

**HEALTH & WELLNESS PROGRAM - HEALTH CLUB STUDIO APPLICATION**

Brokerage:		Producer name:	
Broker telephone:	Broker fax:	Target Premium: \$	
Broker email:		Are you the present Broker on file? <input type="checkbox"/> YES <input type="checkbox"/> 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: <input type="checkbox"/> YES <input type="checkbox"/> NO	
# of years in business?	# of full time Employees?	# of part time?	# of years experience?				
Is pass key access cards used? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are trained employees on premise at ALL TIMES? <input type="checkbox"/> YES <input type="checkbox"/> NO						
Is there 24 hour operations? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do children under the age of 16 use the health club? <input type="checkbox"/> YES <input type="checkbox"/> NO						
Is there any time when there will be less than two employees on premise? <input type="checkbox"/> YES <input type="checkbox"/> NO							
Please advise average time periods when there would be less than two employees:							
Claims last 5 years? <input type="checkbox"/> YES <input type="checkbox"/> 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:	
Do you own the building? <input type="checkbox"/> YES <input type="checkbox"/> NO	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? <input type="checkbox"/> YES <input type="checkbox"/> NO	Restaurant within 2 adjacent units: <input type="checkbox"/> YES <input type="checkbox"/> NO				
Building Sprinklered? <input type="checkbox"/> YES <input type="checkbox"/> NO	Monitored Alarm System? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Local Alarm System? <input type="checkbox"/> YES <input type="checkbox"/> NO	Fire Alarm? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Surveillance System? <input type="checkbox"/> YES <input type="checkbox"/> NO	Bars on Doors/Windows? <input type="checkbox"/> YES <input type="checkbox"/> NO				
# of Fire Extinguishers:					
What is at - Front:	Back:	Left:	Right:		
<input type="checkbox"/> <b>LOSS PAYEE</b> (loan from bank for equipment or mortgage):					

**CONSTRUCTION OF BUILDING:**

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

Building (if required) \$ _____	Equipment \$ _____
Leasehold Improvements \$ _____	Stock \$ _____

\* Health Club Studio leasehold improvement rebuilding values are usually around \$30 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

# of Members? _____	Liquor Receipts \$ _____
Member Receipts \$ _____	Food Receipts \$ _____
Clothing Receipts \$ _____	Tanning Receipts \$ _____
Camps \$ _____	Supplement Receipts \$ _____
Other Receipts \$ _____, please specify: _____	
<b>Total Yearly Gross Receipts \$ _____</b>	

<b>FACILITY (check one):</b>	<input type="checkbox"/> Coed	<input type="checkbox"/> Coed & Women's	<input type="checkbox"/> Women's Only	<input type="checkbox"/> Men's Only	
Aerobic	<input type="checkbox"/> YES <input type="checkbox"/> NO	Free Weight	<input type="checkbox"/> YES <input type="checkbox"/> NO	Spinning	<input type="checkbox"/> YES <input type="checkbox"/> NO
Yoga	<input type="checkbox"/> YES <input type="checkbox"/> NO	Pilates	<input type="checkbox"/> YES <input type="checkbox"/> NO	Squash Courts	<input type="checkbox"/> YES <input type="checkbox"/> NO
Boxing Ring	<input type="checkbox"/> YES <input type="checkbox"/> NO	Toning Beds	<input type="checkbox"/> YES <input type="checkbox"/> NO	Racquetball Courts	<input type="checkbox"/> YES <input type="checkbox"/> NO
Tennis Courts	<input type="checkbox"/> YES <input type="checkbox"/> NO	Basketball Courts	<input type="checkbox"/> YES <input type="checkbox"/> NO	Fitness test	<input type="checkbox"/> YES <input type="checkbox"/> NO
Diet Plans	<input type="checkbox"/> YES <input type="checkbox"/> NO	Blood Pressure checked	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do all Members Sign Waivers	<input type="checkbox"/> YES <input type="checkbox"/> NO
Supplements sales	<input type="checkbox"/> YES <input type="checkbox"/> NO	Any sales or distribution on Metabolic Supplements?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Is a Par Q Completed with each Member:					<input type="checkbox"/> YES <input type="checkbox"/> NO
If Concerns on the Par Q, would staff have the Member and their Doctor complete a Med X form:					<input type="checkbox"/> YES <input type="checkbox"/> NO
Child Minding:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Supervision Ratio: __:__	Is there Police Checks on File for all staff within the Facility?		<input type="checkbox"/> YES <input type="checkbox"/> NO

**WET AREA - SAUNAS**

Type of Saunas:  WET  DRY  INFRARED

**WET AREA - POOLS**

# of Pools: \_\_\_\_\_ Diving Boards:  YES  NO Slides:  YES  NO  
 Supervised:  YES  NO Proper Signs Posted:  YES  NO Lessons Given:  YES  NO  
 Chemicals Tested Daily:  YES  NO Proper Maintenance Logs Recorded:  YES  NO

**WET AREA – WHIRLPOOLS & HOT TUBS**

Whirlpools/Hot tubs # \_\_\_\_\_

**FITNESS EQUIPMENT**

What is the average age of the fitness equipment?

**Type Of Detachable Equipment Connections**

"S" Connections  YES  NO or Spring Loaded Carabineer or Clip Connection  YES  NO  
 Do the Lat Pull Down shoulder attachments have a padded section in the middle of the bar?  YES  NO  
 Orderly Layout  YES  NO Is Equipment Inspected Daily  YES  NO  
 Is a Maintenance Log Recorded & Stored 2 Years  YES  NO  
 Do you rent space to others within your unit?  YES  NO If yes, do they list you as an additional insured?  YES  NO

**\*\*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 Health Club Owner if there are any operations offered by others within the Health Club.

**ADDITIONAL INSURED** (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) \*\***

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