

**HEALTH AND WELLNESS PROGRAM DANCE STUDIO APPLICATION**

Brokerage: \_\_\_\_\_ Producer name: \_\_\_\_\_  
 Broker telephone: \_\_\_\_\_ Broker fax: \_\_\_\_\_ Target Premium: \$ \_\_\_\_\_  
 Broker email: \_\_\_\_\_ Are you the present Broker on file?  YES  NO

**GENERAL INFORMATION**

Legal Business Name: \_\_\_\_\_  
 Location Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal: \_\_\_\_\_  
 Mailing (if different): \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Res. #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Website Address: \_\_\_\_\_

**Expiry Date of Policy:** \_\_\_\_\_ **Current Insurance Company:** \_\_\_\_\_ **Risk Ever Been Canceled:**  YES  NO  
 # of years in business? \_\_\_\_\_ # of full time Employees? \_\_\_\_\_ # of part time? \_\_\_\_\_ # year's experience? \_\_\_\_\_  
 Claims last 5 years?  YES  NO  
 If yes, please advise, year, type of loss and payout/reserve: \_\_\_\_\_

**PROPERTY INFORMATION**

Describe your location (Two storey, strip plaza, shopping mall, etc.): \_\_\_\_\_ No. of Stories: \_\_\_\_\_

**CONSTRUCTION OF BUILDING:**

Do you own the building?  YES  NO Total Area of your Facility: \_\_\_\_\_ Ft The Building Age: \_\_\_\_\_  
 Latest Update: \_\_\_\_\_ Roof: \_\_\_\_\_ Heat: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Electric: \_\_\_\_\_  
 Fire Hydrants within 500 Feet?  YES  NO Restaurant within 2 adjacent units:  YES  NO  
 Building Sprinklered?  YES  NO Monitored Alarm System?  YES  NO  
 Local Alarm System?  YES  NO Fire Alarm?  YES  NO  
 Surveillance System?  YES  NO # of Fire Extinguishers: \_\_\_\_\_  
 Any Smoking on Premise?  YES  NO Bars on Doors/Windows?  YES  NO  
 Doors have deadbolts?  YES  NO

**EXPOSURES** Front: \_\_\_\_\_ Back: \_\_\_\_\_ Left: \_\_\_\_\_ Right: \_\_\_\_\_

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

**"PROPERTY VALUES" (IF YOU HAD TO REPLACE THE FOLLOWING ITEMS TODAY)**

Building (if required)	\$ _____	Equipment	\$ _____
Leasehold Improvements	\$ _____	Retail Clothing	\$ _____
Other Stock	\$ _____	Actual Cash Value of Costumes	\$ _____

(\* Dance Studio leasehold improvements rebuilding values are usually around \$20 per square foot. Most Leases state that the lessee must insure all improvements including any completed previous to the signing agreement.)

**LIABILITY INFORMATION**

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

Student Receipts:	\$ _____	Recital Receipts:	\$ _____
Summer Camps	\$ _____	Liquor Receipts?	\$ _____
Clothing Receipts	\$ _____		
Other Receipts	\$ _____	please specify	_____
<b>Total Yearly Gross Receipts</b>	<b>\$ _____</b>		

**FACILITY**

Children under 12 \_\_\_\_\_% Jr. 12-18 \_\_\_\_\_% Adult \_\_\_\_\_% Number of Students? \_\_\_\_\_

List All Styles of Dance: \_\_\_\_\_

Are Private lessons provided?  YES  NO Do all Members Sign Waivers:  YES  NO  
 Weapons  YES  NO If Yes, please provide list: \_\_\_\_\_  
 Are all Record Kept on File for a Minimum of 2 Years?  YES  NO  
 Are there any operations away from your premise?  YES  NO  
 If Yes, Please elaborate: \_\_\_\_\_

Does the Insured provide transportation?  YES  NO  
 Do rent space to others within your unit?  YES  NO  
 If yes, do they list you as an additional insured?  YES  NO

**RECITALS:**

How many Recitals do you attend per year? # \_\_\_\_\_ On Average, How many Students attend the Recitals? # \_\_\_\_\_  
 How many Recitals are held at your Studio? # \_\_\_\_\_ How many Recitals are held away from your Studio? # \_\_\_\_\_

**\*\*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.

**\*\*NOTE:** A certificate of insurance **MUST** be provided to the Dance Salon Owner if there are any operations offered by others within the Dance Studio.

**ADDITIONAL INSUREDS** (i.e.: landlord):

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

Does the Company store any medical/health information for clients?

YES  NO

• If yes, does the Company follow the minimum standards under the HIPAA (encryption and firewalls in place)?

YES  NO

• If yes, does the Company follow the minimum standards under PIPEDA or the respective PIPA requirements (encryption and firewalls in place)?

YES  NO

**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:

Broker Email:

*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) \*\***

**Vancouver - T 604.669.5211 F 604.669.2667**

**London - T 519.850.1610 F 519.850.1614**