

Brokerage Name:			
Broker Telephone:		E-mail:	
Business Name:			
Location Address:			
City:		Prov.:	P.C.:
Mailing Address:			
City:		Prov.:	P.C.:
Owner/Operator:	Bus. #:	Fax:	
Email:	Cell #:	Res.#:	
Alternate Contact:	Phone:	Email:	
Website:			

Current Insurance Company: _____	Expiry Date of Current Policy: _____
Retroactive Date of Any Claims Made Policy: _____	Target Premium: _____
Number of years in business? _____	Have you ever been cancelled for nonpayment? _____

PROPERTY INFORMATION			
Describe your location (strip plaza, shopping mall, etc.): _____			
Building Age (year built): _____	No. Of Stories: _____	Do you own the building? _____	
Total Area of Building: _____ sq. ft.	Total Area of your Facility: _____ sq. ft.		
Sprinkler System: <input type="checkbox"/>	Monitored Alarm: <input type="checkbox"/>	Fire Hydrants within 500 feet: <input type="checkbox"/>	<input type="checkbox"/>
Is there Any Bar/Restaurant Adjacent to your operation? <input type="checkbox"/>		Does your location include a basement? <input type="checkbox"/>	
Describe precautions taken to avoid slips and falls at entrances: _____			
Do you have any equipment stored offsite? (i.e. home office) <input type="checkbox"/>		If yes, please describe: _____	


CONSTRUCTION OF BUILDING			
F/R	Structures/buildings must be made of reinforced concrete or protected steel <input type="checkbox"/>	N/C	Building has exterior walls made of masonry materials, such as brick, concrete, hollow concrete block, stone, or other similar materials, with floors and roof constructed of metal <input type="checkbox"/>
Masonry	brick veneer & combination of steel, concrete and wood <input type="checkbox"/>	Frame	wood, tar and brick or similar materials. <input type="checkbox"/>

LATEST UPDATES	FULL	PARTIAL	YEAR COMPLETED	TO CODE	
Roof:	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<div style="border: 1px solid blue; padding: 5px;"> If the building 20+ yrs old, this line is required </div> <div style="border: 1px solid blue; padding: 5px; margin-top: 5px;"> If the building 35+ yrs old, these lines are required </div>
Heat:	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	
Plumbing:	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	
Electrical:	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	

Use the following form to help breakdown and calculate accurate replacement cost:						
STOCK:	Water/Pre-packaged Snack	\$ _____	Clothing/Shoes/Hats	\$ _____	Other	\$ _____
EQUIPMENT:	Computers/Laptops	\$ _____	Stereo/Video Equipment	\$ _____	Signs	\$ _____
	Furniture	\$ _____	Machines	\$ _____	Other	\$ _____
LEASEHOLDS:	Existing Tenants Improv.	\$ _____	Washrooms/Showers	\$ _____	Change Rooms	\$ _____
	Flooring	\$ _____	Steamrooms/Built in Sauna	\$ _____	Construction	\$ _____
	Mirrors/ Wall Coverings	\$ _____	Alarm/Phone Systems	\$ _____	Other	\$ _____

TOTAL CONTENTS (including all stock, equipment & leaseholds above) = \$ _____

BUILDING REPLACEMENT VALUE (if required) (sq.ft. of building _____ x cost/sq.ft. \$ _____) = \$ _____



DID YOU KNOW: Many people underestimate and therefore underinsure their property limits. Make sure you list how much it would cost to replace all of the above items today. To help estimate your Leasehold Improvements, you can multiply your square footage by \$20 (minimum \$/sq. ft. used for this industry).

OTHER BUSINESS(ES)			
Do you own/operate or rent space to other businesses? _____		Total annual rental income \$ _____	
Describe type(s) of business: _____			
EQUIPMENT			
Do You Have Modified/Rebuilt/Used Equipment? <input type="checkbox"/>		If Yes, % used: _____ %	
Age: _____		Who Does Maintenance? _____	

LIABILITY INFORMATION			
Liability Limit Requested:	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$3,000,000	<input type="checkbox"/> \$4,000,000 <input type="checkbox"/> \$5,000,000
No. of Members:	_____	# of Employees/Sub-Contractors (incl. Trainers):	_____

ANNUAL RECEIPTS					
Membership	\$ _____	Training	\$ _____	Supplements	\$ _____
Food	\$ _____	Alcohol	\$ _____	Court Fees/Walk-ins	\$ _____
Tanning	\$ _____	Merchandise/Clothing	\$ _____	Other	\$ _____
TOTAL GROSS ANNUAL RECEIPTS:		\$ _____			

