



## DANCE STUDIO APPLICATION

### General Information:

1. Name of Insured: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_ 3. Web Site: \_\_\_\_\_
4. Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_
5. Risk Address: \_\_\_\_\_ 6. Are Location(s):  Owned  Rented/Leased
7. Do you have Additional Locations?  Yes  No If Yes provide address(es): \_\_\_\_\_  
\_\_\_\_\_
8. Number of Years in Operation: \_\_\_\_\_ With current management: \_\_\_\_\_
9. Do you offer any products or services not shown on your current web site?  Yes  No **If Yes, please provide details, if you require more space please attach a separate Word document**  
\_\_\_\_\_

### Current/Most Recent Coverage Information

1. Name of Insurance Company: \_\_\_\_\_ Dates of Coverage: \_\_\_\_\_
2. Have there been any claims in the past five years for the company or staff?  Yes  No
3. Have you ever had an incident which resulted in an allegation of abuse?  Yes  No
4. Are you aware of any other incidents which may result in a claim against you?  Yes  No
5. Has any form of Insurance ever been cancelled/declined?  Yes  No **If Yes to any of the above, please provide details, if you require more space please attach separate Word document**  
\_\_\_\_\_

### Property Information:

1. Total area occupied by Dance Studio: \_\_\_\_\_ Sq.Ft Area of entire building: \_\_\_\_\_ Sq.Ft  
Age: \_\_\_\_\_ # Stories: \_\_\_\_\_
2. Indicate year of building updates: Electrical: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Heating/AC: \_\_\_\_\_ Roof: \_\_\_\_\_
3. List any other building updates: \_\_\_\_\_
4. Other occupancies (tenants): \_\_\_\_\_
5. Construction of: Walls: \_\_\_\_\_
6. Construction of: Roof: \_\_\_\_\_
7. Is Building Sprinklered?  100%  Partial \_\_\_\_\_ %  No
8. Distance to nearest Fire Hydrant:  Within 150m  Within 300m  Over 300m
9. Distance to nearest Fire Hall:  Within 5km  Within 8km  Within 13km  Over 13km
10. Burglar Alarm?  Yes  No If Yes, what type:  Monitored  Local If Monitored, by who? \_\_\_\_\_

## Liability and Limits of Insurance Required

1. General Liability & Instructor Professional Liability Limit:  \$2,000,000  \$3,000,000  \$5,000,000
2. Building/Tenant Improvements: \$ \_\_\_\_\_ Sprung Flooring and/or Rosco rubber flooring: \$ \_\_\_\_\_  
Stereo Equipment, Mixers, Etc.: \$ \_\_\_\_\_ Office Equipment/Phone System, Desk, Etc.: \$ \_\_\_\_\_  
Mirrors/ Ballet Bars, Etc.: \$ \_\_\_\_\_ Stock: \$ \_\_\_\_\_  
Props and other items taken to competitions, Christmas and year end shows. \$ \_\_\_\_\_
- TOTAL Limit of Insurance** \$ \_\_\_\_\_

## Operating Information:

1. 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. Number of Instructors: Full Time: \_\_\_\_\_ Part Time (<25 hrs/wk): \_\_\_\_\_ Total # Instructors: \_\_\_\_\_ Office Staff: \_\_\_\_\_  
Are Instructors covered by WSIB?  Yes  No  
Are they:  Employees  Contracted If Contracted, are they required to provide proof of Insurance?  Yes  No
5. How are Instructors Qualified? (Certification, etc) \_\_\_\_\_
6. Please describe your hiring process with respect to background checks and references: \_\_\_\_\_
7. Average Class Size: \_\_\_\_\_ Number of Group Classes/ Week: \_\_\_\_\_ Number of Private Classes Per Week: \_\_\_\_\_
8. Annual Revenues From: Classes: \_\_\_\_\_ Product Sales (Incl. food/drinks): \_\_\_\_\_ Camps/ Birthday Parties, Etc.: \_\_\_\_\_
9. Do you own any other business operations or rent space to others?  Yes  No **If Yes, please attach information**
10. 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.**  
Are they kept for 7 years?  Yes  No **If No, How long are they kept for?** \_\_\_\_\_
11. Who is responsible for snow removal? \_\_\_\_\_
12. Do you keep a supply of salt for de-icing outdoor areas/entrances, and apply regularly during winter?  Yes  No  
Number of employees handling cash: \_\_\_\_\_
13. Average amount of cash on the premises: \_\_\_\_\_
14. Is there any child-care service or after school program?  Yes  No **If Yes, attach a description**
15. Do you have any off-site activities or outings, other than dance related?  Yes  No **If Yes, attach a description**
16. Are you ever responsible for transporting students?  Yes  No **If Yes, describe, including any rules/procedures**
17. Is there any exposure outside of Canada?  Yes  No If Yes, describe: \_\_\_\_\_
18. Does the studio participate in Competitions?  Yes  No  
If Yes, How many per year? \_\_\_\_\_ Any competitions outside of Canada?  Yes  No  
How are students transported to and from the competitions? \_\_\_\_\_  
How are competitors accommodated for overnight competitions? \_\_\_\_\_
19. How would you handle an incident/allegation of abuse? \_\_\_\_\_

20. Do you hold any summer camps and/or Birthday Parties?  Yes  No

If yes, # of camps per year: \_\_\_\_\_

If yes, # of Birthday parties per year: \_\_\_\_\_

Maximum number of dancers per camp: \_\_\_\_\_

Maximum number of dancers per B-day party: \_\_\_\_\_

Do camp and or B-day Parties involve any activities outside of the studio?  Yes  No

If Yes, please provide location and how students get to the locations outside of the studio:

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Also Included With Your Policy (Subject to Underwriting Approval):

- Coverage for Computers and Software up to \$75,000.
- Business Interruption - Actual Loss Sustained with 12 month indemnity period.
- Extra Expense up to \$50,000.
- Property Floater for items that leave the studio - IE stage, props, mixers, stereo equip etc. up to \$25,000
- Equipment Breakdown Coverage (Boiler and Machinery)
- Crime coverage
- Combined 2 Million Commercial General Liability and Professional Liability. Higher limits available upon request.

**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: \_\_\_\_\_