

**Renewal Application – Dance Studio**

Brokerage: \_\_\_\_\_ Producer Name: \_\_\_\_\_  
 Insured Name: \_\_\_\_\_ Policy No.: \_\_\_\_\_

**Have there been any changes in property limits from last year?  
 If yes, please provide the full renewal limit coverage(s) that will be required for each category below.**

Building (if require): \$ \_\_\_\_\_ Equipment: \$ \_\_\_\_\_  
 Leasehold Improvements: \$ \_\_\_\_\_ Stock: \$ \_\_\_\_\_  
 Anticipated Annual Gross Receipts: \$ \_\_\_\_\_  
 Children under 12: \_\_\_\_\_% 12-8: \_\_\_\_\_% Adult: \_\_\_\_\_% # of Students: \_\_\_\_\_  
 # of Recitals Attended per Year \_\_\_\_\_ Do you provide transportation to students?  Yes  No

**Have there been any operation changes since previous policy term? If yes, please advise below:**

(If no changes please state **"NO CHANGES"**).

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

**Additional Insured(s) (if applicable):** \_\_\_\_\_

**\*\* 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

**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.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Broker: \_\_\_\_\_ Date: \_\_\_\_\_  
 Broker Firm: \_\_\_\_\_ Broker AGT #: \_\_\_\_\_  
 Broker Email: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

**NOTE: THERE IS NO AUTOMATIC RENEWAL. WE REQUIRE THIS FORM COMPLETED AND RETURNED PRIOR TO THE EXPIRY DATE IN ORDER FOR US TO OFFER RENEWAL TERMS.**

*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 - [processingcommercial@premiergroup.ca](mailto:processingcommercial@premiergroup.ca) \*\***

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