

Dance Studio Insurance Application

Section 1: Broker Details

1.1 Please complete the following information pertaining to your brokerage:

Brokerage Name: _____	
Address: _____ _____	
City: _____	Postal Code: _____
Telephone: _____	Website: _____
General email: _____	Contact E-mail: _____
Contact Name: _____	

Section 2: Risk Details

2.1 Effective Dates

Policy period required from _____	to	_____
(effective date)		(expiry date)

2.2 Mailing information

Name of Insured as it is to appear on policy: _____
Name of Organization (if different): _____
Mailing Address: _____ _____ _____

2.3 What is the insured?

- Corporation
 Partnership
 Joint Venture
 Individual
 Other (specify) _____

2.10

Total Classes per week:	
Average Class size:	
Number of Instructors:	
Total Hours of Weekly Instruction:	
Number of Full Time Instructors (20 hrs or more per week):	
Number of Part Time Instructors (less than 20 hrs per week):	
Number of Private Lessons per week:	

2.11

Head Instructors Name:	
Age:	
Experience and Qualifications of Head Instructor:	
Experience and Qualifications of other Instructors:	

2.12

Are Instructors covered by WSIB?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are the Instructors:	Employees	<input type="checkbox"/>	Contracted	<input type="checkbox"/>
If Contracted, are they required to provide proof of Insurance?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

2.13

Do professional dancers partake in demonstrations/instructions?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please describe?				

2.14

Does the studio post and/or hand out rules governing discipline and behaviour?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is an assumption of risk and release of liability form signed by parent of a minor student (or hold harmless waiver form signed by adult student)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please include a copy with your submission:				

2.15

How many recitals do you attend per year:	_____			
Are they held at your location?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Number of students attending recitals:	_____			
Do you sponsor any recitals?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, how many?	_____			
Are sponsored recitals held at your location?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Total number of attending sponsored recitals:	_____			

2.16

Does your studio provide transportation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If so, please describe arrangements:				

2.17 Construction of Building:

Walls:	_____			
Roof:	_____			
Floors:	_____			
Is the building sprinklered?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is the premises alarmed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

2.18

Is there any child-care service or after school program?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please describe?				
<hr/>				
<hr/>				

2.19

Is there any off-site activities or outings, other than dance related?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please describe?				
<hr/>				
<hr/>				

2.20

Is there any exposure outside of Canada	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please describe?				
<hr/>				
<hr/>				

2.21

Does the studio participate in competitions?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, How many per year? :				
<hr/>				
Are any competitions outside of Canada?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please describe?				
<hr/>				
<hr/>				
Describe how students are transported to and from the competitions?				
<hr/>				
<hr/>				
How are competitors accommodated for overnight competitions?				
<hr/>				
<hr/>				

2.22

Please describe how you would handle an incident / allegation of abuse:

Section 3: Liability

3.1 Non-Owned Automobile

<p>a) Do any partners, officers, employees or volunteers operate their own vehicles during the course of business, on behalf of the Insured?</p> <p>If yes, please give details:</p> <hr/> <hr/>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>b) Does the Insured rent or lease vehicles from others?</p> <p>If yes, (i) How often per year? :</p> <p>(ii) Are any of these vehicles driven in the United States?</p> <hr/> <hr/>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <hr/> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>c) Does the Insured contract services from others?</p> <p>If yes, please describe:</p> <hr/> <hr/>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>d) Are vehicles used to transport anyone?</p> <p>If yes, how often and for what purpose?</p> <hr/> <hr/>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Section 4: Claims Information

4.1

Does the Insured have a formal loss-control program?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide details:				
<hr/>				
<hr/>				
<hr/>				

4.2

Does the Insured have a formal employee safety-training program?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide details:				
<hr/>				
<hr/>				
<hr/>				

4.3

Does the Insured have a formal premises snow/ice clearance procedure?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide details:				
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<hr/>				
<hr/>				

4.4 Please provide details of all claims against the Applicant during the past five years. Claims are required to be on Insurer Loss Reports. (Please use additional sheet if necessary.):

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Section 5: Limits of Liability Required

5.1 Commercial General Liability

Each Occurrence Limit	\$
Products - Completed Operations Aggregate Limit	\$
Personal Injury Limit	\$
Tenants Legal Liability Limit	\$
Medical Expense Limit - Per Occurrence/Per Person	\$
Non-Owned Automobile Limit:	
- Liability	\$
- Physical Damage	\$
Employee Benefits Limit	\$
Employers Liability Limit	\$
Advertising Injury Limit	\$
Other:	\$

Section 6: Declarations

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.

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.

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.

I Authorize You To Collect, Use And Disclose Personal Information As Permitted By Law, In Connection With Your Commercial Insurance Policy Or A Renewal, Extension Or Variation Thereof, For The Purposes Necessary To Assess The Risk, Investigate And Settle Claims, And Detect And Prevent Fraud, Such As Credit Information, And Claims History

I understand that this Application Form will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on the Application Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

Signed: _____	Full Name: _____
Position Held: _____	Date: _____

Section 7: Additional Information

Additional Information: