

HEALTH AND WELLNESS PROGRAM DANCE STUDIO APPLICATION

Brokerage: _____ Producer name: _____
 Broker telephone: _____ Broker fax: _____ Target Premium: \$ _____
 Broker email: _____ Are you the present Broker on file? YES NO

GENERAL INFORMATION

Legal Business Name: _____
 Location Address: _____ City: _____ Province: _____ Postal: _____
 Mailing (if different): _____ City: _____ Province: _____ Postal: _____
 Contact Person: _____ E-mail: _____
 Phone #: _____ Fax #: _____ Res. #: _____ Cell #: _____
 Website Address: _____

Expiry Date of Policy: _____ **Current Insurance Company:** _____ **Risk Ever Been Canceled:** YES NO
 # of years in business? _____ # of full time Employees? _____ # of part time? _____ # year's experience? _____
 Claims last 5 years? YES NO
 If yes, please advise, year, type of loss and payout/reserve: _____

PROPERTY INFORMATION

Describe your location (Two storey, strip plaza, shopping mall, etc.): _____ No. of Stories: _____

CONSTRUCTION OF BUILDING:

Do you own the building? YES NO Total Area of your Facility: _____ Ft The Building Age: _____
 Latest Update: Roof: _____ Heat: _____ Plumbing: _____ Electric: _____
 Fire Hydrants within 500 Feet? YES NO Restaurant within 2 adjacent units: YES NO
 Building Sprinklered? YES NO Monitored Alarm System? YES NO
 Local Alarm System? YES NO Fire Alarm? YES NO
 Surveillance System? YES NO # of Fire Extinguishers: _____
 Any Smoking on Premise? YES NO Bars on Doors/Windows? YES NO
 Doors have deadbolts? YES NO

EXPOSURES Front: _____ Back: _____ Left: _____ Right: _____

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

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

Building (if required)	\$ _____	Equipment	\$ _____
Leasehold Improvements	\$ _____	Retail Clothing	\$ _____
Other Stock	\$ _____	Actual Cash Value of Costumes	\$ _____

(* Dance Studio leasehold improvements rebuilding values are usually around \$20 per square foot. Most Leases state that the lessee must insure all improvements including any completed previous to the signing agreement.)

LIABILITY INFORMATION

Liability Limits Desired: \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

Student Receipts:	\$ _____	Recital Receipts:	\$ _____
Summer Camps	\$ _____	Liquor Receipts?	\$ _____
Clothing Receipts	\$ _____	please specify	_____
Other Receipts	\$ _____		
Total Yearly Gross Receipts	\$ _____		

FACILITY

Children under 12 _____% Jr. 12-18 _____% Adult _____% Number of Students? _____
 List All Styles of Dance: _____
 Are Private lessons provided? YES NO Do all Members Sign Waivers: YES NO
 Weapons YES NO If Yes, please provide list: _____
 Are all Record Kept on File for a Minimum of 2 Years? YES NO
 Are there any operations away from your premise? YES NO
 If Yes, Please elaborate: _____
 Does the Insured provide transportation? YES NO
 Do rent space to others within your unit? YES NO
 If yes, do they list you as an additional insured? YES NO

RECITALS:

How many Recitals do you attend per year? # _____ On Average, How many Students attend the Recitals? # _____
 How many Recitals are held at your Studio? # _____ How many Recitals are held away from your Studio? # _____

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****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.

****NOTE:** A certificate of insurance **MUST** be provided to the Dance Salon Owner if there are any operations offered by others within the Dance Studio.

ADDITIONAL INSURED (i.e.: landlord): _____

**** 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.

Insured Signature: _____ Date: _____

Broker Signature: _____ Date: _____

Broker Email: _____

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 ****

Vancouver - T 604.669.5211 F 604.669.2667

London - T 519.850.1610 F 519.850.1614