments to - [newbizcommercial@premiergroup.ca](mailto:newbizcommercial@premiergroup.ca) \*\***

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