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| **FITNESS STUDIO** – Application for Insurance |

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| **NOTICE TO BROKER:** This product is a Fitness Studio Package (GL and optional property coverage). The product targets fitness gyms, pilates, yoga, martial arts, and dance studios. Please return to JET if you only require coverage for an individual fitness trainer/instructor.  **Instead of completing this application form, consider trying** [*JET*](http://www.forwardinsurance.ca)**, our self-serve platform.**  [*JET*](http://www.forwardinsurance.ca) **is the quickest path to quotes and policy issuance. A modern way** [FORWARD](http://www.forwardinsurance.ca)**.**  **PLEASE READ CAREFULLY** ‐ Please review this application in detail for accuracy.  If there are any misrepresentations or omissions in the application, any insurance quote is deemed to be void, and any subsequent insurance policy will be rendered null and void from inception. | | | |

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| **APPLICANT INFORMATION** | | | | | | | | | | | | | | | | |
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| Applicant’s Email Address for E-Signature\*: | | | | | | | |  | | | | | | | | |
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| Applicant Name (Legal Name): | | | | | |  | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | |
| Website: |  | | | | | | | | Province (Mailing Address): | | | | |  | | |
|  |  | | | | | | | | | | | |  | | | |
| Risk location: | |  | | | | | | | | City: |  | | | | | |
|  | |  | | | | | | | |  |  | | | | | |
| Province: | |  | | | | | | | | Postcode/ Zip Code: | | | |  | | |
|  | |  | | | | | | | |  | | | |  | | |
| **PRIOR HISTORY** | | | |  | | | | | |  | | | |  | | |
|  | |  | | | | | | | |  | | | |  | | |
| Year established: | | |  | | | |  | | | | | | |  | | |
|  | | |  | | | |  | | | | | | |  | | |
| What is the Applicant's number of years experience in the fitness industry? | | | | | | | | | | |  | | | |  | |
|  | | | | | | | | | | |  | | |  | | |
| **PRIOR INSURANCE AND LOSS INFORMATION** | | | | | | | | | | |  | | |  | | |
|  | | | | | | | | | | |  | | |  | | |
| Does the Applicant currently carry insurance? Yes No | | | | | | | | | | |  | | |  | | |
|  | | | | | | | | | | |  | | |  | | |
|  | If yes, name of current insurer: | | | | | | |  | | | | | |  | | |
|  |  | | | | | | |  | | | | | |  | | |
|  | Expiry date of current policy: | | | | | | |  | | | | | |  | | |
|  |  | | | | | | |  | | | | | |  | | |
| Has the Applicant ever had insurance cancelled, declined or refused by an insurance company? | | | | | | | | | | | | | | | | Yes No |
|  | | | | | | | | | | | | | | | |  |
|  | Due to cancel for non-payment (premium owed has been paid) | | | | | | | | | | |  | | | | |
|  | Due to cancel for non-payment (premium still owing to insurer) | | | | | | | | | | |  | | | | |
|  | Due to claims record | | | | | | | | | | |  | | | | |
|  | Due to underwriting reasons | | | | | | | | | | |  | | | | |
|  | Insurer does not write that type of operation | | | | | | | | | | |  | | | | |
|  | Other: | | | |  | | | | | | |  | | | | |
|  |  | | | |  | | | | | | |  | | | | |
| Has the Applicant ever had an incident or claim (insured or not) in the past 5 years (whether under the current entity or prior entity)? | | | | | | | | | | | | | | | | Yes No |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | If yes, **Claim 1** – Date: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
|  | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
|  | | Type of loss: | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | |  |
|  | |  | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | |
|  | | Aircraft or Vehicle Impact | | | | | | | | | | | | | Arson | | | | | | | | Burglary | | | | | | | | | | | | | | Change in Temperature | | | | | |
|  | | Earthquake | | | | | | | | | | | | | Electrical Current | | | | | | | | Explosion | | | | | | | | | | | | | | Falling Object | | | | | |
|  | | Fire | | | | | | | | | | | | | Flood | | | | | | | | Freezing | | | | | | | | | | | | | | Hail | | | | | |
|  | | Landslide | | | | | | | | | | | | | Lightning | | | | | | | | Malicious Acts | | | | | | | | | | | | | | Other – Liability | | | | | |
|  | | Other – Property | | | | | | | | | | | | | Overland Water | | | | | | | | Riot | | | | | | | | | | | | | | Sewer Backup | | | | | |
|  | | Smoke | | | | | | | | | | | | | Storm | | | | | | | | Tenant Vandalism | | | | | | | | | | | | | | Water | | | | | |
|  | | Wildfire | | | | | | | | | | | | | Wind | | | | | | | |  | | | | | | | | | | | | | |  | | | | | |
|  | |  | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | |  | | | | | |
|  | | Total Amount (paid or reserve): | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | | | |  | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | |
|  | | Open/Closed: | | | | | | | | Open | | | | | | | Closed | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | |
|  | | Was the damage professionally repaired? | | | | | | | | | | | | | | | | | | Yes | | | | | No | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | |
|  | If yes, **Claim 2** – Date: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
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|  | | Type of loss: | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | |  |
|  | |  | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | |
|  | | Aircraft or Vehicle Impact | | | | | | | | | | | | Arson | | | | | | | | | Burglary | | | | | | | | | | | | | | Change in Temperature | | | | | |
