



DANCE INSTRUCTOR LIABILITY INSURANCE APPLICATION

General Information:

1. Name of Insured: _____
2. Applicant Phone #: _____ 3. Email Address: _____
4. Mailing Address: _____ 5. Web Site: _____
6. Do you teach at more than one location? Yes No List all Locations where you teach:

Location Address	Type (e.g. private dance studio, fitness centre)	Average Number of Hours Per Week at this Location	Rented, Leased, Owed or Hired on Contract?

7. Number of Years Experience: _____ Qualifications: _____
8. Effective Date: _____ Expiry Date: _____

Current/Most Recent Coverage Information

1. Insurance Company: _____ Dates of Coverage: _____
2. Liability Limits: Professional Liability _____ CGL: _____
3. Have there been any claims in the past five years for the company or staff? Yes No **If Yes, please attach Loss Record**
4. Are you aware of any other incidents which may result in a claim against you? Yes No **If Yes, please attach details**
5. Has any form of Insurance ever been cancelled/declined? Yes No If Yes, please provide details:

Operating Information:

1. Main Types of Dance Taught: _____
 Are your classes: Recreational Competitive Combination: _____ % Competitive
 Does any instruction include: Trampoline Gymnastics Cheerleading If Yes, describe:

2. Do you belong to any Associations? Yes No If Yes, list all: _____
3. Number of Unique Individuals Per Year: Under 12: _____ 12 – 18: _____ 18 & Older: _____ Total: _____
4. Average Class Size: _____ Number of Group Classes/ Week: _____ Number of Private Classes Per Week: _____
5. Annual Revenue: Classes: _____ Product Sales: _____ Other (list): _____
6. Do you own any other business operations, rent space to others, or have any off-premises operations? Yes No
7. Are client information sheets/records collected for each client? Yes No **If Yes, please attach a copy**

8. Is a waiver/hold harmless agreement signed by all students or by parents/guardians of minor students? Yes No

If Yes, Attach copy of all forms used

9. Required General Liability & Professional Liability Limit: \$2,000,000 \$3,000,000 \$5,000,000

PLEASE ATTACH THE FOLLOWING TO THIS APPLICATION:

- a. Your Brochure(s)
- b. Copy of Registration Forms, Health Forms, Waiver/Consent Forms and/or any other forms signed by Clients

Please list the organizations that need to be added as Additional Insureds (As they are to appear on the policy)

NAME	ADDRESS	RELATIONSHIP TO YOU*
1. _____	_____	_____
2. _____	_____	_____

* If the additional insured is an owner, manager or lessor of the premises, please indicate the name and street address of the premises leased or rented to you by the designated additional insured, as respects to your activity or operation.

THIS APPLICATION IS SUBMITTED WITH THE FOLLOWING SPECIFIC UNDERSTANDING:

- (a) Applicant warrants and represents that the above answers and statements are in all respects true and material to the issuance of an Insurance Policy and that Applicant has not omitted, suppressed or misstated any facts.
- (b) The signing and filing of this Application does not bind the Applicant or the Company and no Insurance shall be deemed effective unless and until a written binder or Policy of Insurance is issued by the Company in response hereto.
- (c) All exclusions in the Policy apply regardless of any answers or statements in this Application.
- (d) Applicant understands that the Deductible under any Policy to be issued in response hereto shall include both loss payment and claim expense as defined in the Policy.
- (e) If any of the above questions have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this Insurance or the subject thereof, the entire Policy shall be void.

Applicant Signature: _____ Date: _____

Title: _____

Please email completed application along with the following documents:

- Waiver of Liability
- Student information sheet
- Profession certification documents

To David Lackner at the following address: dlackner@lmicanada.com