



DANCE STUDIO APPLICATION

General Information:

- 1. Name of Insured:
2. Mailing Address:
3. Web Site:
4. Risk Address:
5. Are Location(s):
6. Do you have Additional Locations?
7. Type of Location (stand-alone building, shopping mall, hotel, etc.):
8. Number of Years in Operation:
9. Do you offer any products or services not shown on your current web site?

Current/Most Recent Coverage Information

- 1. Liability Limit(s):
2. Have there been any claims in the past five years for the company or staff?
3. Have you ever had an incident which resulted in an allegation of abuse?
4. Are you aware of any other incidents which may result in a claim against you?
5. Has any form of Insurance ever been cancelled/declined?

Limits of Liability Required

- 1. General Liability & Instructor Professional Liability Limit:
2. Property: Building(s):
Retail Stock:
Fixed Equipment/Office Contents:
Mobile Equipment:

Property Information:

- 1. Total area occupied by Dance Studio:
2. Indicate year of building updates: Electrical: Plumbing: Heating/AC: Roof:
3. List any other building updates:
4. Other occupancies:
5. Construction of: Walls: Roof:
6. Is Building Sprinklered?
7. Distance to nearest Fire Hydrant:
8. Burglar Alarm?

Operating Information:

- 1. Types of Dance Taught:
Are your classes:
Does any instruction include:
2. Do you belong to any Associations?
3. Number of Students Per Year:
4. Number of Instructors: Total: Full Time: Part Time (<25 hrs/wk): 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 Revenue: Classes: _____ Product Sales: _____ Other (list): _____
9. Do you own any other business operations or rent space to others? Yes No **If Yes, please attach information**
10. Are client information sheets/records collected for each client? Yes No **If Yes, please attach a copy**
11. 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 How long are they kept? _____
12. Who is responsible for snow removal? _____
13. Do you keep a supply of salt for de-icing outdoor areas/entrances, and apply regularly during winter? Yes No
14. Average amount of cash on the premises: _____ Number of employees handling cash: _____
15. Is there any child-care service or after school program? Yes No **If Yes, attach a description**
16. Do you have any off-site activities or outings, other than dance related? Yes No **If Yes, attach a description**
17. Are you ever responsible for transporting students? Yes No **If Yes, describe, including any rules/procedures**
18. Is there any exposure outside of Canada? Yes No If Yes, describe: _____
19. Do you conduct any activities away from the premises (such as day trips, overnight trips, etc.) Yes No
If Yes, please provide details: _____
20. How would you handle an incident/allegation of abuse? _____

Additional Information (attach separate page if needed):

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: _____