

# DANCE INSTRUCTOR/STUDIO PACKAGE INSURANCE APPLICATION

Brokerage: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ o/a \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

Location Address: (if different from mailing): \_\_\_\_\_

Telephone: \_\_\_\_\_ Website: \_\_\_\_\_

Previous insurance company: \_\_\_\_\_ Is renewal being offered: \_\_\_\_\_

Has the named insured ever been refused or cancelled coverage? \_\_\_\_\_ Desired effective date: \_\_\_\_\_

5 year loss history: \_\_\_\_\_

## UNDERWRITING INFORMATION

Estimated Total Annual Gross Receipts \$ \_\_\_\_\_ Annual Retail Receipts: \$ \_\_\_\_\_

Is the insurance for a: Dance Instructor Only? or Dance Studio?

Year Business Established: \_\_\_\_\_

Full description of operations: \_\_\_\_\_

Are waivers signed by all participants and/or guardians? Yes No

Number of Dancers under 19 years old: \_\_\_\_\_ Number of dancers 19 and over: \_\_\_\_\_

Number of Instructors: \_\_\_\_\_ Ratio of Instructors to Dancers: \_\_\_\_\_

Are there any activities involving trampolines, inflatable jumping pillows &/or Aerials? Yes No

Does the dance involve any gymnastics? Yes No

Do you host a yearend recital? Yes No

Do you have any potential for travel to the United States? Yes No

If Yes, explain how often & if participants carry separate travel medical insurance:

Is the location(s) under renovations of any kind? Yes No If Yes, please complete the renovation questionnaire

Do you serve alcohol or allow participants to bring alcohol on the premises and/or event? Yes No

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

Name, address and relationship to the insured for any "Additional Insured(s)" to be included

**PROPERTY COVERAGE:**

Construction: \_\_\_\_\_ Year Built: \_\_\_\_\_ Any Upgrades: \_\_\_\_\_  
#of Stories: \_\_\_\_\_ Sprinklered: \_\_\_\_\_ Alarmed? Local Monitored None  
Fire Protection: Protected Semi-Protected, or Unprotected  
Square Footage: \_\_\_\_\_ Other Occupancies: \_\_\_\_\_  
Any additional information: \_\_\_\_\_

| PROPERTY & BUSINESS INTERRUPTION COVERAGES             | AMOUNT OF INSURANCE |
|--|---------------------|
| Building   |                     |
| Equipment (Including Tenants Improvements)             |                     |
| Stock  |                     |
| Miscellaneous Property Floater                         |                     |
| Extra Expense  |                     |
| Business Interruption (Profits or ALS, please specify) |                     |
| Equipment Breakdown                                    |                     |
| Computer (Hardware/Software)                           |                     |
| Office Contents  |                     |
| Rent or Rental Value                                   |                     |
| LIABILITY COVERAGE                                     | AMOUNT OF INSURANCE |
| Commercial General Liability                           |                     |

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

Sewer Back-up      Property Extension Endorsement      Flood      Earthquake      3D Crime

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: \_\_\_\_\_