|  | | Earthquake | | | | | | | | | | | | Electrical Current | | | | | | | | | Explosion | | | | | | | | | | | | | | Falling Object | | | | | |
|  | | Fire | | | | | | | | | | | | Flood | | | | | | | | | Freezing | | | | | | | | | | | | | | Hail | | | | | |
|  | | Landslide | | | | | | | | | | | | Lightning | | | | | | | | | Malicious Acts | | | | | | | | | | | | | | Other – Liability | | | | | |
|  | | Other – Property | | | | | | | | | | | | Overland Water | | | | | | | | | Riot | | | | | | | | | | | | | | Sewer Backup | | | | | |
|  | | Smoke | | | | | | | | | | | | Storm | | | | | | | | | Tenant Vandalism | | | | | | | | | | | | | | Water | | | | | |
|  | | Wildfire | | | | | | | | | | | | Wind | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | |
|  | |  | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | |  | | | | | |
|  | | Total Amount (paid or reserve): | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | | | |  | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | |
|  | | Open/Closed: | | | | | | | | Open | | | | | | | Closed | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | |
|  | | Was the damage professionally repaired? | | | | | | | | | | | | | | | | | | Yes | | | | | No | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | |
|  | If yes, **Claim 3** – Date: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
|  | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
|  | | Type of loss: | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | |  |
|  | |  | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | |
|  | | Aircraft or Vehicle Impact | | | | | | | | | | | | | Arson | | | | | | | | Burglary | | | | | | | | | | | | | | Change in Temperature | | | | | |
|  | | Earthquake | | | | | | | | | | | | | Electrical Current | | | | | | | | Explosion | | | | | | | | | | | | | | Falling Object | | | | | |
|  | | Fire | | | | | | | | | | | | | Flood | | | | | | | | Freezing | | | | | | | | | | | | | | Hail | | | | | |
|  | | Landslide | | | | | | | | | | | | | Lightning | | | | | | | | Malicious Acts | | | | | | | | | | | | | | Other – Liability | | | | | |
|  | | Other – Property | | | | | | | | | | | | | Overland Water | | | | | | | | Riot | | | | | | | | | | | | | | Sewer Backup | | | | | |
|  | | Smoke | | | | | | | | | | | | | Storm | | | | | | | | Tenant Vandalism | | | | | | | | | | | | | | Water | | | | | |
|  | | Wildfire | | | | | | | | | | | | | Wind | | | | | | | |  | | | | | | | | | | | | | |  | | | | | |
|  | |  | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | |  | | | | | |
|  | | Total Amount (paid or reserve): | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | | | |  | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | |
|  | | Open/Closed: | | | | | | | | Open | | | | | | | Closed | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | |
|  | | Was the damage professionally repaired? | | | | | | | | | | | | | | | | | | Yes | | | | | No | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | |
| Has the Applicant had been subject to any allegations of misconduct or professional negligence or had any sort of penalty imposed upon them? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes No | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | If yes, provide details of any allegations or penalties imposed: | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
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|  | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **OPERATIONS** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Total Gross Revenue for next 12 months: | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Description of Operations: | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | General Fitness Studio | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | General Fitness (incl. Yoga, Dance and/or Pilates) Studio | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | General Fitness (incl. Yoga, Dance, Pilates, Boxing or Martial Arts) Studio | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Personalized Training Studio (max 25 patrons at a time) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Dance Studio | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Yoga and/or Pilates Studio | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Martial Arts Studio | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Boxing Studio | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Name of the fitness association: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **GENERAL INFORMATION** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the Applicant allow unsupervised access to the facility (may be common with some self serve 24/7 facilities)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes No | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | If yes, does the Applicant have a recorded video surveillance in all common areas? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes No | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | Does the Applicant remove access to tanning beds/booths, swimming pools, jet tubs and saunas (if they have them on site) when staff are not present? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes No | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Does the Applicant prohibit unsupervised children (under 16 years) from using the facility? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes No | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Does the Applicant carry all licenses and permits where required by law and follow all health authority rules and regulations? