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 K&K Insurance Brokers, Inc. Canada

## HEALTH CLUB APPLICATION

1. Policy period required from \_\_\_\_\_ to \_\_\_\_\_  
(Year) (Year)

**INSURED**

2. Named Insured as it is to appear on policy: \_\_\_\_\_

3. What is the Insured?       Corporation               Partnership               Joint Venture  
     Individual                       Other \_\_\_\_\_

4. Facility Address: \_\_\_\_\_  
Street City Province Postal Code

5. Total number of locations: \_\_\_\_\_

Address of each location (Include street, city, province, and postal code):

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

*\*Use extra sheet if necessary.*

6. Web Site: \_\_\_\_\_

7. Doing Business As: \_\_\_\_\_

8. Name, Address and Description of Operations of all Subsidiary Companies:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Does the organization engage in any other business operations under the name of the Insured as will appear on the policy?       Yes       No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10. Number of years in business: \_\_\_\_\_

**BROKER**

11. Name of Agent/Brokerage: \_\_\_\_\_

12. Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax Number: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**INSURANCE INFORMATION**

13. **TOTAL** gross receipts: \$ \_\_\_\_\_

What amount of receipts are:	Membership Fees	\$ _____	Initiation	\$ _____
	Pro Shop Sales	\$ _____	Restaurant	\$ _____
	Snack/Juice Bar	\$ _____	Liquor	\$ _____
	Other	\$ _____		

14. What is the minimum age requirement? \_\_\_\_\_

15. Are minors required to be accompanied by a parent/guardian?  Yes  No

16. Is a waiver/hold harmless agreement signed by each member and guest?  Yes  No

17. Please indicate your exposures below where applicable:

	How Many	Age of Equipment	
Circuit Training/Cardio Equipment	_____	_____	<input type="checkbox"/> Aerobics/Step Aerobics
Aerobic Mini Trampoline	_____	_____	<input type="checkbox"/> Running Tracks
Trampoline	_____	_____	<input type="checkbox"/> Gymnastic Classes
Rock Climbing Walls	_____	_____	<input type="checkbox"/> Ice/Roller Skating/Blading
Sun Tanning Units	_____	_____	<input type="checkbox"/> Boxing/Kick Boxing
Racquet/Handball Courts/Tennis Courts	_____	_____	<input type="checkbox"/> Martial Arts
Swimming Pools	_____	_____	<input type="checkbox"/> Sports Med/Rehab/Therapy
Swimming Pools with Diving Boards	_____	_____	<input type="checkbox"/> Physicals/ Stress Testing
Whirlpools/Jacuzzis/Cold Plunge	_____	_____	<input type="checkbox"/> Pro Shop
Steamrooms	_____	_____	<input type="checkbox"/> Restaurant
Masseur/ Masseur	_____	_____	<input type="checkbox"/> Blood Analysis
Free Weights	_____	_____	<input type="checkbox"/> Vitamin Injections
Diet Centre/ Weight Control Services	_____	_____	<input type="checkbox"/> Camp Programs
Nurseries/Child Care	_____	_____	<input type="checkbox"/> Snack/Juice Bar
Other _____	_____	_____	

**MANAGEMENT/PERSONNEL**

18. List management experience and qualifications: \_\_\_\_\_

19. a) Please list sub-contractors below and indicate whether they carry their own insurance naming the club as an Additional Insured, and what limits are carried:

NAME	LIMITS	SQUARE FEET	ADDITIONAL INSURED		LICENCED/CERTIFIED	
_____			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

b) Are all personnel (including instructors and trainers) your employees?  Yes  No

If no, please list those who are not and whether they carry their own insurance:

Name _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Limit _____
Name _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Limit _____
Name _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Limit _____

20. How many employees? \_\_\_\_\_

21. How many of your employees are certified in CPR? \_\_\_\_\_ First Aid? \_\_\_\_\_

22. What certifications do your trainers/instructors have? \_\_\_\_\_

23. Are there written medical emergency and evacuation procedures in place?  Yes  No
24. Are employees, instructors, trainers available in each area of the facility for supervision, spotting and emergencies?  Yes  No
25. Do any of your employed instructors provide outside services operating on your club's behalf?  Yes  No

Please explain: \_\_\_\_\_  
 \_\_\_\_\_

**FACILITY**

26. How often is equipment inspected, maintained? \_\_\_\_\_
27. Are maintenance logs maintained?  Yes  No
28. Who repairs equipment? \_\_\_\_\_
29. Is signage used throughout facility to indicate proper use of equipment, club features, and off-limit areas?  Yes  No
30. Are there GFI protectors on all outlets in the locker/shower/wet areas?  Yes  No
31. What type of aerobics floor is used? \_\_\_\_\_
32. What safety features are installed?  Sprinkler System  Alarms  Smoke Detectors  Fire Extinguishers

