



## HEALTH CLUB/FITNESS STUDIO PROGRAM APPLICATION

PLEASE ANSWER ALL QUESTIONS  
IF A QUESTION OR SECTION IS NOT APPLICABLE THEN PLEASE ANSWER "N/A"

1. Name of Applicant: \_\_\_\_\_

Owner: \_\_\_\_\_

2. Mailing address: \_\_\_\_\_

Telephone - Home: \_\_\_\_\_ Business: \_\_\_\_\_

3. Proposed effective date: \_\_\_\_\_ (12:01 a.m. Standard Time)

4. PLEASE INDICATE COVERAGES DESIRED

Property - Amount/Deductible: \_\_\_\_\_  N.P. or  Broad Form

Contents: \_\_\_\_\_

Extensions:	Flood	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Sewer back-up	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Earthquake	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Glass	<input type="checkbox"/> Yes <input type="checkbox"/> No

Sign: \_\_\_\_\_

Extra expense: \_\_\_\_\_

Gross earnings: \_\_\_\_\_

Optional coverage: \_\_\_\_\_

5. **Mortgagees: Name & Address:**  
\_\_\_\_\_  
\_\_\_\_\_

6. LIABILITY INSURANCE  
Limit requested:  \$1,000,000 CGL  \$2,000,000 CGL  \$5,000,000 CGL  Other: \_\_\_\_\_  
Deductible: \_\_\_\_\_

7. GENERAL INFORMATION - Describe as follows:  
 Corporation  Partnership  Individual  Other: \_\_\_\_\_  
Location address: \_\_\_\_\_

Experience of owners/managers: \_\_\_\_\_

Number of years in business: \_\_\_\_\_

8. PREVIOUS INSURER

Does Applicant presently carry insurance?  Yes  No

If yes, who is present Insurer? \_\_\_\_\_ Premium: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

If no, please explain: \_\_\_\_\_

Is present insurance Claims Made?  Yes  No

If yes, state retro date: \_\_\_\_\_

Are they willing to renew?  Yes  No

If no, please explain: \_\_\_\_\_

Does the policy cover all operations of the Insured?  Yes  No

If no, please describe: \_\_\_\_\_

9. MEMBERSHIP

Number of members: \_\_\_\_\_ Sales from products/services \$ \_\_\_\_\_

Receipts from membership charges: \$ \_\_\_\_\_ Sales from alcohol (if applicable): \$ \_\_\_\_\_

Are members required to sign a waiver and/or medical form? Yes  No

If yes, please attach a copy.

10. PROPERTY UNDERWRITING INFORMATION (Please provide picture and /or diagram if possible)

d) Construction:

Walls: \_\_\_\_\_ No. stories: \_\_\_\_\_ Year built: \_\_\_\_\_

Floors: \_\_\_\_\_ Heat source: \_\_\_\_\_ Roof: \_\_\_\_\_

Area of building: \_\_\_\_\_ Basement:  Yes  No

Electrical:  Circuit breaker  Fuses Amperage: \_\_\_\_\_

e) Occupancy: \_\_\_\_\_

By Insured as: \_\_\_\_\_ Area: \_\_\_\_\_

Hours of Business: \_\_\_\_\_

Special hazards: \_\_\_\_\_

By others as: \_\_\_\_\_ Area: \_\_\_\_\_

Special hazards: \_\_\_\_\_

f) Protection – Public:

Hydrant Protection:  Yes  No If yes, how many? \_\_\_\_\_ Distance: \_\_\_\_\_

Fire station: Kilometres: \_\_\_\_\_  Paid  Volunteers

Sprinklered:  Yes  No If yes, percentage of area: \_\_\_\_\_ %

CO2 Systems:  Yes  No If yes, bi-monthly contract in place?  Yes  No

Detectors:  Yes  No If yes, how many? \_\_\_\_\_ Kind? \_\_\_\_\_

Fire extinguishers:  Yes  No If yes, how many? \_\_\_\_\_

Renovations:  Yes  No If yes, year of renovation: \_\_\_\_\_

Electricity: \_\_\_\_\_ Roof: \_\_\_\_\_

Plumbing: \_\_\_\_\_ Heating: \_\_\_\_\_

Alarm:  Burglary  Fire  Both  
 Control station:  Yes  No ULC Approved?  Yes  No  
 Complete: \_\_\_\_\_ Local: \_\_\_\_\_  
 Partial \_\_\_\_\_ Central: \_\_\_\_\_

