

HEALTH & WELLNESS - STUDIO PERSONAL TRAINING APPLICATION (PROPERTY & LIABILITY)

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? _____ # of years 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 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: _____
 Doors have deadbolts? YES NO Bars on doors/windows? 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 \$ _____ Stock \$ _____
 (* Personal Training Studio leasehold improvements rebuilding values are usually around \$15 per square foot. Most leases state that the lessee must insure all improvements including any completed previous to the signing agreement.)

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 connections 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

Liability Limits Desired (check one): \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

Training Receipts	\$ _____	Boot Camp Receipts	\$ _____
Tanning Receipts	\$ _____	Supplement Receipts	\$ _____
Other Receipts	\$ _____		
Total Yearly Gross Receipts	\$ _____	please specify _____	

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
Blood Pressure checked	<input type="checkbox"/> YES <input type="checkbox"/> NO	Diet Plans	<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:				<input type="checkbox"/> YES <input type="checkbox"/> NO	
If Concerns on the Par Q, would staff have the member and their doctor complete a Med X form:				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Is there police checks on file for all staff within the facility?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Child minding	<input type="checkbox"/> YES <input type="checkbox"/> NO	Supervision ratio: _____		Any saunas on premise?	<input type="checkbox"/> YES <input type="checkbox"/> NO

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Any pools used for training? YES NO Slides YES NO Diving boards YES NO
 Lessons given YES NO Supervised YES NO Proper signs posted YES NO
 Chemicals tested daily YES NO Proper Maintenance Logs Recorded YES NO

Any Showers, Whirlpools or Hot Tubs on Premise? YES NO

of Whirlpools: _____ # of Hot tubs: _____ # of Showers: _____

Do you rent space to others within your unit? YES NO If yes, do they list you as an additional insured? YES NO

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

PLEASE LIST ALL PERSONAL TRAINERS

NAME	CERTIFICATION OF TRAINER	YEARS OF EXPERIENCE	AVERAGE HOURS WORKED PER WEEK

**** 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: _____

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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