# Brokerage Name:

# Broker Telephone:       Fax:       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:(If Applicable) |  | Phone: |  | | Email: |  |

|  |  |  |
| --- | --- | --- |
| **Expiry Date of Current Policy:** | **Current Insurance Company:** | |
| **Number of years in business?** | **Have you ever been cancelled for nonpayment?** |  |

**PROPERTY INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Describe your location (strip plaza, shopping mall, etc.): | | | | | | | | | | | |
| The Building Age: | | | No. Of Stories: | | | | | Do you own the building? | | | |
| Total Area of Building:       sq. ft. | | | Total Area of your Facility:       sq. ft. | | | | | | | | |
| Sprinkler System: |  | Monitored Alarm: | | | | | | |  | Fire Hydrants within 500 feet: : |  |
| Is there Any Bar/Restaurant Adjacent to your operation? | | | |  | | Are you in a basement location? | | | | |  |
| Do you operate or rent space to other businesses? | | | |  | | Annual rental income $ | | | | | |
| Describe precautions taken to avoid slips and falls at entrances: | | | | | | | | | | | |
| Do you have any equipment stored offsite? (i.e. home office) | | | | |  | | If yes, please describe: | | | | |

**CONSTRUCTION OF BUILDING**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **WALL:** | Concrete Block/Masonry |  | Brick Veneer over Wood |  | Frame/Siding |  |
| **ROOF:** | Steel Deck or Concrete |  | Wood Joists |  | Metal Clad |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **LATEST UPDATES** | **FULL** | **PARTIAL** | **YEAR COMPLETED** |
| Roof: |  |  |  |
| Heat: |  |  |  |
| Plumbing: |  |  |  |
| Electrical: |  |  |  |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **STOCK:** | Clothing | $ | Supplements | $ | Other | $ |
| **EQUIPMENT:** | Computers | $ | Laptops | $ | Signs | $ |
|  | Furniture | $ | Machines | $ | Other | $ |
| **LEASEHOLDS:** | Existing Tenants Improv. | $ | Change Rooms | $ | Flooring | $ |
|  | Offices | $ | Wall Coverings | $ | Other | $ |

**TOTAL CONTENTS (including all stock, equipment & leaseholds) $**

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

**EQUIPMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| Do You Have Modified/Rebuilt/Used Equipment? |  | If Yes, % used:      % | Age: |
| Is Equipment Inspected Daily? | | Who Does Maintenance? | |

**LIABILITY INFORMATION**

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

|  |  |  |  |
| --- | --- | --- | --- |
| No. of Members: |  | Monthly Fee: |  |
| No. Of Full Time Employees: |  | No. Of Part Time Employees: |  |

**Annual Receipts:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Membership | $ | Training | $ | Food | $ |
| Supplement | $ | Clothing | $ | Alcohol | $ |
| Tanning | $ | Child Care | $ | Other | $ |
| **TOTAL GROSS ANNUAL RECEIPTS: $** | | | | | |

**DESCRIPTION OF OPERATIONS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Facility Hours:** | **Mon** | | | | **Tues** | | **Wed** | | | | **Thurs** | | | **Fri** | | | **Sat** | | **Sun** | | |
| **Staffed** |  | | | |  | |  | | | |  | | |  | | |  | |  | | |
| **Unstaffed** |  | | | |  | |  | | | |  | | |  | | |  | |  | | |
| Approximate percentage (%) of clients using the facility during unstaffed hours:       % | | | | | | | | | | | | | | | | | | | | | | | |
| Do the security cameras operate 24 hours? | | | | | | | | |  | If no, do they operate during unstaffed hours? | | | | | | | | | | |  | | |
| How do you prevent multiple people entering the facility using the same card? | | | | | | | | | | | | | | | | | | | | | | | |
| Can guest passes be used during unsupervised hours? | | | | | | | | | | | | | | | | | | | | |  | | |
| If clients abuse their privileges, are they prevented from using the facility when unstaffed? | | | | | | | | | | | | | | | | | | | | |  | | |
| Are participants under the age of 18 able to access the facility during unstaffed hours? | | | | | | | | | | | | | | | | | | | | |  | | |
| Trampoline | | |  | Gymnastics | | | | | | |  | | Rock Climbing Wall | | | |  | | Massage | | |  | |
| Crossfit | | |  | Boxing | | | | | | |  | | Martial Arts | | | |  | | Physical Therapy | | |  | |
| Fighting Ring | | |  | Kids Programs | | | | | | |  | | Vibrations Machines | | | |  | | How Many? | | | | |
| Child Care | | |  | Age Range | | | | | | | | | Are Childcare Staff Certified? | | | | | | | | | | |
| Snack Bar | | |  | **Tanning Beds \*\*** | | | | | | |  | | **\*\* A SUPPLEMENTARY APPLICATION MUST BE COMPLETED** | | | | | | | | | | |
| Do members sign waivers? | | | | |  | | Do you ever serve alcohol? | | | | | | |  | | Do you have a liquor license? | | | | |  | | |
| Do you sell supplements? | | | | |  | | Do any contain ephedra or other metabolic enhancers? | | | | | | | | | | | | | |  | | |
| Describe any activities away from the premises: | | | | | | | | | | | | | | | | | | | | | | | |
| Describe all programs offered: | | | | | | | | | | | | | | | | | | | | | | | |

# 

# Wet Areas:

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

# 

**ADDITIONS TO THE POLICY:**

**ADDITIONAL INSURED**

(i.e.: landlord)

**LOSS PAYEES**

(i.e.: financing, leases, etc.)

**CLAIMS HISTORY:**

Has the company &/or staff had claims against them in last 5 years? ,

If yes please list details:

Date Of Loss: Payout:

Expenses:

I understand and agree that any policy issued will be based upon the information contained in the application and any related forms. 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.

Applicant: Signature: Title: Date:

**DESCRIPTION OF TANNING OPERATIONS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Are you a full member of SmartTan Association (or other tanning association)? | | | | | | |  |
| Are all staff trained or certified through SmartTan or equivalent certifying body? | | | | | | |  |
| Are clients given tanning instruction | | |  | Minimum age of Clients: | | | |
| Are goggles supplied and required to be used? | | |  | Do you complete a skin analysis for every client? | | |  |
| Is touching of clients allowed by staff? | | |  | Are beds cleaned after every use? | | |  |
| Minimum time allowed between tans per client: | | | | | | | |
| Do all clients sign waivers? |  | Vibrations Machines | | |  | How Many? | |
| Do you sell supplements? |  | Do any contain ephedra or other metabolic enhancers? | | | | |  |
| Do you allow tanning services during unstaffed hours? | | | | | | |  |

# 

**BEDS/BOOTHS:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Beds | # | Booths | # | | Spray Booths | # | Air Brush Units | # | |
| Where are timing controls located? | | | | | Who sets timers? | | | | |
| Do electricians service the equipment? | | | |  | Are any beds coin operated? | | | |  |
| Average age of beds:       yrs | | | | | Outside dryer vents cleaned at least every 6 months? | | | |  |
| Are beds/Booths protected by ground fault interrupted (GFI) circuits? | | | | | | | | |  |

I understand and agree that any policy issued will be based upon the information contained in the application and any related forms.

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: