



[General and Professional Liability Application]

PROSURE FITNESS CLUBS AND INSTRUCTORS APPLICATION



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PART 1 GENERAL INFORMATION

Broker: _____ Contact Person: _____ Tel: _____

Name of Insured (Full Legal Name): _____

Operating Name: _____

Mailing Address: _____ Postal Code: _____

Risk Location Address: _____ Postal Code: _____

Name of Principal(s): _____

Website: _____

Number of years in business: _____ Years' of related experience: _____

Please state the number of employees in the below categories and include any independent contractors within these figures:

Instructors: _____ Other (Describe): _____

Has any Insurer cancelled, declined, or refused you coverage? Yes No

If the answer to the above is "Yes", please attach (or include below) full details including an explanation of the background of events, the maximum amount involved or claimed, the status of the claims or circumstances and any reserves or payments made by you or by Insurers, and the dates of all developments and payments.

Please state your revenues received in respect of the following years (in CAD):

	Last Complete Financial Year	Estimate for Current Financial Year	Estimate for Next Financial Year
Canadian Revenue:			
USA Revenue:			
Other Territory Revenue:			
Total Revenue:			
Profit/Loss:			

Date of Financial Year End (DD/MM/YYYY): _____

PART 2 ACTIVITIES

Please describe the nature of your business activities. (If you have a brochure, or company literature, please attach to this form):

Please provide a full breakdown of your total revenue by activity. The total of activities listed here should equal 100%:

Source	Percentage %
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
Total (Must equal 100%):	%

Do you ensure you and all of your employees are certified in cardiopulmonary resuscitation (CPR) and first aid? Yes No

If "No", please explain:

Do you conduct any of your services with professional athletes? Yes No

If "Yes", please provide details:

Do you belong to any associations related to these activities? Yes No

If "Yes", please provide details:

a) If you are a fitness club, are all employees and independent contractors subject to criminal background checks? Yes No

If "Yes", please indicate which of the following background checks are performed:

- Drug Screening
 Fingerprints
 Sexual Offender Registry

If "No", please explain why not:

- b) If you are an instructor, has employment ever been declined as a result of any criminal background check conducted on you?

Yes No

If "Yes", please explain:

Do you:

- a) Verify the professional certificates or licenses of all employees or independent contractors working at your facility?

Yes No

- b) Ensure that independent contractors maintain their own liability insurance?

Yes No

If "No", please explain:

In the event that your product or service failed, or delivery was delayed, please describe the worst case scenario. Consider the potential for loss of life, injury to people, damage to buildings or other tangible property, or financial loss (consequential or otherwise) for your clients:

PART 3 COVER FOR FITNESS CLUBS (Only complete this section if you are a fitness club)

Are you the holder of an appropriate license for your facility or club?

Yes No

If "Yes", please state what licenses you hold:

If automated external defibrillators (AEDs) are used at your facility, do you ensure your employees are suitably trained to operate them?

Yes No

If "No", please explain:

Please state the percentage of your revenues that relate to the following:

Membership Fees: _____ %

Initiation Fees: _____ %

Refreshments Bar: _____ %

Liquor: _____ %

Pro Shop Sales: _____ %

What is the minimum age requirement to use the club facilities? _____ Years

Do you ensure each member of the club signs a membership agreement containing a "hold harmless" clause in your favour for the use of your facilities which extends to the member's guests? Yes No

If "No", please explain:

Is the facility staffed at all times during hours of business? Yes No

If "No", please explain:

Are daycare services offered at the facility? Yes No

If "Yes", are these offered by you or by a third party?