Private watchman service:  Yes  No If yes, describe: \_\_\_\_\_

g) Building exposures (please indicate construction/occupancy/distance):

Left: \_\_\_\_\_ Right: \_\_\_\_\_  
 Back: \_\_\_\_\_ Sheds: \_\_\_\_\_

11. PERSONNEL

Indicate number: Management: \_\_\_\_\_ Supervisory: \_\_\_\_\_ Employed Instructor: \_\_\_\_\_  
 Independent contractors: \_\_\_\_\_ Other - Describe: \_\_\_\_\_

If Insured hires or uses the services of any independent contractors, please describe: \_\_\_\_\_

Are certificates of insurance requested from all independents?  Yes  No For what limit? \_\_\_\_\_

Are all personnel trained in First Aid/CPR?  Yes  No

Are incident reports completed daily for all injuries?  Yes  No

12. FACILITIES/SERVICES OFFERED

a) Please complete the following:

<u>Type of Operation</u>	<u>Indicate #</u>	<u>Type of Operations</u>	<u>Indicate #</u>
<b>Swimming Pools</b>	_____	<b>Pro Shop – Please attach list of products being sold</b>	_____
Sauna/Steam Rooms	_____	<b>Equipment (Over 30 attach list)</b>	_____
Whirlpool/Jacuzzis	_____	Game Room	_____
Shower Rooms	_____	Gymnasium	_____
Lockers	_____	Aerobic Classes	_____
Handball/Racquetball	_____	Martial Arts	_____
Tennis Courts	_____	Barber/Beauty Shop	_____
Basketball Courts	_____	Masseuse	_____
Jogging Tracks	_____	Physical Therapy	_____
Bicycle Tracks	_____	Sports Medicine	_____
Snack Bar	_____	Body Wrapping	_____
Restaurant	_____	Diet Plans	_____
Bar/Cocktail Lounge	_____	Sports Teams	_____
Tanning Beds:		Special Events	_____
- Total Number	_____	Contest/Exhibitions	_____
- Total Lie Down/Stand Up	_____	Child Minding:	_____
- Max Duration	_____	- Maximum Number Children	_____
- Are goggles mandatory? <input type="checkbox"/> Yes <input type="checkbox"/> No		- Number of Minders	_____

b) Please describe in detail any other activities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**13. Claims History:**

Include total costs from ground up for each claim, including defense costs and deductible. Include loss experience of companies which have been taken over or merged with your company.

Date of Occurrence	Describe Occurrence & Injury or Damage	Amount		Deductible
		Outstanding	Paid	
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

Are you aware of any other incidents which may result in claims against you?  Yes  No  
 If yes, give details: \_\_\_\_\_  
 \_\_\_\_\_

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This application does not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**IMPORTANT NOTICE:** As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

It is mutually agreed between the Company and the Applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the Applicant in any respect.

**THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.**

DATED: \_\_\_\_\_ APPLICANT'S SIGNATURE: \_\_\_\_\_

<b>BROKER NAME:</b> _____ <b>ADDRESS:</b> _____ _____ <b>PHONE NO.:</b> _____ <b>FAX NO.:</b> _____
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## SUPPLEMENTARY APPLICATION FOR EXTENDED SERVICES HEALTH AND FITNESS CLUBS

It is **not the intent** of cover under our program to insure against injury or loss arising out of any of the following:

- a) Malpractice including but not limited to medical services, dispensing of drugs or other supplies, physiotherapy or massage therapy, diet and/or nutrition advise;
- b) Sexual abuse, sexually transmitted disease and/or mental abuse.

As such, any coverage put into effect will specifically exclude the above.