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes No | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Does the Applicant keep patrons' signed/dated waivers and pre-medical history on file for 7 years? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes No | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **HAZARDOUS ACTIVITIES INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Does the Applicant allow intentional punches, kicks or strikes to the head and/or neck, or allow any sort of intentional weapon strikes? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes No | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Does the Applicant provide any sort of gymnastics other than floor routines? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes No | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Does the Applicant have any trampolines apart from reformers that are standard to fitness industry? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes No | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **SWIMMING POOL, SAUNA AND STEAM** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Does the Applicant have a swimming pool? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes No | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | If yes, does the Applicant have any slides, or any diving boards over 1 meter? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes No | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Does the Applicant have any jetted soaking tubs, sauna and/or steam room? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes No | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | Number of saunas: | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | Number of steam rooms: | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | Number of jetted tubs: | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **COURTS** | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Does the Applicant have any courts? | | | | | | | | | | | | | | Yes No | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| If yes, number of indoor courts: | | | | | | | | | | | |  | | | | | | | | | | Number of outdoor courts: | | | | | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | |
| **TANNING** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | |
| Does the Applicant offer any Tanning services? | | | | | | | | | | | | | | | | | | | Yes No | | | | | | | | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | |
|  | | If yes, total number of tanning beds or booths: | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | |
|  | | Does the Applicant require that eye protection is worn during tanning sessions? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes No | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | Does the Applicant follow all manufacturers guidelines with respects to the operation and maintenance of the tanning equipment? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes No | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | Does the Applicant limit or control the maximum amount the patron is permitted to be in the tanning bed or booth? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes No | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **FOOD AND BEVERAGE EXPOSURE** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Does the Applicant offer any food or beverages? Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | Percentage of total revenue derived from food and beverage sales (%): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | |
| Does the Applicant serve any liquor? | | | | | | | | | | | | | | Yes No | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  | | Total revenue derived from the serving of liquor: | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | |
| **COVERAGES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Commercial General Liability: | | | | | | | | | | | | | | | | $1,000,000 | | | | | | | | | | $2,000,000 | | | | | | | | | | | | $5,000,000 | | | | |
|  | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |  | | | | |
|  | | Tenant's Legal Liability: | | | | | | | | | | | | | | Not required | | | | | | | | | | $250,000 | | | | | | | | | | | | $500,000 | | | | |
|  | |  | | | | | | | | | | | | | | $1,000,000 | | | | | | | | | | $2,000,000 | | | | | | | | | | | |  | | | | |
|  | |  | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |  | | | | |
|  | | Non-owned Automobile: | | | | | | | | | | | | | | Not required | | | | | | | | | | $1,000,000 | | | | | | | | | | | |  | | | | |
|  | |  | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |  | | | | |
|  | | Employee Benefits Liability: | | | | | | | | | | | | | | Not required | | | | | | | | | | $1,000,000 | | | | | | | | | | | |  | | | | |
|  | |  | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |  | | | | |
|  | | Employers Liability Extension: | | | | | | | | | | | | | | Not required | | | | | | | | | | $1,000,000 | | | | | | | | | | | |  | | | | |
|  | |  | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |  | | | | |
| Deductible: | | | | | $1,000 | | | | | | $2,500 | | | | | | | | $5,000 | | | | |  | | | | | | | | |  | | | | | | | |  | |
|  | | | | |  | | | | | |  | | | | | | | |  | | | | |  | | | | | | | | |  | | | | | | | |  | |
