



HEALTH CLUB/FITNESS STUDIO PROGRAM APPLICATION

**PLEASE ANSWER ALL QUESTIONS
IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS**

1. **Name of Applicant** (And all Subsidiaries):

Owner:

2. **Mailing Address:**

Home Telephone: _____

Business Telephone: _____

Website Address: _____

Other Locations: _____

3. Proposed effective date: _____ (12:01 Standard Time)

4. PLEASE INDICATE COVERAGES DESIRED:

Property / Deductible: _____

N.P.

Broad Form

Buildings: _____

Contents of Every Description: _____

Tenants Improvement: _____

Business Interruption

(please indicate whether Gross Earnings or Profits): _____

Sign: _____

Extra Expense: _____

Optional coverage: _____

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

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 the present insurer:

If No, please explain: _____

Premium: _____ Expiry Date: _____

Is the 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)**

a) Construction:

Walls: _____ No. of stories: _____ Year built: _____
Floors: _____ Heat source: _____ Roof: _____
Area of building: _____ Basement: Yes No
Electrical: Circuit breaker Fuses Amperage: _____

b) Occupancy: _____

By Insured as: _____ Area: _____

Hours of Business: _____

Special hazards: _____

By others as: _____ Area: _____

Special hazards: _____

c) 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: _____

d) 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)	<u>Type of Operation</u>	<u>Indicate #</u>	<u>Type of Operation</u>	<u>Indicate #</u>
	Swimming Pools	_____	Pro Shop (Please attach list of products being sold)	_____
	Sauna/Steam Rooms	_____	Equipment (Over 30 attach list)	_____
	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		If Yes, describe: _____	

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 Loss	Describe Occurrence	Amt. Outstanding	Paid	Deductible

Are you aware of any other incidents which may result in claims against you?
If Yes, give details:

Yes No

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.

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.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

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

Signature of Applicant (authorized representative)

Date

SUBMITTED BY: _____

EMAIL: _____

For contact information visit:
www.markelinternational.ca



**SUPPLEMENTARY APPLICATION FOR
EXTENDED SERVICES
HEALTH AND FITNESS CLUBS**

**PLEASE ANSWER ALL QUESTIONS
IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS**

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? (Attach copy.)

Yes No

Is this service provided with membership?

Yes No

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 Independent

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? (Attach copy.)

Yes No

Any competitions/events? (Provide details)

Yes 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? (Attach copy.) Yes 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 _____
Tanning Units _____

Self Defense/Martial Arts _____
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.

Signature of Applicant (authorized representative)

Date