



Fitness Studio Package Insurance Application

#103-8411 200th STREET, LANGLEY, BC V2Y 0E7 TELEPHONE: (604) 888-0050 FAX: (604) 888-1008

Broker: _____ Contact Person: _____ Tel: _____
 Name of Insured: _____ o/a _____

Mailing Address: _____ City/Prov _____ Postal Code _____

Location Address: (if different from mailing): _____

Telephone: _____ Website: _____

Operating as a: Proprietorship Partnership Corporation

***Total Receipts:** _____ Retail Receipts: _____ Desired effective date: _____

Are clients required to sign a "Waiver of Liability"? Yes No (*SRIM can provide a sample if needed*)

Do you own, rent or lease space on an annual basis? Yes No

Are you a licensed Studio in your home Club Studio Square feet: _____

Is the insured along with all additional trainers (full time/part time/contractors) fully certified? Yes No

Do you offer online instruction/skype sessions? _____ If YES: What percentage of operations is done online? _____

Are you involved in any aerial yoga classes? _____ If yes, please advise height off of floor for silks _____

Is there any hot yoga (ie. Bikram, Moksha, etc.) offered? _____ Maximum Temperature: _____

Total number of employees / independent contractors / trainers to be included on the policy: _____ (please specify)

What are the hours of operation: _____ is there a certified trainer on site at all times?: _____

Please check those that apply:

Exercise Equipment Yes No Pieces _____ (*Exercise equipment includes benches or machines, bikes, etc.*)

Swimming Pool Yes No Size _____

Sauna/Jacuzzi Yes No Number/Capacity _____

Suntan Booths Yes No Number _____ (If yes, please have separate application completed)

All Courts Yes No Number _____

Other Services:

Restaurant/Snack Bar Yes No Day Nursery/Babysitting Yes No

Cocktail Lounge Yes No Masseur Yes No

Bicycle Tracks Yes No Trampoline Activities Yes No

Gymnasium Yes No Sports Medicine Yes No

Handball/Racquetball Yes No Supplement Sales Yes No

Martial Arts Yes No Diet Plans Yes No

Boxing/Kickboxing Yes No Physiotherapy Yes No

Additional Information:

Please describe any other activities: _____

What safeguards or procedures do you employ to avoid injuries? _____

Do you operate your business outside of Canada?: _____

Name & address of landlord requiring inclusion as "Additional Insured": _____

Property Coverage *Is property package required?* Yes No

Construction: _____ Year Built: _____ Any Upgrades: _____

#of Stories: _____ Sprinklered: _____ Alarmed? Local: _____ Monitored: _____ None: _____

Any additional information: _____ Other Occupancies: _____

PROPERTY & BUSINESS INTERRUPTION COVERAGES	AMOUNT OF INSURANCE
Building	
Equipment (Including Tenants Improvements)	
Stock	
Business Interruption (Profits, Monthly Earnings, Gross Earnings)	
Rent or Rental Value	
Extra Expense	
Office Contents	
Computer (Hardware/Software)	
Miscellaneous Property Floater	
Other:	
CRIME COVERAGES	AMOUNT OF INSURANCE
Inside and Outside Robbery	
Broad Form Money & Securities	
Commercial Blanket Bond (FORM A)	

OPTIONAL COVERAGES: (Select any of the following optional coverages you require)

- | | | |
|---------------|----------------------------|----------------------------------|
| Sewer Back-up | Replacement Cost | Property Extension Endorsement |
| Flood | Stated Amount Co-Insurance | Comprehensive Property Extension |
| Earthquake | By-Laws | |

Previous Insurance/ Loss History

Previous insurance company: _____ Is renewal being offered: _____

5 year loss history: _____

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 bases 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.

Applicant's Signature: _____ Date: _____