

SECTION 1: INSURED

1.1 Effective Dates

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

1.2 Named Insured as it is to appear on policy:_____

1.3 What is the insured?

☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Individual ☐ Other (specify)_____

1.4 Facility Address:_____

1.5 Total number of locations:_____

Address of each location (Include street, city, province, and postal code):

a. _____

b. _____

c. _____

**Use extra sheet if necessary.*

1.6 Web Site:_____

Doing Business As:_____

1.7 Name, Address and Description of Operations of all Subsidiary Companies:

1.8 Does the organization engage in any other business operations under the name of the Insured as will appear on the policy? ☐ Yes ☐ No

If yes, please explain:_____

1.9 Number of years in business:_____

SECTION 2: BROKER DETAILS

2.1 Name of Agent/Brokerage:_____

Contact Person:_____

Mailing Address:_____

City:_____ Postal Code:_____

Telephone:_____ Fax Number:_____

E-mail address:_____

SECTION 3: INSURANCE INFORMATION

3.1 TOTAL gross receipts: \$

What amount of receipts are:

Membership Fees \$

Initiation \$

Pro Shop Sales \$

Restaurant \$

Snack/Juice Bar \$

Liquor \$

Other \$

3.2 What is the minimum age requirement?

3.3 Are minors required to be accompanied by a parent/guardian?

☐ Yes

☐ No

3.4 Is a waiver/hold harmless agreement signed by each member and guest?

☐ Yes

☐ No

3.5 Please indicate your exposures below where applicable:

	HOW MANY	AGE OF EQUIPMENT	
Circuit Training/Cardio Equipment			<input type="checkbox"/> Aerobics/Step Aerobics
Aerobic Mini Trampoline			<input type="checkbox"/> Running Tracks
Trampoline			<input type="checkbox"/> Gymnastic Classes
Rock Climbing Walls			<input type="checkbox"/> Ice/Roller Skating/Blading
Sun Tanning Units			<input type="checkbox"/> Boxing/Kick Boxing
Racquet/Handball Courts/Tennis Courts			<input type="checkbox"/> Martial Arts
Swimming Pools			<input type="checkbox"/> Sports Med/Rehab/Therapy
Swimming Pools with Diving Boards			<input type="checkbox"/> Physicals/ Stress Testing
Whirlpools/Jacuzzis/Cold Plunge			<input type="checkbox"/> Pro Shop
Steamrooms			<input type="checkbox"/> Restaurant
Masseur/ Masseuse			<input type="checkbox"/> Blood Analysis
Free Weights			<input type="checkbox"/> Vitamin Injections
Diet Centre/ Weight Control Services			<input type="checkbox"/> Camp Programs
Nurseries/Child Care			<input type="checkbox"/> Snack/Juice Bar
Other			

MANAGEMENT/PERSONNEL

3.6 List management experience and qualifications:

3.7 a) Please list sub-contractors below and indicate whether they carry their own insurance naming the club as an Additional Insured, and what limits are carried:

NAME	LIMITS	SQUARE FEET	ADDITIONAL INSURED		LICENSED/CERTIFIED	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

b) Are all personnel (including instructors and trainers) your employees?

If no, please list those who are not and whether they carry their own insurance:

Name:

☐ Yes

☐ No

Limit:

Name:

☐ Yes

☐ No

Limit:

Name:

☐ Yes

☐ No

Limit:

- 3.8 How many employees? _____
- 3.9 How many of your employees are certified in CPR? _____ First Aid? _____
- 3.10 What certifications do your trainers/instructors have? _____
-
- 3.11 Are there written medical emergency and evacuation procedures in place? ☐ Yes ☐ No
- 3.12 Are employees, instructors, trainers available in each area of the facility for supervision, spotting and emergencies? ☐ Yes ☐ No
- 3.13 Do any of your employed instructors provide outside services operating on your club's behalf? ☐ Yes ☐ No
- Please explain: _____
-

FACILITY

- 3.14 How often is equipment inspected, maintained? _____
- 3.15 Are maintenance logs maintained? ☐ Yes ☐ No
- 3.16 Who repairs equipment? _____
- 3.17 Is signage used throughout facility to indicate proper use of equipment, club features, and off-limit areas? ☐ Yes ☐ No
- 3.18 Are there GFI protectors on all outlets in the locker/shower/wet areas? ☐ Yes ☐ No
- 3.19 What type of aerobics floor is used? _____
- 3.20 What safety features are installed? ☐ Sprinkler System ☐ Alarms ☐ Smoke Detectors ☐ Fire Extinguishers

