

| | | | |
|--------------------|---------|---------|-------|
| 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: _____ | | |
| Are you completing any renovations to the location? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| <small>(If yes, we will require a supplementary application for during construction)</small> | | | |

| | | | |
|---------------------------------|--|-------|--|
| 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: | 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: _____ |
| 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 |
| 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/BOOTHES | | | | | | | |
|---|---|--------|---|--|---|-----------------|---|
| 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:** _____