

Personal Training Studio – Renewal Application

Brokerage: _____	Producer Name: _____
Insured Name: _____	Policy No.: _____

Have there been any changes in property limits from last year? If yes, please provide updated renewal limits for each category below.

Building (if require):	\$ _____	Equipment:	\$ _____
Leasehold Improvements:	\$ _____	Stock:	\$ _____
No. of Clients:	_____		
No. of Trainers:	_____		
Anticipated Gross Receipts:	\$ _____		

Have there been any changes in operations since previous policy term? Please advise below (If no, 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 ****

Vancouver - T 604.669.5211 F 604.669.2667 London - T 519.850.1610 F 519.850.1614