

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?
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: _____
Are you completing any renovations to the location? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, we will require a supplementary application for during construction)			

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
Masonry	brick veneer & combination of steel, concrete and wood	<input type="checkbox"/> Frame	wood, tar and brick or similar materials.

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 Snack	\$ _____	Clothing/Shoes/Hats	\$ _____	Other	\$ _____
EQUIPMENT:	Computers/Laptops	\$ _____	Stereo/Video Equipment	\$ _____	Signs	\$ _____
	Furniture	\$ _____	Machines	\$ _____	Other	\$ _____
LEASEHOLDS:	Existing Tenants Improv.	\$ _____	Washrooms/Showers	\$ _____	Construction	\$ _____
	Flooring	\$ _____	Mirrors/ Wall Coverings	\$ _____	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: _____			
EQUIPMENT			
Do You Have Modified/Rebuilt/Used Equipment?		<input type="checkbox"/>	If Yes, % used: _____ %
Is Equipment Inspected Daily?		_____	Age: _____
		Who Does Maintenance? _____	

LIABILITY INFORMATION

 Liability Limit Requested: \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

TRAINER/INSTRUCTOR INFORMATION

Total # of Trainers/Instructors (including both Employees and Sub-Contractors): _____

Name	Certification(s)	> 10 Hrs/Week	< 10 Hrs/Week
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

ANNUAL RECEIPTS

Training	\$ _____	Supplements	\$ _____	Merchandise/Clothing	\$ _____
Massage	\$ _____	Esthetics	\$ _____	Other	\$ _____

TOTAL GROSS ANNUAL RECEIPTS: \$ _____
DESCRIPTION OF OPERATIONS

Are clients able to access the club when no staff is present? _____

Do you use a Par-Q & You, Par-Med X or your own questionnaire? (If you use your own, attach a copy) _____

 Describe all training programs that you offer:
 (i.e. Bikram, Group Fitness, Pilates, Aerial etc.)

Do you train anyone under the age of 16? _____ Do parents remain on-site? _____ Min Age? _____

Describe training program for under 16: _____

 Professional/Semi Professional Athletes? Tanning Beds (A SUPPLEMENTARY APPLICATION MUST BE COMPLETED)

Do all clients sign waivers? (attach a copy) _____ Do you create/supply diet plans? _____

Do you sell supplements? _____ Do any contain ephedra or other metabolic enhancers? _____

Describe any activities away from the premises: _____

Bootcamps: _____ Indoor _____ Outdoor Describe Activities & Place: _____

ADDITIONAL OPERATIONS

Trampoline	<input type="checkbox"/>	Gymnastics	<input type="checkbox"/>	Rock Climbing Wall	<input type="checkbox"/>
Crossfit	<input type="checkbox"/>	Boxing/Kickboxing	<input type="checkbox"/>	Martial Arts	<input type="checkbox"/>
Fighting Ring	<input type="checkbox"/>	Kids Programs	<input type="checkbox"/>	Massage	<input type="checkbox"/>
Snack Bar	<input type="checkbox"/>	Physical Therapy	<input type="checkbox"/>	Weight Loss Programs	<input type="checkbox"/>
Swimming	<input type="checkbox"/>	Golf Simulator	<input type="checkbox"/>	Hot Yoga – Must complete table below	

HOT YOGA OPERATIONS

Max. room temp _____ °C How is room temperature controlled? _____

What outside factors effect temp of room (i.e. humidity, etc.) _____

Describe procedures to maintain required room temp: _____

CHILD MINDING

Contact our underwriting team to discuss options for coverage if you offer any child minding.

WET AREAS

Showers	# _____	Whirlpools	# _____	Pools	# _____
Infra Red Saunas	# _____	Dry Saunas	# _____	Steam Rooms/Wet Saunas	# _____
Are all steam rooms vents/spouts covered/capped to defuse the steam? _____					
Non-Slip Flooring? _____		Rubber Mats In Halls? _____			

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? ____, 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: _____