



Dance Instructor/Studio Package Insurance Application

Brokerage: _____ Contact Person: _____ Email: _____

Name of Insured: _____ o/a _____

Mailing Address: _____ City/Prov _____ Postal Code _____

Location Address: (if different from mailing): _____

Telephone: (_____) _____ Website: _____

Previous insurance company: _____ Is renewal being offered: _____

Has the named insured ever been refused or cancelled coverage? _____ Desired effective date: _____

5 year loss history: _____

UNDERWRITING INFORMATION

Estimated Total Annual Gross Receipts \$ _____ Annual Retail Receipts: \$ _____

Is the insurance for a: Dance Instructor Only? _____ or Dance Studio? _____

Year Business Established: _____

Full description of operations: _____

Are waivers signed by all participants and/or guardians? Yes No

Number of Dancers under 19 years old: _____ Number of dancers 19 and over: _____

Number of Instructors: _____ Ratio of Instructors to Dancers: _____

Are there any activities involving trampolines, inflatable jumping pillows &/or Aerials? Yes No

Does the dance involve any gymnastics? Yes No

Do you host a yearend recital? Yes No

Do you have any potential for travel to the United States? Yes No If Yes, explain how often & if participants carry separate travel medical insurance: _____

Is the location(s) under renovations of any kind? Yes No If Yes, please complete the renovation questionnaire

Do you serve alcohol or allow participants to bring alcohol on the premises and/or event? Yes No

Any additional information or remarks that you believe may help us in evaluating your application will be appreciated. Eg: Do you sublet your studio space, are there any special events? Please use the space provided or attach separate page:

Name, address and relationship to the insured for any “Additional Insured(s)” to be included

PROPERTY COVERAGE:

Construction: _____ Year Built: _____ Any Upgrades: _____
 #of Stories: _____ Sprinklered: _____ Alarmed? Local: _____ Monitored: _____ None: _____
 Square Footage: _____ Other Occupancies: _____
 Any additional information: _____

PROPERTY & BUSINESS INTERRUPTION COVERAGES	AMOUNT OF INSURANCE
Building	
Equipment (Including Tenants Improvements)	
Stock	
Miscellaneous Property Floater	
Extra Expense	
Business Interruption (Profits or ALS, please specify)	
Equipment Breakdown	
Computer (Hardware/Software)	
Office Contents	
Rent or Rental Value	
LIABILITY COVERAGE	AMOUNT OF INSURANCE
Commercial General Liability	

OPTIONAL COVERAGES: (Select any of the following optional coverages you require)

- Sewer Back-up Property Extension Endorsement
 Flood Earthquake 3D Crime

This application does not bind the applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the bases of the contract should a policy be issued.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

It is mutually agreed between the Company and the applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the applicant in any respect.

Applicant's Signature: _____ Date: _____