NURSERY/DAY CARE

- 3.21 Is centre licenced? ☐ Yes ☐ No
- 3.22 Describe briefly the type of attention given minors in the absence of parents: _____
-
- 3.23 How many of each age group are typically involved at one time when present?
- MALES: Age 1-2 _____ Age 3-6 _____ Age 7-9 _____ Age 10-12 _____ Age 13-17 _____
- FEMALES: Age 1-2 _____ Age 3-6 _____ Age 7-9 _____ Age 10-12 _____ Age 13-17 _____
- 3.24 How many adult staff directly supervise the activities?
- Total Individuals: _____ At a Given Time: _____ %Male: _____
- 3.25 What is the ratio of attendants to children? _____ Ages of attendants: _____
- 3.26 What qualifications do you require of adult staff: _____
-
- 3.27 Do you have a formal set of policies and procedures for screening the character and criminal history of your adult staff, whether volunteers or paid employees, prior to selection? ☐ Yes ☐ No
- After selection? ☐ Yes ☐ No
- Please attach these policies/procedures or characterize: _____
-
- 3.28 What system do you use for checking the children in and out as they arrive and depart?: _____
-

- 3.29 Are parents allowed to leave facility while children are still in your care? ☐ Yes ☐ No
- 3.30 What meals or snacks are provided? _____
- 3.31 Are the attendants CPR and/or first-aid trained? ☐ Yes ☐ No
- 3.32 What policies and procedures are in place for investigating an allegation of child sexual abuse by staff? _____

- 3.33 What adult staff training program(s) do you require and/or provide concerning child sexual abuse prevention? _____

- 3.34 Have any allegations of abuse been made against you, your employees, volunteers or any other person associated with your organization during the past 10 years? ☐ Yes ☐ No
- 3.35 If yes, provide full details: _____

- 3.36 Give details of all claims arising from abuse made against you, your employees, volunteers or any other person associated with your organization during the past 10 years: _____

RESTAURANT/SNACK OR JUICE BAR/ VENDING

- 3.37 Is the restaurant or snack bar open to the general public? ☐ Yes ☐ No
- 3.38 Indicate exposure: ☐ Restaurant ☐ Snack/Juice Bar ☐ Vending
- 3.39 Are deep fryers/grills protected by an automatic extinguishing system? ☐ Yes ☐ No

PRO-SHOP

- 3.40 Describe products sold: _____

- 3.41 Are any of the products manufactured under your own label? ☐ Yes ☐ No

GYMNASTICS

- 3.42 Are members constantly supervised and spotted? ☐ Yes ☐ No
- 3.43 List gymnastic apparatuses (i.e. trampoline, parallel bars, vault, etc.) _____

TANNING

- 3.44 Is a tanning card being used. **(Attach a sample.)**
- 3.45 Type and Make of the Equipment: _____

- 3.46 Age of Equipment: _____

3.47 Are warnings and photosensitizing medications posted in and around the tanning area?

☐ Yes ☐ No

List below the name of each unit and percentage of UVBs in the tanning bulbs:

_____ (____%)

_____ (____%)

_____ (____%)

3.48 Are they UL listed and approved?

☐ Yes ☐ No

3.49 How is timing controlled and by whom?_____

3.50 Are protective eye goggles required to be worn?

☐ Yes ☐ No

3.51 Who cleans/disinfects the tanning shields and how often each day?_____

3.52 Are certificates of insurance obtained from manufacturer/distributor?

☐ Yes ☐ No

SWIMMING POOLS

3.53 What is the height of each diving board? _____

3.54 Are certified lifeguards on duty?

☐ Yes ☐ No

3.55 Describe safety precautions and life-saving equipment available:_____

MARTIAL ARTS

3.56 What types of martial arts are instructed?

3.57 Are classes contact or non-contact?

3.58 What are the instructor's qualifications?

3.59 What safety equipment is used?

ADDITIONAL INFORMATION

List and describe any exposures and/or activities unusual, or not customary, to the normal activities and operations of this business. Please include any special events over 250 spectators:

SECTION 4: LIMITS OF LIABILITY REQUIRED

4.1 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	\$
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Employers Liability Limit \$_____

Advertising Injury Limit \$ _____

Other: _____ \$ _____

4.2 Contractual Liability

A. Does the Insured sign any contracts where they assume the Liability of others or waive Subrogation Rights?

☐ Yes ☐ No

If yes, please provide details: _____

B. If the Insured subcontracts out work to independent contractors or rents or leases premises to others, do they always use a single, standard contract?

