

HEALTH & WELLNESS PROGRAM – BODY VIBRATION STUDIO APPLICATION

**** NOTE: if beautician service are also offered please complete our Basic Spa application**

Brokerage: _____ Producer name: _____
 Broker telephone: _____ Broker fax: _____ Target Premium: \$ _____
 Broker email: _____ Are you the present Broker on file? Y N
 Legal Business Name: _____
 Location Address: _____ City: _____ Province: _____ Postal: _____
 Mailing (if different): _____ City: _____ Province: _____ Postal: _____
 Contact Person: _____ E-mail: _____
 Phone #: _____ Fax #: _____ Res. #: _____ Cell #: _____
 Web Page: _____

Expiry Date of Policy: _____
Current Insurance Company: _____ **Risk Ever Been Canceled:** Y N
 # of years in business? _____ # of full time Employees? _____ # of part time? _____
 Is pass key access cards used Y N Are trained employee on Premise at ALL TIMES? Y N
 Is there 24 hour operations? Y N Do children under the age of 16 use the health club? Y N
 Is there any time when there will be less than 2 employees on premise Y N
 Please advise average time periods when there would be less than 2 employee's _____
 Describe your location (Two storey, strip plaza, shopping mall, etc.) _____ No. of Stories: _____
 Do you own the building? Y N 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? Y N Restaurant within 2 adjacent units: Y N
 Building Sprinklered? Y N Surveillance System? Y N
 # of Fire Extinguishers: _____ Bars on Doors/Windows? Y N
 What is at – Front: _____ Back: _____ Left: _____ Right: _____

CONSTRUCTION OF BUILDNG (please check one)

Wall Joists: Concrete Block/Masonry Brick Veneer over Wood Frame/Siding
Roof Joists: Concrete Steel Deck Metal Clad Wood Joists

“PROPERTY VALUES” (IF YOU HAD TO REPLACE THE FOLLOWING ITEMS TODAY)

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

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 advise _____
Referred Equipment Sales to Manufacture Receipts \$ _____	
Total Yearly Gross Receipts \$ _____	

FACILITY (check one): Coed Coed & Women's Women's Only Men's Only

Body Vibration Machine # of units _____ Y N Infrared Machines # of units _____ Y N
 Aerobic Y N Free Weight Y N Spinning Y N Yoga Y N
 Pilates Y N Squash Courts Y N Boxing Ring Y N Hot Yoga Y N
 Racquetball Courts Y N Tennis Courts Y N Basketball Courts Y N Toning Beds Y N
 Fitness test: Y N Blood Pressure checked: Y N Diet Plans: Y N
 Do all Members Sign Waivers: Y N Supplements sales: Y N
 Any sales or distribution on Metabolic Supplements? Y N
 Is a Par Q Completed with each Member: Y N
 If Concerns on the Par Q, would staff have the Member and their Doctor complete a Med X form Y N
 Child Minding Y N Supervision Ration: _____:_____

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Is there Police Checks of File for all staff within the Facility? Y N

WET AREA - SAUNAS

Type of Saunas: WET DRY INFRARED Good Repair Y N Scorching on any walls? Y N
 Heating Elements 4" from Closest Wall: Y N Fire Barrier between Heating Unit and Wall? Y N

WET AREA – POOLS

of Pools _____ Non Slip Deck : Y N Maximum Depth: _____
 Diving Boards: Y N Slides: Y N
 Supervised Y N Proper Signs Posted Y N Swim at your Own Risk Signs Posted Y N
 Lessons Given Y N Chemicals Tested Daily Y N Proper Maintenance Logs Recorded Y N

WET AREA – WHIRLPOOLS & HOT TUBS

Whirlpools _____ # of Hot tubs _____
 Non slip mats Y N Proper railings Y N Overflow drain Y N
SHOWERS
of Showers: _____ Is the Shower Surface None Slip? (in shower) Y N (outside shower) Y N

FITNESS EQUIPMENT

What is the average age of the fitness equipment? _____

TYPE OF DETACHABLE EQUIPMENT CONNECTIONS

"S" Connections Y N **or** Spring Loaded Carabineer or Clip Connections? Y N
 Do the Lat Pull Down shoulder attachments have a padded section in the middle of the bar? Y N
 Orderly Layout? Y N Is Equipment Inspected Daily? Y N
 Is a Maintenance Log Recorded & Stored 2 Years? Y N
 Do you rent space to others within your unit? Y N
 If yes, do they list you as an additional insured? Y N

****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.

Claims last 5 years? Y N - If yes, please advise, year, type of loss and payout/reserve on coversheet.

ADDITIONAL INSUREDS (i.e.: landlord) _____

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

**** CYBER LIABILITY ****

Does the Company store any medical/health information for clients? Y N
 • If yes, does the Company follow the minimum standards under the HIPAA (encryption and firewalls in place)? Y N
 • If yes, does the Company follow the minimum standards under PIPEDA or the respective PIPA requirements (encryption and fire walls in place)? Y N
 • Higher cyber limits may be available, please contact your underwriter for details.

DECLARATION / CONSENT:

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: _____

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 ****

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