

DANCE STUDIO APPLICATION

Trothen & McConkey Insurance

Phone: 1-519-672-3224 Toll Free 1-888-346-6602 Fax: 1-519-439-8865

[e-mail – info@sportsfitnesscanada.com](mailto:info@sportsfitnesscanada.com)

Brokerage Name:			
Broker Telephone:		E-mail:	
Business Name:			
Location Address:			
	City:	Prov.:	P.C.:
Mailing Address:			
	City:	Prov.:	P.C.:
Owner/Operator:	Bus. #:	Fax:	
Email:	Cell #:	Res.#:	
Alternate Contact:	Phone:	Email:	
Website:			

Current Insurance Company: _____	Expiry Date of Current Policy: _____
Retroactive Date of Any Claims Made Policy: _____	Target Premium: _____
Number of years in business? _____	Have you ever been cancelled for nonpayment? _____

PROPERTY INFORMATION

Describe your location (strip plaza, shopping mall, etc.): _____			
Building Age (year built): _____	No. Of Stories: _____	Do you own the building? _____	
Total Area of Building: _____ sq. ft.	Total Area of your Facility: _____ sq. ft.		
Sprinkler System: <input type="checkbox"/>	Monitored Alarm: <input type="checkbox"/>	Fire Hydrants within 500 feet: <input type="checkbox"/>	
Is there Any Bar/Restaurant Adjacent to your operation? <input type="checkbox"/>	Does your location include a basement? <input type="checkbox"/>		
Describe precautions taken to avoid slips and falls at entrances: _____			
Do you have any equipment stored offsite? (i.e. home office) <input type="checkbox"/>	If yes, please describe: _____		

CONSTRUCTION OF BUILDING

F/R	Structures/buildings must be made of reinforced concrete or protected steel <input type="checkbox"/>	N/C	Building has exterior walls made of masonry materials, such as brick, concrete, hollow concrete block, stone, or other similar materials, with floors and roof constructed of metal <input type="checkbox"/>
Masonry	brick veneer & combination of steel, concrete and wood <input type="checkbox"/>	Frame	wood, tar and brick or similar materials. <input type="checkbox"/>

LATEST UPDATES	FULL	PARTIAL	YEAR COMPLETED	TO CODE
Roof:	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Heat:	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Plumbing:	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Electrical:	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

If the building 20+ yrs old, this line is required

If the building 35+ yrs old, these lines are required

Use the following form to help breakdown and calculate accurate replacement cost:

STOCK:	Water/Pre-packaged Snacks	\$ _____	Clothing/Shoes/Hats	\$ _____	Other	\$ _____
EQUIPMENT:	Computers/Laptops	\$ _____	Stereo/Video Equipment	\$ _____	Signs	\$ _____
	Furniture	\$ _____	Costumes (owned)	\$ _____	Other	\$ _____
LEASEHOLDS:	Existing Tenants Improv.	\$ _____	Dance Floors	\$ _____	Dressing Rooms	\$ _____
	Washrooms	\$ _____	Rehearsal Rooms	\$ _____	Construction	\$ _____
	Mirrors/ Wall Coverings	\$ _____	Alarm/Phone Systems	\$ _____	Other	\$ _____

TOTAL CONTENTS (including all stock, equipment & leaseholds above) = \$ _____

BUILDING REPLACEMENT VALUE (if required) (sq.ft. of building _____ x cost/sq.ft. \$ _____) = \$ _____



DID YOU KNOW:

Many people underestimate and therefore underinsure their property limits. Make sure you list how much it would cost to replace all of the above items today. To help estimate your Leasehold Improvements, you can multiply your square footage by \$20 (minimum \$/sq. ft. used for this industry).

OTHER BUSINESS(ES)

Do you own/operate or rent space to other businesses? _____	Total annual rental income \$ _____
Describe type(s) of business: _____	

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EQUIPMENT			
Do You Have Modified/Rebuilt/Used Equipment?	<input type="checkbox"/>	If Yes, % used: _____ %	Age: _____
Is Equipment Inspected Daily?	_____	Who Does Maintenance? _____	

LIABILITY INFORMATION	
Liability Limit Requested:	<input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000 <input type="checkbox"/> \$4,000,000 <input type="checkbox"/> \$5,000,000

DESCRIPTION OF OPERATIONS			
No. of Students:	_____	# of Instructors (incl. sub-contractors):	_____

ANNUAL RECEIPTS					
Student Fees	\$ _____	Semi/Private Instruction	\$ _____	Clothing	\$ _____
Recitals	\$ _____	Camps	\$ _____	Other	\$ _____
TOTAL GROSS ANNUAL RECEIPTS:		\$ _____			

List/Describe Types Of Dance Offered: _____	
Are live blades used with dance activities (i.e. Highland Dance)? <input type="checkbox"/>	Do you offer private lessons? <input type="checkbox"/>
Do you require a signed waiver for every student (signed by Parent if under 18)? (attach a copy) <input type="checkbox"/>	

CAMPS			
# of camps within the next 12 month period?	_____	How long are the camps (i.e. 1 day, 1 week, etc.)?	_____
Ratio of student to instructor: _____	Is transportation provided by you to, from or during camps? <input type="checkbox"/>		
Is lunch/food provided? <input type="checkbox"/>	List all activities: _____		

SLEEPOVERS
Contact our underwriting team to discuss options for coverage if you offer any sleepovers.

RECITALS/COMPETITIONS			
How many do you attend per year? _____	_____	Are students required to stay overnight?	_____
Total number of participants attending sponsored events: _____			
Does the school provide transportation? <input type="checkbox"/>	_____	Describe arrangements: _____	

ADDITIONS TO THE POLICY	
ADDITIONAL INSURED: (Provide full name, address and interest in the policy * i.e. Landlord, contractor, etc.)	
1. _____	
2. _____	

LOSS PAYEE: (Provide full name, address and interest in the policy * i.e. leasing co., mortgagee, etc.)	
1. _____	
2. _____	

CLAIMS HISTORY		
Has the <u>company</u> &/or <u>staff</u> had claims against them in last 5 years? <input type="checkbox"/> . If yes please list details:		
Date of Loss	Loss Details	Amount Paid/Reserve

I understand and agree that any policy issued will be based upon the information contained in the application and any related forms and correspondence. I understand that any forms or other material submitted with the application constitute part of my application for insurance. I further understand and agree that any misrepresentation or failure to provide true and accurate information may result in the voiding of and/or denial of claims under any policy issued at the option of the company.

By submitting this application and any related forms to **Sports & Fitness Insurance Canada**, you provide **Trothen & McConkey Insurance Broker Ltd.** with your consent to the collection, use and disclosure of your personal information, including that previously collected, for the purpose of: communicating with you; assessing your application for insurance and underwriting your policies; evaluating claims; detecting and preventing fraud; analyzing business results; and acting as required or authorized by law.

Applicant: _____ **Signature:** _____ **Title:** _____ **Date:** _____