☐ Yes ☐ No

If yes, does the contract contain "hold harmless", "waiver of subrogation" and "agreement to defend and indemnify" provisions in favour of the Insured?

☐ Yes ☐ No

If no, please advise procedures followed and details of contracts used: _____

C. If the Insured subcontracts out work to independent contractors or rents or leases premises to other including concessionaires, do they require that the other contracting party provide to the Insured a Certificate of Standard CGL Insurance showing the Insured added as an Additional Insured with provision for 30 days notice of cancellation to the Insured?

☐ Yes ☐ No

If the Contracting Party is dispersing alcohol either on behalf of the Insured, or on the premises of the Insured, does the Certificate of Standard CGL Insurance state that the CGL provides coverage for Liquor Liability?

☐ Yes ☐ No

D. If the Insured's business involves sports and/or entertainment participants, are waivers obtained from ALL participants or their Legal Guardians?

☐ Yes ☐ No

If yes, in whole or part, please attach a copy of the waiver.

If no, in whole or part, please explain: _____

4.3 Protective Liability

Does the Applicant let or sublet any work to independent contractors (e.g. security, concessionaires, janitorial, premises maintenance, etc.)?

☐ Yes ☐ No

If yes, what is the annual cost of work? LET \$ _____

SUBLET \$ _____

Please describe the types of work let or sublet: _____

4.4 Professional Liability - Staff Employees and Contractors

Please list number of employees and duties: _____

4.5 **Workers Compensation**

Are all employees and contractors including students and volunteers covered by Workers Compensation? ☐ Yes ☐ No

If no, in whole or part, please explain: _____

4.6 **Aircraft & Watercraft**

Does the Applicant own, lease or operate any aircraft and/or watercraft? ☐ Yes ☐ No

If yes, please give details: _____

4.7 **Non-Owned Automobile**

A. Do any partners, officers, employees or volunteers operate their own vehicles during the course of business, on behalf of the Insured? ☐ Yes ☐ No

If yes, please provide details: _____

B. Does the Insured rent or lease vehicles from others? ☐ Yes ☐ No

If yes, (i) How often per year? _____

(ii) Are any of these vehicles driven in the United States? ☐ Yes ☐ No

C. Does the Insured contract services from others? ☐ Yes ☐ No

If yes, please describe: _____

D. Does the Insured contract services from others for the purpose of operating
Vehicles to perform maintenance, service, haulage or snow removal operations? ☐ Yes ☐ No

4.8 Please give details of all liability insurance carried by the Insured during the past five years:

Type of Policy	Policy Number	Company	Expiry Date	Date
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

4.9 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.): _____

4.10 Please provide deductible or self-insured retention amounts for each year noted in previous question. _____

Do these paid, expensed, or outstanding amounts in the Insurer Loss Reports reflect
Any deductible provision(s) contained in existing or previous insurance policies? ☐ Yes ☐ No

4.11 Please attach a copy of the Insured's most recent audited financial statement.

SECTION 5: CLAIMS INFORMATION

5.1 Does the Insured have a formal loss-control program? ☐ Yes ☐ No

If yes, please provide details:

5.2 Does the Insured have a formal employee safety-training program? ☐ Yes ☐ No

If yes, please provide details: _____

5.3 Does the Insured have a formal premises snow/ice clearance procedure? ☐ Yes ☐ No

If yes, please provide details: _____

5.4 Does the Insured have a formal equipment or premises maintenance procedure? ☐ Yes ☐ No

If yes, please provide details including documentation procedures and qualifications of maintenance personnel: _____

SUBMISSION CHECKLIST

- a. Five-year hard copy company loss runs
- b. Most recent financial statement including balance sheet and income statement
NOTE: Risks of one year or less require a resume and pro forma financial (incl. assets, liabilities and projections)
- c. Pictures, brochures
- d. Members Waiver/Hold Harmless for: ☐ Club Memberships ☐ Guest Memberships ☐ Tanning Memberships

SECTION 6: DECLARATIONS

I understand that K&K Insurance Brokers, Inc., or the insuring company, shall be permitted but not obligated to inspect a proposed insured's or an insured's property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or others, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

I understand that this Questionnaire 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 Questionnaire 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:_____

Agent/Broker:_____