| **OPTIONAL – PROPERTY COVERAGE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the Applicant require property coverage? Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | If yes, please answer the following: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | Business Personal Property excluding Stock/Inventory (Including Tenant Improvements): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | Stock / Inventory: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | Contents of every description (Business Personal Property and Stock/inventory, a combined single limit): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | Miscellaneous Articles Floater: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | Does the applicant require Business Interruption - Actual Loss Sustained coverage? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | Flood Coverage: | | | | | | | | | | | Yes No | | | | | | | | | | Earthquake Coverage: | | | | | | | | | | | | | | Yes No | | | | | |
|  | |  | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | |
|  | | Sewer-Backup Coverage: | | | | | | | | | | | Yes No | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | |
|  | |  | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | |
|  | | Water Damage Deductible: | | | | | | | | | | | | $5,000 | | | | | | | | | $10,000 | | | | | | | | | | | | | | $25,000 | | | | | |
|  | |  | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | |
| **OPTIONAL - CRIME** | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | |
| Comprehensive Dishonesty, Destruction, Disappearance and Forgery: | | | | | | | | | | | | | | | | | | | | | | | | | Not required | | | | | | | | | | | | | $5,000 | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | $10,000 | | | | | | | | | | | | | $25,000 | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | |
| **OPTIONAL EQUIPMENT BREAKDOWN COVERAGE** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | |
| Does the applicant require Equipment breakdown Coverage? | | | | | | | | | | | | | | | | | | | | | | | | | Yes No | | | | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | |
| **BUILDING LOCATION DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | |
| Building Construction: | | | | | | Fire Resistive | | | | | | | | | | | | | Frame | | | | | | | | Non-Combustible | | | | | | | | | | | | Other | | | |
|  | | | | | |  | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | |  | | | |
| Year built: | | | |  | | | | | |  | | | | | | | | | | | | Square footage: | | | | | | | |  | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | |
| Year of latest update to roof: | | | | | | | | | | | | | |  | | | | | | | | Year of latest update to electrical: | | | | | | | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | |
| Year of latest update to plumbing: | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | |
| Hydrant within 300 metres? | | | | | | | | | Yes No | | | | | | | | | | | | | Fire Hall within 8kms? | | | | | | | | | | | | | | Yes No | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | |
| Sprinklered: | | | | | | | | | Yes No | | | | | | | | | | | | | Centrally monitored alarm: | | | | | | | | | | | | | | Yes No | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | |
| **ISSUANCE INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **POLICY TERM INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Proposed Effective Date (MM/DD/YYYY): | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | |
| **MAILING ADDRESS** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Address: | | |  | | | | | | | | | | | | | | | | | | | | | City: | | | | |  | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | |
| Province: | | |  | | | | | | | | | | | | | | | | | | | | | Postcode/ ZIP Code: | | | | | | | | | | | |  | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | |
| **ADDITIONAL INSUREDS** | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | |
| Add any Additional Insureds required with respect to liability coverage (eg. Landlord, contract requirements, etc.): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Address: | | |  | | | | | | | | | | | | | | | | | | | | | City: | | | | |  | | | | | | | | | | | | | |
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| Province: | | |  | | | | | | | | | | | | | | | | | | | | | Postcode/ ZIP Code: | | | | | | | | | | | |  | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | |
| What is the relation between the Applicant and the additional insured entity? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Customer of insured | | | | | | | | | | | | | | | | | | | | Landlord | | | | | | | | | | | | | | | | | | | |
|  | | | Government Body | | | | | | | | | | | | | | | | | | | | Lead Contractor | | | | | | | | | | | | | | | | | | | |
|  | | | Lessor/ Finance Company | | | | | | | | | | | | | | | | | | | | Subsidiary (100% wholly owned by Applicant) | | | | | | | | | | | | | | | | | | | |
|  | | | Subsidiary (not wholly owned by Applicant) | | | | | | | | | | | | | | | | | | | | Joint venture | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **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 immediately 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.  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.  **NOTE: INSURANCE IS NOT IN EFFECT UNTIL SUCH TIME AS FORWARD INSURANCE MANAGERS LTD. 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature of Applicant(s):** | | | | | | |  | | | | | | | | | | | | | | | | | | | | **Date:** | | | | | | | | |  | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | |
| **Brokerage:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | **Broker ID#:** | | | | | | | | |  | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | |
| **Broker Email:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | **Phone:** | | | | | | | | |  | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | |
| **Email completed apps to newcommercial@forwardinsurance.ca or for the quickest turnaround, log in to *JET*.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |