

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"/>
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"/>	_____	_____
Heat:	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Plumbing:	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Electrical:	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

If the building 20+ yrs old, this line is required

If the building 35+ yrs old, these lines are required

Use the following form to help breakdown and calculate accurate replacement cost:						
STOCK:	Protective Gear	\$ _____	GIs/Belts/Clothing etc.	\$ _____	Other	\$ _____
EQUIPMENT:	Computers/Laptops	\$ _____	Blades/Weapons	\$ _____	Signs	\$ _____
	Furniture	\$ _____	Mats	\$ _____	Other	\$ _____
LEASEHOLDS:	Existing Tenants Improv.	\$ _____	Washrooms	\$ _____	Change Rooms	\$ _____
	Mirrors/ Wall Coverings	\$ _____	Flooring	\$ _____	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: _____
Is Equipment Inspected Daily?		_____	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

DESCRIPTION OF OPERATIONS

No. of Students:	_____	# of Instructors (incl. yourself, employees or sub-contractors):	_____
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ANNUAL RECEIPTS (expected within the next 12 months)
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Student Fees	\$ _____	Semi/Private Instruction	\$ _____	Other	\$ _____
TOTAL GROSS ANNUAL RECEIPTS: \$ _____					

TYPES OF TRAINING – Mark ‘Y’ for yes and ‘N’ for no

Contact: (check all that apply)	Full Contact	_____	Light to Medium Contact	_____	No Contact	_____
Do you practice:	Muay Thai	_____	Savate	_____	Boxing	_____
	Brazilian Jujitsu	_____	Mixed Martial Arts	_____	Kick Boxing	_____
	Free Sparring	_____	Controlled Sparring	_____	Krav Maga	_____
					Wrestling	_____
					Grappling	_____

List/Describe Primary Styles Offered: _____

Children Under 12:	_____ %	Junior from 12 - 18:	_____ %	Adult:	_____ %
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Is there a Fighting Ring?	_____	Do you use Live Blades?	_____	Do you offer private lessons?	_____
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Do you use weapons?	_____	If yes, please describe:	_____
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Do you require a signed waiver for every student (signed by Parent if under 18)? (attach a copy)	_____
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Do any students participate in activities outside of Canada?	_____
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Is all training/sparring directly supervised by a qualified instructor?	_____
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Do participants with less than 20 hours training participate in free sparring?	_____
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Ratio of students to instructor:	_____
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SAFETY EQUIPMENT - Mark ‘Y’ for yes and ‘N’ for no
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Please indicate Safety Equipment Used:	Head Guard	_____	Mouth Guard	_____
	Shin guards	_____	Groin Guard	_____

When is protective gear used?	_____
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SLEEPOVERS/CAMPS –

Contact our underwriting team to discuss options for coverage if you offer any sleepovers or camps.

TOURNAMENTS - Mark ‘Y’ for yes and ‘N’ for no

How many do you attend per year?	_____	How many students usually attend with you?	_____
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Point sparring contact technique?	_____	Continual sparring contact technique?	_____
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Style of Tournament (i.e. BJJ, Karate, Kickboxing, etc.): _____

Do you provide transportation?	_____	Describe arrangements:	_____
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ADDITIONS TO THE POLICY

ADDITIONAL INSURED: (Provide full name, address and interest in the policy * i.e. Landlord, contractor, 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:** _____