

**HEALTH & WELLNESS PROGRAM - HEALTH CLUB STUDIO APPLICATION**

Brokerage: _____		Producer name: _____	
Broker telephone: _____	Broker fax: _____	Target Premium: \$ _____	
Broker email: _____		Are you the present Broker on file? <input type="checkbox"/> YES <input type="checkbox"/> 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? \_\_\_\_\_ # of years experience? \_\_\_\_\_

Is pass key access cards used?  YES  NO Are trained employees on premise at ALL TIMES?  YES  NO

Is there 24 hour operations?  YES  NO Do children under the age of 16 use the health club?  YES  NO

Is there any time when there will be less than two employees on premise?  YES  NO

Please advise average time periods when there would be less than two employees: \_\_\_\_\_

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: \_\_\_\_\_

Do you own the building?  YES  NO 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?  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 Bars on Doors/Windows?  YES  NO

# of Fire Extinguishers: \_\_\_\_\_

What is at - Front: \_\_\_\_\_ Back: \_\_\_\_\_ Left: \_\_\_\_\_ Right: \_\_\_\_\_

**LOSS PAYEE** (loan from bank for equipment or mortgage): \_\_\_\_\_

**CONSTRUCTION OF BUILDING:** \_\_\_\_\_

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

Building (if required) \$ \_\_\_\_\_ Equipment \$ \_\_\_\_\_

Leasehold Improvements \$ \_\_\_\_\_ Stock \$ \_\_\_\_\_

\* Health Club Studio leasehold improvement rebuilding values are usually around \$30 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

<b># of Members?</b> _____	Liquor Receipts \$ _____
Member Receipts \$ _____	Food Receipts \$ _____
Clothing Receipts \$ _____	Tanning Receipts \$ _____
Camps \$ _____	Supplement Receipts \$ _____
Other Receipts \$ _____, please specify: _____	
<b>Total Yearly Gross Receipts \$ _____</b>	

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

Aerobic <input type="checkbox"/> YES <input type="checkbox"/> NO	Free Weight <input type="checkbox"/> YES <input type="checkbox"/> NO	Spinning <input type="checkbox"/> YES <input type="checkbox"/> NO
Yoga <input type="checkbox"/> YES <input type="checkbox"/> NO	Pilates <input type="checkbox"/> YES <input type="checkbox"/> NO	Squash Courts <input type="checkbox"/> YES <input type="checkbox"/> NO
Boxing Ring <input type="checkbox"/> YES <input type="checkbox"/> NO	Toning Beds <input type="checkbox"/> YES <input type="checkbox"/> NO	Racquetball Courts <input type="checkbox"/> YES <input type="checkbox"/> NO
Tennis Courts <input type="checkbox"/> YES <input type="checkbox"/> NO	Basketball Courts <input type="checkbox"/> YES <input type="checkbox"/> NO	Fitness test <input type="checkbox"/> YES <input type="checkbox"/> NO
Diet Plans <input type="checkbox"/> YES <input type="checkbox"/> NO	Blood Pressure checked <input type="checkbox"/> YES <input type="checkbox"/> NO	Do all Members Sign Waivers <input type="checkbox"/> YES <input type="checkbox"/> NO
Supplements sales <input type="checkbox"/> YES <input type="checkbox"/> NO	Any sales or distribution on Metabolic Supplements? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Is a Par Q Completed with each Member:  YES  NO

If Concerns on the Par Q, would staff have the Member and their Doctor complete a Med X form:  YES  NO

Child Minding:  YES  NO Supervision Ratio: \_\_\_\_:\_\_\_\_ Is there Police Checks on File for all staff within the Facility?  YES  NO

**WET AREA - SAUNAS**

Type of Saunas:  WET  DRY  INFRARED

**WET AREA - POOLS**

# of Pools: \_\_\_\_\_ Diving Boards:  YES  NO Slides:  YES  NO  
 Supervised:  YES  NO Proper Signs Posted:  YES  NO Lessons Given:  YES  NO  
 Chemicals Tested Daily:  YES  NO Proper Maintenance Logs Recorded:  YES  NO

**WET AREA – WHIRLPOOLS & HOT TUBS**

Whirlpools/Hot tubs # \_\_\_\_\_

**FITNESS EQUIPMENT**

What is the average age of the fitness equipment? \_\_\_\_\_

**Type Of Detachable Equipment Connections**

"S" Connections  YES  NO or Spring Loaded Carabineer or Clip Connection  YES  NO  
 Do the Lat Pull Down shoulder attachments have a padded section in the middle of the bar?  YES  NO  
 Orderly Layout  YES  NO Is Equipment Inspected Daily  YES  NO  
 Is a Maintenance Log Recorded & Stored 2 Years  YES  NO  
 Do you rent space to others within your unit?  YES  NO If yes, do they list you as an additional insured?  YES  NO

**\*\*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 Health Club Owner if there are any operations offered by others within the Health Club.

**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](mailto:newbizcommercial@premiergroup.ca) \*\***

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