Coverage for EXTENDED SERVICES as outlined below is available where agreed to by the Insurer / it's Representatives – THE FOLLOWING UNDERWRITING INFORMATION IS REQUIRED:

### **CHILD MINDING SERVICES / DAYCARE - Extension ONLY** available for fully supervised facilities.

Are you currently licensed by a Government Agency?  Yes  No

Explain any licensing exception. \_\_\_\_\_

What is the capacity of the facility? \_\_\_\_\_ Average # of kids at any one time? \_\_\_\_\_

Maximum number of children per qualified staff? \_\_\_\_\_

Number of staff involved in child minding services \_\_\_\_\_

Do you have written procedures that police checks be run on new employees?  Yes  No

Supervisor qualifications \_\_\_\_\_

Minimum staff qualifications \_\_\_\_\_

Any full time daycare services or strictly for client use while using fitness facility? \_\_\_\_\_

If yes to full time, what are your rules regarding picking up the child? \_\_\_\_\_

Are there written rules/procedures?  Yes  No

Describe area and safeguards provided for child minding. \_\_\_\_\_

What is your policy regarding sickness or communicable disease? \_\_\_\_\_

Any food/snacks provided to children?  Yes  No

If yes, is there a medical questionnaire obtained for children (ie. Allergies, etc)?  Yes  No

Any administering of medication?  Yes  No

Do you require clients sign a liability waiver?  Yes (Attach copy.)  No

Is this service provided with membership? If no, show applicable revenue \_\_\_\_\_

Do you keep signed incident reports on accidents?  Yes  No (describe current practice)

**SELF DEFENCE / MARTIAL ARTS CLASSES** Extension ONLY available for non-aggressive, non-contact art forms.

What art form is being taught? \_\_\_\_\_ Confirm No Sparring

Gross receipts \_\_\_\_\_ Describe any weapons training? \_\_\_\_\_

Outline Instructor(s) qualifications (including any first aid training): \_\_\_\_\_

Are instructors:  Employees  Independents  Is proof of insurance obtained?  Yes  No

What minimum liability limits? \_\_\_\_\_

# of classes per week: \_\_\_\_\_ Average # of students per class: \_\_\_\_\_

Total # of students \_\_\_\_\_

Description of training area: \_\_\_\_\_

Description of equipment used: \_\_\_\_\_

Do you require participants to sign a liability waiver?  Yes (Attach copy.)  No

Any competitions / events?  Yes (Provide details.)  No

**TANNING UNITS - Extension not available for coin operated equipment.**

Number of Units, age and type of rays used: \_\_\_\_\_

Provide details of equipment maintenance (manufacturer or contractor): \_\_\_\_\_

Bulb maintenance – checking and replacement: \_\_\_\_\_

Do you restrict access to tanning beds to those under the age of 18?  Yes  No

Who supervises this area? \_\_\_\_\_ Who is responsible for cleaning beds after use? \_\_\_\_\_

Is there a mandatory goggle policy in effect?  Yes  No Who provides them? \_\_\_\_\_

Are units equipped with an emergency stop button?  Yes  No

Who controls the start/finish time? \_\_\_\_\_ Is the equipment fully operational?  Yes  No

Is there a chart of recommended exposures times for skin types?  Yes  No

Maximum tanning session: \_\_\_\_\_ Do you keep signed incident reports?  Yes  No

Are beds clearly marked with a Warning as to the potential Health Hazards?  Yes  No

Do customers sign a waiver or is a liability waiver posted?  Yes (Attach copy.)  No

Is there an additional charge for tanning?  Yes  No If yes, provide revenue. \_\_\_\_\_

***PLEASE NOTE COVERAGE FOR EXTENDED SERVICES WILL BE EXCLUDED UNLESS THE APPLICANT REQUESTS COVER BE INCLUDED BY INITIALING ON THE LINE PROVIDED HERE.***

**Child Minding/Daycare** \_\_\_\_\_

**Self Defense/Martial Arts** \_\_\_\_\_

**Tanning Units** \_\_\_\_\_

**Sauna/Hot Tub** \_\_\_\_\_

The applicant represents that the statements and facts provided herein are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage, applicant’s acceptance of company’s quotation is required prior to binding coverage and policy issuance. I HAVE READ AND UNDERSTAND this form and I furthermore agree that this Supplementary Application shall form the basis of the contract should a policy be issued.

DATED: \_\_\_\_\_ APPLICANT’S SIGNATURE: \_\_\_\_\_

[Email Form](#) [Print Form](#)