



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

DANCE INSTRUCTIONAL PROGRAM APPLICATION

GENERAL INFORMATION: (Please Print or Type)

1.
Official name of the Organization: _____

Mailing Address: _____ Postal Code: _____

Telephone Number: Business () _____ Fax Number: () _____

Name of Contact for Insurance: _____

Location address: _____

Years Dance Studio has been in operation (give date and year): _____

Years of operation with current owner/operator: _____ **Annual Revenues \$** _____

Applicant is a: Non-profit Association Instructor only (no studio space)
 Proprietorship Corporation Partnership

2.
Full description of operations (obtain brochure, if available): _____

3.
List or attach schedule of dance classes, type of instruction, number of dancers per class, hours of instruction ie: 3:00 p.m. to 9:00 p.m.: _____

4.
Provide approximate breakdown of dancers by the following age categories:

	# of dancers	% female	% male
Under 19			
Over 19			

5.
Number of Instructors: _____ Ratio of Instructors to Dancers: _____

List or attach Certificates of Training/Experience of Instructors: _____

6. Are there any activities involving trampolines, inflatable jumping pillows &/or Aerials: _____

If so please explain: _____

7.
Do you have any potential for travel to the United States? If Yes, explain _____

8.
Past Insurance History

Coverage and Loss History:

Indicate limits carried, corresponding premiums paid and total losses for the past three (3) years (attach company loss history - verification if required).

Coverage	Limit	Premium	Losses
General Liability	\$ _____	\$ _____	\$ _____
Participant Liability	\$ _____	\$ _____	\$ _____
Property Coverage	\$ _____	\$ _____	\$ _____

NOTE: Participant Liability means that there is coverage if parent sues because of child injuries caused by the dance studio or instructors etc.

List and explain any losses that have been paid by your insurance policies: _____

9.
Name of Current Insurance Carrier: _____

10.
Has any Insurance Carrier ever cancelled or refunded your organization coverage?
Yes () No ()

If yes, please explain: _____

11.

Insurance requirements for your organization (Please check and indicate limits required):

Desired Coverages	Limit
() General Liability including Participants	\$2,000,000. ()
() Property Coverages	
() Other Coverages	

Desired Effective Date for Coverages to Start: _____

12.

To assist us in becoming more knowledgeable about your organization, we require the following information:

- Copy of your registration forms
- Copy of any waivers/release forms used
- Copy of your programs and any promotional material used

13.

Any additional information or remarks that you believe may help us in evaluating your application will be appreciated, do you sublet your studio space, are there any special events, please use the space provided or attach separate page:

UNDERWRITING INFORMATION for Property

Select the Construction Class, which best describes your building:

- Fire Resistive (Walls, floors, roof and supports of solid masonry)
- Masonry, Non-Combustible (Walls of masonry; floors and roof of masonry or engineered non-combustible materials, supported by protected steel)
- Non-Combustible (walls, floors and roof of engineered non-combustible materials, supported by unprotected steel)
- Masonry (including Mill) (Walls of **greater** than 4" thick masonry; floors and roof of wood, supported by heavy timber, wood joists or unprotected metal)
- Masonry Veneer (Walls of **less** than 4" thick masonry; floors and roof of wood, supported by wood joists or other combustible or susceptible material)
- Frame (walls, floors and roof of combustible or susceptible materials, supported by wood or other combustible or susceptible material)

Select the distance between your building and the nearest Municipal Fire Hydrant:

Within 500 feet Between 500 and 1000 feet Over 1000 feet

Distance to Fire Hall _____Km

Fire Department: paid full time _____ paid part time _____ volunteer _____ n/a _____

Insured's Occupancy: _____ Other Occupancies: _____ Year built: _____

of Stories: _____ Heating Type: _____ General Housekeeping: _____
 Total Building Sqft: _____ Applicant's Sqft: _____ Sprinklered: No Yes _____ % is Sprinklered
 Alarm System: Monitored Local None Is the monitoring company ULC Approved No Yes
 Updates (indicate year): Building _____ Electrical: _____ Roof _____
 Plumbing _____ (indicate Plumbing Type) _____ Hot Water Tank Age: _____
 Miscellaneous Information: _____

PART 3: COVERAGE REQUIREMENTS

PROPERTY & BUSINESS INTERRUPTION COVERAGES	AMOUNT OF INSURANCE
Building	
Equipment (Including Tenants Improvements)	
Stock	
Transit	
Business Interruption (Profits or Gross Earnings) circle one	
Loss Rent / Rental Income	
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)	
Other	

OPTIONAL COVERAGES: (Select Any of the Following Optional Coverages You Require)

- | | | |
|---|---|---|
| <input type="checkbox"/> Sewer Back-up | <input type="checkbox"/> Replacement Cost | <input type="checkbox"/> Property Extension End't |
| <input type="checkbox"/> Flood
Extension End't | <input type="checkbox"/> Stated Amount Co-Insurance | <input type="checkbox"/> Comprehensive Property |
| <input type="checkbox"/> Earthquake | <input type="checkbox"/> By-Laws | |

This is only an application and does not constitute an insurance policy. Insurance shall become effective only on issuance of a policy or written binder specifically authorized by the company or agency. Quotations will be based upon the information provided and the applicant warrants information provided.

Applicants Signature: _____ Position: _____

Please Print Name: _____ Date: _____