**C. NURSERY/DAY CARE**

33. Is centre licenced?  Yes  No
34. Describe briefly the type of attention given minors in the absence of parents:  
 \_\_\_\_\_  
 \_\_\_\_\_

35. How many of each age group are typically involved at one time when present?

MALES:	Age 1-2 _____	Age 3-6 _____	Age 7-9 _____	Age 10-12 _____	Age 13-17 _____
FEMALES:	Age 1-2 _____	Age 3-6 _____	Age 7-9 _____	Age 10-12 _____	Age 13-17 _____

36. How many adult staff directly supervise the activities?  
 Total Individuals: \_\_\_\_\_ At a Given Time: \_\_\_\_\_ %Male: \_\_\_\_\_
37. What is the ratio of attendants to children? \_\_\_\_\_ Ages of attendants: \_\_\_\_\_
38. What qualifications do you require of adult staff: \_\_\_\_\_  
 \_\_\_\_\_

39. Do you have a formal set of policies and procedures for screening the character and criminal history of your adult staff, whether volunteers or paid employees, prior to selection?  Yes  No
- After selection?  Yes  No

Please attach these policies/procedures or characterize: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

40. What system do you use for checking the children in and out as they arrive and depart?  
 \_\_\_\_\_  
 \_\_\_\_\_

41. Are parents allowed to leave facility while children are still in your care?  Yes  No

42. What meals or snacks are provided? \_\_\_\_\_

43. Are the attendants CPR and/or first-aid trained?  Yes  No

44. What policies and procedures are in place for investigating an allegation of child sexual abuse by staff?  
\_\_\_\_\_  
\_\_\_\_\_

45. What adult staff training program(s) do you require and/or provide concerning child sexual abuse prevention? \_\_\_\_\_  
\_\_\_\_\_

46. Have any allegations of abuse been made against you, your employees, volunteers or any other person associated with your organization during the past 10 years?  Yes  No  
If yes, provide full details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

47. Give details of all claims arising from abuse made against you, your employees, volunteers or any other person associated with your organization during the past 10 years:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. RESTAURANT/SNACK OR JUICE BAR/ VENDING**

48. Is the restaurant or snack bar open to the general public?  Yes  No

49. Indicate exposure:  Restaurant  Snack/Juice Bar  Vending

50. Are deep fryers/grills protected by an automatic extinguishing system?  Yes  No

**E. PRO-SHOP**

51. Describe products sold: \_\_\_\_\_

52. Are any of the products manufactured under your own label?  Yes  No

**F. GYMNASTICS**

53. Are members constantly supervised and spotted?  Yes  No

54. List gymnastic apparatuses (i.e. trampoline, parallel bars, vault, etc.) \_\_\_\_\_  
\_\_\_\_\_

**G. TANNING**

55. Is a tanning card being used. **(Attach a sample.)**

56. Type and Make of the Equipment: \_\_\_\_\_  
\_\_\_\_\_

57. Age of Equipment: \_\_\_\_\_

58. Are warnings and photosensitizing medications posted in and around the tanning area?  Yes  No

List below the name of each unit and percentage of UVBs in the tanning bulbs:

\_\_\_\_\_ ( \_\_\_\_\_%)  
\_\_\_\_\_ ( \_\_\_\_\_%)  
\_\_\_\_\_ ( \_\_\_\_\_%)

59. Are they UL listed and approved?  Yes  No

60. How is timing controlled and by whom? \_\_\_\_\_  
\_\_\_\_\_

61. Are protective eye goggles required to be worn?  Yes  No

62. Who cleans/disinfects the tanning shields and how often each day? \_\_\_\_\_

63. Are certificates of insurance obtained from manufacturer/distributor?  Yes  No

### SWIMMING POOLS

64. What is the height of each diving board? \_\_\_\_\_

65. Are certified lifeguards on duty?  Yes  No

66. Describe safety precautions and life-saving equipment available: \_\_\_\_\_  
\_\_\_\_\_

### MARTIAL ARTS

67. What types of martial arts are instructed? \_\_\_\_\_

68. Are classes contact or non-contact? \_\_\_\_\_

69. What are the instructor's qualifications? \_\_\_\_\_

70. What safety equipment is used? \_\_\_\_\_

### ADDITIONAL INFORMATION

List and describe any exposures and/or activities unusual, or not customary, to the normal activities and operations of this business. Please include any special events over 250 spectators:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 71. Limits of Liability required:

