

Brokerage: _____ Producer name: _____
 Broker telephone: _____ Broker fax: _____ Target Premium: \$ _____
 Broker email: _____ Are you the present Broker on file? YES NO

GENERAL INFORMATION

Legal Business Name: _____
 Location Address: _____ City: _____ Province: _____ Postal: _____
 Mailing (if different): _____ City: _____ Province: _____ Postal: _____
 Contact Person: _____ E-mail: _____
 Phone #: _____ Fax #: _____ Res. #: _____ Cell #: _____
 Website Address: _____

Expiry Date of Policy: _____ **Current Insurance Company:** _____ **Risk Ever Been Canceled:** YES NO
 # of years in business? _____ # of full time Employees? _____ # of part time? _____ # year's experience? _____
 Claims last 5 years? YES NO
 If yes, please advise, year, type of loss and payout/reserve: _____

PROPERTY INFORMATION

Describe your location (Two storey, strip plaza, shopping mall, etc.): _____ No. of Stories: _____

CONSTRUCTION OF BUILDING:

Do you own the building? YES NO Total Area of your Facility: _____ Ft The Building Age: _____
 Latest Update: _____ Roof: _____ Heat: _____ Plumbing: _____ Electric: _____
 Fire Hydrants within 500 Feet? YES NO Restaurant within 2 adjacent units: YES NO
 Building Sprinklered? YES NO Monitored Alarm System? YES NO
 Local Alarm System? YES NO Fire Alarm? YES NO
 Surveillance System? YES NO # of Fire Extinguishers: _____
 Any Smoking on Premise? YES NO Bars on Doors/Windows? YES NO
 Doors have deadbolts? YES NO

EXPOSURES Front: _____ Back: _____ Left: _____ Right: _____

LOSS PAYEE INFORMATION (loan from bank for equipment or mortgage):

"PROPERTY VALUES" (IF YOU HAD TO REPLACE THE FOLLOWING ITEMS TODAY)

Building (if required)	\$ _____	Equipment	\$ _____
Leasehold Improvements	\$ _____	Retail Clothing	\$ _____
Other Stock	\$ _____	Actual Cash Value of Costumes	\$ _____

(* Dance Studio leasehold improvements rebuilding values are usually around \$20 per square foot. Most Leases state that the lessee must insure all improvements including any completed previous to the signing agreement.)

LIABILITY INFORMATION

Liability Limits Desired: \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

Student Receipts:	\$ _____	Recital Receipts:	\$ _____
Summer Camps	\$ _____	Liquor Receipts?	\$ _____
Clothing Receipts	\$ _____		
Other Receipts	\$ _____	please specify	_____
Total Yearly Gross Receipts	\$ _____		

FACILITY

Children under 12 _____% Jr. 12-18 _____% Adult _____% Number of Students? _____

List All Styles of Dance: _____

Are Private lessons provided? YES NO Do all Members Sign Waivers: YES NO
 Weapons YES NO If Yes, please provide list: _____

Are all Record Kept on File for a Minimum of 2 Years? YES NO

Are there any operations away from your premise? YES NO

If Yes, Please elaborate: _____

Does the Insured provide transportation? YES NO

Do rent space to others within your unit? YES NO



If yes, do they list you as an additional insured? YES NO

RECITALS:

How many Recitals do you attend per year? # _____ On Average, How many Students attend the Recitals? # _____

How many Recitals are held at your Studio? # _____ How many Recitals are held away from your Studio? # _____

****NOTE:** If there are Sun Tanning Beds, a Supplementary Inspection Report must be completed.

****NOTE:** If there are Martial Arts Operations, Supplementary Inspection Report must be completed.

****NOTE:** A certificate of insurance **MUST** be provided to the Dance Salon Owner if there are any operations offered by others within the Dance Studio.

ADDITIONAL INSUREDS (i.e.: landlord):

**** CYBER LIABILITY ****

Does the Company store any medical/health information for clients? YES NO

▪ If yes, does the Company follow the minimum standards under the HIPAA (encryption and firewalls in place)? YES NO

▪ If yes, does the Company follow the minimum standards under PIPEDA or the respective PIPA requirements (encryption and firewalls in place)? YES NO

PLEASE NOTE:

The applicant agrees to notify the company of any material changes in the answers to the questions on this questionnaire which may arise during the course of this policy issued and further understands that claims may be denied if information regarding these material changes was not provided.

The purpose of this questionnaire is to assist in the underwriting process. Information contained herein is specifically relied on in determination of insurability. The under-signed, therefore, warrants that the information contained herein is true and accurate to the best of his / her knowledge, information, and belief. This questionnaire and the application shall be the basis of any insurance policy that be issued and will be part of such policy.

A consumer report containing personal, credit, factual or investigative information about the applicant may be sought in connection with this application for insurance or any renewal, extension or variation thereof. Signing of this form does not bind the Applicant to purchase the insurance or the Insurer to accept the risk, but it is agreed that this form shall be the basis of the contract should a policy be issued.

For purposes of the Insurance Companies Act (Canada), any document would be issued in the course of Lloyd's Underwriters' insurance business in Canada.

Insured Signature: _____ Date: _____

Broker Signature: _____ Date: _____

Broker Email: _____