**Fitness Studios Application Form**

The following underwriting information has been provided by you or on your behalf. It is understood that the Insurer(s) has relied upon this information for risk acceptance to provide quote and coverage acceptability. Any misrepresentation or omission will render an insurance policy null and void from inception. **PLEASE READ CAREFULLY.**

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| **APPLICANT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact Email Address:  *(Required for e-signatures)* | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| Applicant(s): | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| Mailing address: | | | |  | | |  | | | | | | | | | | | | | | | | | | | | |
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| Risk location: | | | |  | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | |  | | | | | | | | | | | | | | | | | | | | |
| Year Established: | | | | | | |  | | | | | | Years of Experience: | | | | | | | |  | | | | | | |
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| Gross Revenues – Next 12 Months | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
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| **RISK INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Does the Applicant: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * carry all licenses and permits required by law? | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | |
| * follow all health authority rules and regulations? | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | |
| * have a valid membership with a recognized Canadian fitness association? | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | |
| * keep patrons’ signed/dated waivers and pre-medical history on file for 7 years? (guardians on behalf of minors) | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | |
| In the past 5 years, has the Applicant: | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| * had any penalties imposed? | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | |
| * been subject to any allegations of misconduct or professional negligence? | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | |
| If yes to the above, please provide details: | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| **Check the boxes that apply to the services provided by the Applicant and complete all questions applicable.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Regardless of the information declared on this form, coverage is only granted pursuant to the policy documents. PLEASE READ PROPOSED POLICY FORM CAREFULLY. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **What Fitness services does the Applicant provide?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| General Fitness Training (Indoor Training Only) | Yoga and Pilates Instruction | | | | | | | | | | | | | | | General Fitness Training (Indoor Training Only) | | | Yoga and Pilates Instruction | | | | | | | | | |
| General Fitness Training (incl Outdoor Training) | Martial Arts Instruction | | | | | | | | | | | | | | | General Fitness Training (incl Outdoor Training) | | | Martial Arts Instruction | | | | | | | | | |
| General Personal Training Studio | Boxing Instruction | | | | | | | | | | | | | | | General Personal Training Studio | | | Boxing Instruction | | | | | | | | | |
| General Fitness Hydraulic Circuit (only) | Dance Instruction | | | | | | | | | | | | | | | General Fitness Hydraulic Circuit (only) | | | Dance Instruction | | | | | | | | | |
| Does the Applicant provide or allow any of the following?: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Intentional punches, kicks or strikes to the head and/or neck | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | |
| * Intentional weapon strikes other than for demonstration by the instructor | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | |
| * Gymnastics other than floor routines | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | |
| * Trampoline activities outside of individual-use reformers | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | |
| * Unsupervised children under the age of 16 to use the facility | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **OPERATIONS:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the Applicant allow unsupervised access to the facility? (ie 24/7 studios) | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | |
| If yes, does the Applicant: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Have recorded viedo surveillance in all common areas? | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | |
| * Restrict access to tanning beds/booths, swimming pools, jet tubs and saunas (if applicable) when staff is not on site | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | |
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| **SWIMMING POOL, SAUNA AND STEAM** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the Applicant have a swimming pool? | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | |
| If yes, are there: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * diving boards over 1 meter? | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | |
| * slides? | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | |
| Does the Applicant have a sauna and/or steam room? | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | |
| If yes, please answer the following: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| # of Saunas: | | |  | | | | | # of Steam Rooms: | | | |  | | | | | | | | # of Jet driven tubs: | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **COURTS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the Applicant have courts in use? | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | |
| If yes, please indicate: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| # of indoor courts: | | | | |  | | | | | | # of outdoor courts: | | | | | |  | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **TANNING** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the Applicant have tanning beds, booths, or offer spray tanning services? | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | |
| If yes, does the Applicant: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * ensure eye protection is worn during services (other than spray tanning)? | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | |
| * follow all manufacturers’ guidelines with respect to operation/maintenance? | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | |
| * allow patrons to select the length of time they are permitted to tan? | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | |
| # of tanning beds, booths and handheld sprayers: | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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| **INCIDENTAL FOOD/RESTAURANT SALES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the Applicant provide food (including smoothies, premade meals, dine in/out)? | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | |
| % of above revenues from food: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the Applicant serve liquor? | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | |
| * provide liquor only to patrons over the age of majority? | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | |
| * ensure all servers have serving it right certification? | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | |
| % of revenues from liquor sales: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **LOSS HISTORY** | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Has the applicant had any claims in the last 5 years? If so, please provide details. (Date, Details, Loss Paid, etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Is the applicant aware of any circumstances that may give rise to a claim?  No  Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, provide details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **PRIOR INSURANCE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the applicant currently carry Commercial General Liability coverage? | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | | | |
| Insurer: | |  | | | | | | | | Policy Number: | | | | |  | | | | | | | Premium: | | |  | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Has the applicant ever had insurance cancelled, declined or refused? | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | | | |
| If yes, please describe: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |

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| **REQUESTED LIMITS** | | | |  | | | | | | | |  | | | | | | |
| **Commercial General Liability** | | | | | | | | | | | | **Tenants’ Legal Liability** | | | | | | |
|  | | $1,000,000 | | | | | | | | | |  | | $500,000 | | | | |
|  | | $2,000,000 | | | | | | | | | |  | | $1,000,000 | | | | |
|  | | $5,000,000 | | | | | | | | | |  | | $2,000,000 | | | | |
|  | |  | | | | | | | | | |  | | | | | | |
| **Optional Increased Coverages** | | | | | | | | | | | | | | | | | | |
| **Medical Expenses** | | | | | | | | | | | | | **Non-owned Automobile Liability** | | | | | |
|  | | | | | $10,000 | | | | | | | |  | $1,000,000 | | | | |
|  | | | | | $25,000 | | | | | | | |  | $2,000,000 | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Property Coverage** | | | | | | | | |  | | | | | | | | | |
| Tenants Improvements | | | | | | | $ | | | | | | Equipmnet – mobile | | | $ | | |
| Contents of Every Description | | | | | | | $ | | | | | | Equipment – fixed | | | $       (attach schedule) | | |
| Stock | | | | | | | $ | | | | | | Other: | | | $ | | |
|  | | | | | | |  | | | | | |  | | |  | | |
| Does the applicant want coverage for: | | | | | | | | | | Flood | Earthquake | | | | Sewer Backup | |  | |
|  | | | | | | | | | |  |  | | | |  | |  | |
| Building Construction: | | | | | | | | | | Frame | Fire Resistive | | | | Non-Combustible | | Other: | |
| Year Built | | |  | | | | | | | | | | | | | | | |
| Hydrant within 300 metres | | | | | | | | Yes | | | No | | | |  | |  | |
| Fire Hall within 8 kms: | | | | | | | | Yes | | | No | | | |  | |  | |
| Sprinklered: | | | | | | | | Yes | | | No | | | |  | |  | |
| Centrally Monitored Alarm: | | | | | | | | Yes | | | No | | | |  | |  | |
|  | | | | | | | | | | | | | | | | | | |
| **PLEASE READ BEFORE SIGNING:** The Applicant has reviewed this application form and all attachments and acknowledges that all information provided is true. The Applicant understands that any insurance that may be provided is based on the information in this application being true and correct, and any misrepresentation or omission will render any such insurance policy null or void from inception.  The Applicant understands that if the Insured fails to inform the Insurer of material changes to these facts during the term of an insurance policy, the insurance may not be valid. The Applicant understands that they cannot contravene a term of the policy, commit a fraud, or willfully make false statements during a claim investigation.  The Applicant confirms that all individuals included in this application have authorized the collection and storage of their personal information. Credit information, claims history and other personal information may be collected, used and disclosed for the purposes of assessing and underwriting the application for insurance, renewals, evaluating claims, detecting and preventing fraud.  **NOTE: INSURANCE IS NOT IN EFFECT UNTIL SUCH TIME AT FORWARD INSURANCE MANAGERS HAS ISSUED A BINDER OR INSURANCE POLICY IN WRITING THAT CONFIRMS COVERAGE IS IN PLACE.**  Forward Insurance Managers Ltd is a managing underwriting agency duly licensed as an intermediary across Canada – and the insurance company at risk shall be duly listed on any quotation, binder or insurance policy.  The Applicant hereby consents to the use of electronic communications, electronic records, and electronic signatures. The Applicant understands an electronic signature is legally binding, just as if the Applicant had signed a paper document. | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | |  | |  | |
| **Applicant’s Signature:** | | | | | |  | | | | | | | | | | **Date:** | |  | |
| **Brokerage:** | | | | | |  | | | | | | | | | | **Broker ID:** | |  | |
| **Broker Email:** | | | | | |  | | | | | | | | | | **Phone:** | |  | |