DESCRIPTION OF HEALTH CLUB OPERATIONS							
Facility Hours:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Staffed							
Unstaffed							
Are members able to access the club when no staff is present? _____				If yes, complete the above table for the hours you are staffed & unstaffed.			
Approximate percentage (%) of clients using the facility during unstaffed hours: _____ %							
Do the security cameras operate 24 hours? _____		If no, do they operate during unstaffed hours? _____					
How do you prevent multiple people entering the facility using the same card? _____							
Can guest passes be used during unsupervised hours? _____							
If clients abuse their privileges, are they prevented from using the facility when unstaffed? _____							
Are participants under the age of 18 able to access the facility during unstaffed hours? _____							
Is there staff present during all operating hours? _____				Minimum age of Participants/Members: _____			
Do the security cameras operate 24 hours? _____		If no, do they operate during unstaffed hours? _____					
Do members sign waivers? _____		Do you ever serve alcohol? _____		Do you have a liquor license? _____			
Do you sell supplements? _____		Do any contain ephedra or other metabolic enhancers? _____					
Describe any activities away from the premises: _____							
List all programs offered: _____							

ADDITIONAL OPERATIONS					
Trampoline	<input type="checkbox"/>	Gymnastics	<input type="checkbox"/>	Rock Climbing Wall	<input type="checkbox"/>
Crossfit	<input type="checkbox"/>	Boxing/Kickboxing	<input type="checkbox"/>	Martial Arts	<input type="checkbox"/>
Fighting Ring	<input type="checkbox"/>	Kids Programs	<input type="checkbox"/>	Massage	<input type="checkbox"/>
Snack Bar	<input type="checkbox"/>	Physical Therapy	<input type="checkbox"/>	Weight Loss Programs	<input type="checkbox"/>
Hot Yoga	<input type="checkbox"/>	Golf Simulator	<input type="checkbox"/>	Vibrations Machines	# _____
Tanning Beds **	<input type="checkbox"/>	**The Description of Tanning Operations and Beds/Booths tables must be completed.			

COURTS					
Squash	# _____	Handball	# _____	Racquetball	# _____
Tennis	# _____	Indoor Courts	# _____	Outdoor Courts	# _____
Basketball	# _____	Tennis/Golf Bubbles	# _____	Describe Bubbles: _____	

CHILD MINDING
Contact our underwriting team to discuss options for coverage if you offer any child minding.

WET AREAS					
Showers	# _____	Whirlpools	# _____	Pools	# _____
Infra Red Saunas	# _____	Dry Saunas	# _____	Steam Rooms/Wet Saunas	# _____
Are all steam rooms vents/spouts covered/capped to defuse the steam? _____					
Non-Slip Flooring? _____		Rubber Mats In Halls? _____		_____	

DESCRIPTION OF TANNING OPERATIONS**			
Are you a full member of SmartTan Association (or other tanning association)?			___
Are all staff trained or certified through SmartTan or equivalent certifying body?			___
Are clients given tanning instruction	___	Minimum age of Clients:	___
Are goggles supplied and required to be used?	___	Do you complete a skin analysis for every client?	___
Is touching of clients allowed by staff?	___	Are beds cleaned after every use?	___
Minimum time allowed between tans per client: ___			
Do all clients sign waivers?	___	Vibrations Machines	<input type="checkbox"/> How Many? ___

BEDS/BOOTHS			
Beds	# ___	Booths	# ___
		Spray Booths	# ___
		Air Brush Units	# ___
Where are timing controls located? ___		Who sets timers? ___	
Do electricians service the equipment? ___		Are any beds coin operated? ___	
Average age of beds: ___ yrs		Outside dryer vents cleaned at least every 6 months? ___	
Are beds/Booths protected by ground fault interrupted (GFI) circuits? ___			

ADDITIONS TO THE POLICY
ADDITIONAL INSURED: (Provide full name, address and interest in the policy * i.e. Landlord, contractor, etc.)
1. _____
2. _____
LOSS PAYEE: (Provide full name, address and interest in the policy * i.e. leasing co., mortgagee, etc.)
1. _____
2. _____

CLAIMS HISTORY		
Has the company &/or staff had claims against them in last 5 years? ___, If yes please list details:		
Date of Loss	Loss Details	Amount Paid/Reserve

I understand and agree that any policy issued will be based upon the information contained in the application and any related forms and correspondence. I understand that any forms or other material submitted with the application constitute part of my application for insurance. I further understand and agree that any misrepresentation or failure to provide true and accurate information may result in the voiding of and/or denial of claims under any policy issued at the option of the company.

By submitting this application and any related forms to **Sports & Fitness Insurance Canada**, you provide **Trothen & McConkey Insurance Broker Ltd.** with your consent to the collection, use and disclosure of your personal information, including that previously collected, for the purpose of: communicating with you; assessing your application for insurance and underwriting your policies; evaluating claims; detecting and preventing fraud; analyzing business results; and acting as required or authorized by law.

Applicant: Signature: _____ Title: _____ Date: _____