
GameDay Yoga Studio Application Form

General Information

Name of Insured: _____

Mailing Address: _____

Risk Address: _____

Contact Name: _____ Title: _____

Website: _____

Telephone Number: _____ Email Address: _____

Effective Date: _____ Expiry Date: _____

Number of years in operation: _____

Annual Revenue: _____

Type of Organization (Select all that apply)

Club Studio Facility Provincial Association National Governing Body

Affiliations:

Provincial National International

If yes, please provide details: _____

Are all activities sanctioned? Yes No

If no, please specify what activities are not considered sanctioned: _____

Is your organization: Profit Non-Profit

Business Operations

List and describe the type of activities and classes offered: _____

Do you offer hot yoga? Yes No

If yes, what is the maximum room temperature offered: _____

Do you provide any aerial, inversion, silks, paddle board or pole fitness instruction: Yes No

If yes, please advise details: _____

Do you hold any offsite classes? Yes No

If yes, please advise details: _____

What is the average number of classes per day? _____

What is the maximum number of participants allowed in one class? _____

Total number of members? _____

Do you host any social or fundraising events? Yes No

If yes, please advise further details: _____

Is there any liquor exposure? Yes No

If yes, please provide details: _____

Does your facility sell any food, beverages or supplements? Yes No

If yes, please provide details: _____

Does your facility sell any clothing, accessories or other merchandise? Yes No

If yes, please provide details: _____

Do you have any administrative staff or volunteers besides instructors? Yes No

If yes, please provide details: _____

Have you ever had a claim made against you? Yes No

If yes, please provide details: _____

Instructor Information

How many instructors do you have?

What qualifications are required to be an instructor at your facility?

Do you require proof of qualifications from your instructors? Yes No

Are your instructors required to carry their own insurance? Yes No

Liability

Are waivers, release or consent forms signed by participants? Yes No

If no, please explain why: _____

Current Insurer: _____ Policy Number: _____

Limit of liability required:

\$1,000,000 \$2,000,000 \$3,000,000 \$5,000,000

Are there any losses in the last 5 years? Yes No

If yes, please provide full details including date, loss description, amounts paid out/reserves and status of claim: _____

Directors' and Officers'/Errors and Omissions

Do you require Directors' and Officers' Insurance? Yes No

Do you require Errors and Omissions insurance? Yes No

Limit of coverage required:

\$1,000,000 \$2,000,000 \$3,000,000 \$5,000,000

How often is an audit completed? _____

Has the organization filed a federal income tax return in the last 5 years? Yes No

Do you have by-laws? Yes No

If yes, when were your by-laws last updated? _____

Has any company previously declined or cancelled any insurance coverage? Yes No

If yes, Please provide details: _____

Current Insurer: _____ Policy Number: _____

Are there any losses in the last 5 Years? Yes No

If yes, please provide details: _____

Sport Accident

Do you require participant accident coverage? Yes No

Current Insurer: _____ Policy Number: _____

Has any company previously declined or cancelled any insurance coverage? Yes No

If yes, Please provide details: _____

Are there any losses in the last 5 Years? Yes No

If yes, please provide details: _____

Property Coverage

Do you require property coverage? Yes No

If yes, please complete a property supplement form

I certify that all information is truthful and accurate to the best of my knowledge.

Authorized Signature: _____ Date: _____

Please Print Name: _____

The signing of this application does not bind insurance.