

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?		_____

LIABILITY INFORMATION
Liability Limit Requested: \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

ANNUAL RECEIPTS

Memberships	\$ _____	Day Passes	\$ _____	Massage	\$ _____
Food	\$ _____	Alcohol	\$ _____	Other	\$ _____
TOTAL GROSS ANNUAL RECEIPTS:		\$ _____			

DESCRIPTION OF OPERATIONS

List all services offered: _____

Is there a restaurant/bistro/bar located in the spa? _____
 If yes, is it open to the public or spa clients only? _____

What is the estimated number of spa clients yearly? _____ | Are any spa clients under the age of 18? _____

Do you discuss and keep copies of all health information/service records on file for at least 2 years? _____

Do all clients sign waivers? _____

Does all staff have CPR and First Aid Training? _____ | If no, who does? _____

Do you ever serve alcohol? _____ | If yes, is it complimentary or sold? _____

Are staff Smart Serve licensed or equivalent? _____

WET AREAS

Outdoor Pools / Baths	# _____	Indoor Pools / Baths	# _____	Salt Water Floatation Pools	# _____
Steam Rooms	# _____	Volcanic Rock Room(s)	# _____	Hyperbaric Chambers	# _____
Outdoor Saunas	# _____	Indoor Saunas	# _____	Infrared Saunas	# _____
Hydrotherapy Tubs	# _____	Vichy Showers	# _____	Other:	_____

Please describe all precautions in place to prevent slip & falls in wet areas?

What is the maximum amount of time allowed for clients to use hot pools/baths? _____

What is the maximum amount of time allowed for clients to use cold pools/baths? _____

Who is permitted to add wood to the wood burning saunas? _____

Is there a fire extinguisher readily available for saunas? _____

Are there temperature limit controls on saunas? _____

Are there specialized Carbon Monoxide detectors installed in saunas? _____

NORDIC SPA OPERATIONS: (Description of Pools, Baths and/or Steam Rooms)				
Type of Nordic Spa	Capacity in Occupants	Heated Walkways	Railings	Non Slip Mats

MESSAGE / REFLEXOLOGY / REIKI OPERATIONS			
Name	Type Of Massage Performed	Yrs of Exp.	RMT

List all types of massage offered: _____

Do you discuss and keep copies of all health information/service records on file for at least 2 yrs? ** _____

Is a signed waiver kept on file for at least 2 yrs? ** Minimum age of clients for massage services: _____

**** MINORS: You need to keep these records/waivers on file for 2 yrs after client turns 18**

YOGA OPERATIONS
List all styles of yoga offered: _____
Do all instructors certified and have a minimum of 200 hours of mat work? _____
HOT YOGA OPERATIONS
Max. room temp _____ °C How is room temperature controlled? _____
What outside factors effect temp of room (i.e. humidity, etc.) _____
Describe procedures to maintain required room temp: _____

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. 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: _____