Do you have any tanning beds at the facility? Yes No

If "Yes", please state how many:

Do you have a swimming pool? Yes No

If "Yes", is there a Lifeguard on duty at all times? Yes No

If "No", please explain:

Do you have a sauna or steam room? Yes No

Do you have a maintenance contract in place for the servicing of all of your equipment and facilities? Yes No

If "Yes", how often is the equipment and facilities serviced (check as appropriate):

Annually Quarterly Half Yearly Monthly

PART 4 COMMERCIAL PROPERTY & BUSINESS INTERRUPTION INSURANCE

Please state the address of the premises to be insured (if different from the address given earlier)

PREMISES 1:	
Address:	
	Postal Code:
PREMISES 2:	
Address:	
	Postal Code:

Please continue on a separate sheet if more than 2 premises are to be insured

Please detail below any other party (such as a bank or building society) whose financial interest in the premises should be noted on the policy:

Name of Party:	
Interest of Party:	
Address:	
	Postal Code:

Are all of the Premises:

- a) Constructed with external walls of brick, stone or concrete and roofed with slate, tiles, concrete, metal, asbestos or any other non-combustible material? Yes No

- b) Free from cracks or other signs of damage that may be due to subsidence, landslip or heave and have not previously suffered damage by any of these causes? Yes No

- c) In an area free from flooding and not near the vicinity of any rivers, streams or tidal waters? Yes No

- d) In a good state of repair? Yes No

- e) Self-contained with a lockable entrance door? Yes No

- f) Protected by an intruder alarm that is subject to an annual maintenance contract? Yes No

NOTE: We may refuse to pay a claim if all of the devices for the security of your premises (including locks and the intruder alarm) are not put into full and effective operation whenever the premises are closed for business or left unattended

- g) Heated by a conventional electric, gas, oil or solid fuel heating system? Yes No

- h) Fitted with electrical installations which are inspected at least every 5 years by a qualified electrician and any defect remedied? Yes No

- i) Lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements? Yes No

- j) Sprinklered either fully or partially? Yes No

NOTE: Assuming you have answered "Yes" to h) and i) above, it is important to keep records of all relevant inspections as we may ask for evidence of these before paying a claim.

If you have answered "No" to any of the above questions, then please give further details below:

Please detail the amounts to be insured below for each of the premises:

NOTE: The amounts insured you state below should be the full rebuilding or replacement cost in each of the categories. If you understate these amounts you will be under-insuring and we may not pay the full amount of your claim. It is therefore essential that these amounts are as close to the true values of the insured items as possible.

ITEM	Amount Insured PREMISES 1	Amount Insured PREMISES 2
Main Building:		
Landlord's fixtures and fittings and Tenant improvements:		
Personal computers, printers and ancillary computer equipment at your premises:		
All other contents at your premises:		
Portable computers and associated equipment at home / away from premises:		
All other contents at home / away from your premises:		

Please state, in respect of portable computers and associated equipment at home / away from your premises, the maximum value of any one item (not the total value of all items) \$

Would you like a quote for either of the following extensions?

Earthquake: Yes No

Flood? Yes No

Please detail the amounts to be insured below for Business Interruption cover. Note that the maximum indemnity period available is 12 months. You should bear in mind how long it will take you to re-commence trading at another premise when stating the amount insured and indemnity period:

ITEM	Amount Insured	Indemnity Period
Business Interruption Coverage:		

PART 5 CLAIMS EXPERIENCE AND INSURANCE HISTORY

Please provide details of your current commercial general liability insurance, if applicable, and what you require for the next year of insurance:

	Effective Date	Limit	Deductible	Premium	Insurer
Current:					
Required:					

Regarding all of the types of insurance to which this application form relates **AFTER FULL ENQUIRY:**

- a) Are you aware of any loss or damage, whether insured or not, that has occurred to the individual or any of the Companies to be insured (or to any existing or previous business of the partners or directors of any of the Companies to be insured) within the last five years, or
- b) Are you aware of any circumstances which may give rise to a claim against the individual or any of the Companies to be insured, or any partners or directors thereof, or
- c) Have any claims of cease and desist orders been made against the individual or any of the Companies to be insured, or partners or directors thereof, or
- d) Has the individual or any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest, or fraudulent activity or been investigated by any regulatory body?

With reference to questions a, b, c and d above:

Yes No

If the answer to the above is "Yes", then please attach full details including an explanation of the background of events, the maximum amount involved or claimed, the status of the claims or circumstances and any reserves or payments made by you or by Insurers, and the dates of all developments and payments.

PART 6 DECLARATION

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature: _____

Position: _____

Please print name: _____

Date: _____