#### Commercial General Liability

Each Occurrence Limit	\$ _____
Products - Completed Operations Aggregate Limit	\$ _____
Personal Injury Limit	\$ _____
Tenants Legal Liability Limit	\$ _____
Medical Expense Limit - Per Occurrence/Per Person	\$ _____
Non-Owned Automobile Limit - Liability	\$ _____
- Physical Damage	\$ _____
Employee Benefits Limit	\$ _____
Employers Liability Limit	\$ _____
Advertising Injury Limit	\$ _____

Other: \_\_\_\_\_

\$ \_\_\_\_\_

**72. Contractual Liability**

a) Does the Insured sign any contracts where they assume the Liability of others or waive Subrogation Rights?  Yes  No  
If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

b) If the Insured subcontracts out work to independent contractors or rents or leases premises to others, do they always use a single, standard contract?  Yes  No

If yes, does the contract contain "hold harmless", "waiver of subrogation" and "agreement to defend and indemnify" provisions in favour of the Insured?  Yes  No  
If no, please advise procedures followed and details of contracts used: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

c) If the Insured subcontracts out work to independent contractors or rents or leases premises to other including concessionaires, do they require that the other contracting party provide to the Insured a Certificate of Standard CGL Insurance showing the Insured added as an Additional Insured with provision for 30 days notice of cancellation to the Insured?  Yes  No

If the Contracting Party is dispersing alcohol either on behalf of the Insured, or on the premises of the Insured, does the Certificate of Standard CGL Insurance state that the CGL provides coverage for Liquor Liability?  Yes  No

d) If the Insured's business involves sports and/or entertainment participants, are waivers obtained from ALL participants or their Legal Guardians?  Yes  No

If no, in whole or part, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If yes, in whole or part, please attach a copy of the waiver

**73. Protective Liability**

Does the Applicant let or sublet any work to independent contractors (e.g. security, concessionaires, janitorial, premises maintenance, etc.)?

If yes, what is the annual cost of work let? \$ \_\_\_\_\_ Sublet? \$ \_\_\_\_\_

Please describe the types of work let or sublet: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**74. Professional Liability - Staff Employees and Contractors**

Please list number of employees and duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**75. Workers Compensation**

Are all employees and contractors including students and volunteers covered by Workers Compensation?

Yes

No

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**76. Aircraft & Watercraft**

Does the Applicant own, lease or operate any aircraft and/or watercraft?

If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**77. Non-Owned Automobile**

a) Do any partners, officers, employees or volunteers operate their own vehicles during the course of business, on behalf of the Insured?

Yes

No

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) Does the Insured rent or lease vehicles from others?

Yes

No

If yes (i) How often per year? \_\_\_\_\_ (per year)

(ii) Are any of these vehicles driven in the United States?

Yes

No

c) Does the Insured contract services from others?

Yes

No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d) Does the Insured contract services from others for the purpose of operating Vehicles to perform maintenance, service, haulage or snow removal operations?

Yes

No

78. Please give details of all liability insurance carried by the Insured during the past five years:

Type of Policy	Policy Number	Company	Expiry Date	Date

**79. Please provide details of all claims against the Applicant during the past five years. Claims are required to be on Insurer Loss Reports. (Please use additional sheet if necessary.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

80. Please provide deductible or self-insured retention amounts for each year noted in question 79.

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Do these paid, expensed, or outstanding amounts in the Insurer Loss Reports reflect  
Any deductible provision(s) contained in existing or previous insurance policies?  Yes  No

**81. Please attach a copy of the Insured's most recent audited financial statement.**

82. Does the Insured have a formal loss-control program?  Yes  No

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

83. Does the Insured have a formal employee safety-training program?  Yes  No

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

84. Does the Insured have a formal premises snow/ice clearance procedure?  Yes  No

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

85. Does the Insured have a formal equipment or premises maintenance procedure?  Yes  No

If yes, please provide details including documentation procedures and qualifications of maintenance personnel: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**K. SUBMISSION CHECKLIST**

- \_\_\_ a. Five-year hard copy company loss runs
- \_\_\_ b. Most recent financial statement including balance sheet and income statement  
NOTE: Risks of one year or less require a resume and pro forma financial (incl. assets, liabilities and projections)
- \_\_\_ c. Pictures, brochures
- \_\_\_ d. Members Waiver/Hold Harmless for:  Club Memberships  Guest Memberships  Tanning Memberships



I understand that K&K Insurance Brokers, Inc., or the insuring company, shall be permitted but not obligated to inspect a proposed insured's or an insured's property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or others, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

I understand that this Questionnaire Form will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on the Questionnaire Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Agent/Broker: \_\_\_\_\_